

EXPLANATORY STATEMENT FOR DEPARTMENTS OF LABOR,
HEALTH AND HUMAN SERVICES, AND EDUCATION, AND
RELATED AGENCIES APPROPRIATIONS BILL, 2021

SUMMARY OF BUDGET ESTIMATES AND COMMITTEE
RECOMMENDATIONS

For fiscal year 2021, the Committee recommends total budget authority of \$1,177,669,848,000 for the Departments of Labor, Health and Human Services, and Education, and Related Agencies. This amount includes \$184,472,000,000 in current year discretionary funding subject to discretionary spending caps and \$1,881,000,000 in cap adjustments for healthcare fraud and abuse control, Unemployment Insurance Trust Fund program integrity, and for program integrity at the Social Security Administration, in accordance with the allocation for this bill.

Fiscal year 2020 levels cited in this explanatory statement reflect the enacted amounts in Public Law 116–94, the Consolidated Appropriations Act, 2020, adjusted for comparability where noted, and do not include fiscal year 2020 supplemental appropriations. Accordingly, any comparisons to fiscal year 2020 do not reflect fiscal year 2020 supplemental appropriations. Fiscal year 2020 supplemental appropriations are included in the comparative statement of new budget authority at the end of this explanatory statement under the heading “Other Appropriations”.

The Committee is aware of the impact the COVID-19 pandemic has had on agency operations across the Federal Government. To date, Congress has provided over \$2,900,000,000,000 in emergency supplemental relief to prevent, prepare for, and respond to COVID-19. The Committee continues to monitor agency needs directly related to COVID-19 and, to the extent necessary, will seek to address them in future supplemental appropriations vehicles. Accordingly, funding recommended in the Committee’s regular fiscal year 2021 appropriations bill is focused on annual funding needs unrelated to the COVID-19 pandemic.

OVERVIEW

The Labor, Health and Human Services, and Education, and Related Agencies [Labor-HHS-Education] appropriations bill constitutes the largest share of non-defense discretionary spending, 29 percent of the total in fiscal year 2021. The subcommittee’s effective allocation, which includes discretionary funding offset by savings in changes in mandatory programs, is \$2,768,000,000 more than the comparable fiscal year 2020 level.

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

NATIONAL INSTITUTES OF HEALTH

For a sixth straight year, the Committee has provided a substantial increase for the National Institutes of Health [NIH]. The fiscal year 2021 recommendation for NIH is \$43,684,000,000, an increase of \$2,000,000,000 or 4.8 percent. Over the past 6 years, the Committee has provided an increase of \$13,600,000,000 or 45 percent. This funding has been able to transform the agency and realign the Committee's priority toward medical research.

As recognized over this past year, medical research is a critical component of our national security and an area of which the United States should remain the leader. The Committee continues to commit the funding necessary to accomplish this goal. Therefore, the Committee ensures a net increase in funding over the previous year for NIH, despite the second straight year of a reduction in funding made available through the 21st Century Cures Act (Public Law 114–255). This year's resources are targeted toward several specific research programs, including:

All of Us.—The Committee includes \$500,000,000 in fiscal year 2021, making up for the \$40,000,000 decrease in 21st Century Cures Act (Public Law 114–255) funding for the program this year.

Alzheimer's Research.—The Committee prioritizes finding a treatment and ultimately a cure for Alzheimer's disease and provides an additional \$354,000,000, more than quintupling the research investment in the last 6 years. With this increase, NIH is expected to spend \$3,172,000,000 on Alzheimer's disease and related dementia research in fiscal year 2021.

Artificial Intelligence [AI].—The Committee provides \$25,000,000 to begin a new initiative on AI to bridge the gap between the biomedical and computer science communities to maximize the promise of AI in fiscal year 2021.

BRAIN Initiative.—The Committee continues to provide \$500,000,000 for the BRAIN Initiative, making up for the \$40,000,000 decrease in 21st Century Cures Act (Public Law 114–255) funding.

Childhood Cancer Data Initiative.—The Committee continues \$50,000,000 for the second year of an initiative proposed in the President's budget request for targeted childhood cancer research over the next decade.

Gene Vectors.—Gene therapy continues to show promise in developing new treatments that could enable patients to live without the need for ongoing treatments and daily disease management. The Committee provides \$30,000,000 in new funding to expand ongoing gene vector initiatives to address specific translational roadblocks to vector production.

Lyme Disease and Tick-borne Illness.—Over the past 15 years, cases of tick-borne diseases have doubled. Therefore, the Committee provides an increase of \$10,000,000 for Lyme disease and tick-borne illnesses research.

Premature Birth.—The Committee provides \$50,000,000 in new funding to the Eunice Kennedy Shriver National Institute of Child Health and Development for research aimed at enhancing the survival and healthy development of preterm infants as proposed in the President's budget request.

Regional Biocontainment Laboratories [RBL].—The Committee provides \$55,000,000 in dedicated funding for the RBLs that are charged with being available and prepared to assist national, State, and local public health efforts in the event of a bioterrorism or infectious disease emergency.

As important as these specific initiatives, the Committee continues to place a high value on support for all Institutes and Centers and allowing NIH to maintain flexibility to pursue unplanned scientific opportunities and address unforeseen public health needs. The Committee recommendation provides increases to every Institute and Center and is estimated to support over 11,500 new and competing grants in fiscal year 2021.

Finally, the Committee provides \$229,000,000 to finish the Clinical Center’s Surgery, Radiology, and Laboratory Medicine project, which was provided funding in fiscal year 2020 to begin.

ENDING THE HIV EPIDEMIC

An estimated 38,000 Americans are newly diagnosed with HIV every year and, since 1981, more than 700,000 Americans have lost their lives to the disease. The United States government spends up to \$20,000,000,000 in annual direct health expenditures for HIV prevention and care. The Committee continues its support of the second year of the Administration’s Ending the HIV Epidemic initiative to reduce the number of new HIV infections in the United States by 75 percent in 5 years and by 90 percent in 10 years.

According to the Department of Health and Human Services [HHS], of the 3,007 counties in the United States, more than 50 percent of new HIV diagnoses occur in just 48 counties, Washington, D.C., and San Juan, Puerto Rico. Further, seven States—Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma, and South Carolina—have a disproportionate share of new diagnoses in rural areas. The bill includes \$518,000,000, an increase of \$207,000,000, to focus on these high-risk areas by expanding HIV outreach, diagnoses, treatment, prevention, research, and response activities.

The Committee provides \$137,000,000, an increase of \$87,000,000, for Community Health Centers to increase outreach, testing, care coordination, and HIV prevention services, including the use of pre-exposure prophylaxis [PrEP]. This funding will support the participation of roughly 500 health centers in the initiative, up from 200 health centers in fiscal year 2020. Many health centers are co-located with Ryan White-funded organizations, roughly 150 of which are located in the high-burden geographic areas identified by HHS.

The Committee provides \$120,000,000, an increase of \$50,000,000, for the Ryan White HIV/AIDS program that provides a wide-range of community-based services, including primary health care, medications, and support services for individuals living with HIV/AIDS. The Health Resources and Services Administration [HRSA] estimates that roughly 18,000 people with HIV were served in the first year of the initiative, and this funding will continue to expand both access to treatment for individuals living with HIV and the use of antiretroviral therapy.

The Committee includes \$200,000,000, an increase of \$60,000,000, for Centers for Disease Control and Prevention [CDC] activities to leverage HIV prevention infrastructure to conduct strategic testing linked to immediate treatment and engagement with the clinical care system. This effort will expand the use of PrEP and develop approaches to better detect and respond to clusters of HIV cases. In addition, CDC will use resources to invest in core HIV prevention programs at State and local health departments to provide the foundational infrastructure in America.

The Committee provides \$61,000,000, an increase of \$10,000,000, for NIH's Centers for AIDS Research [CFAR]. The CFAR will inform HHS partners on best practices based on state-of-the-art biomedical research findings, and by collecting and disseminating data on the effectiveness of approaches used in the Ending the HIV Epidemic initiative.

The Committee requests that the Department provide a spend plan, broken out by State and county, 90 days after enactment. Further, the Committee recognizes the Ending the HIV Epidemic initiative is a multi-year program and instructs HHS to brief the Committee within 90 days of enactment describing progress made to date and outlining how HHS will use funds in fiscal year 2021 and beyond to end the HIV epidemic.

COMBATING OPIOID AND STIMULANT ABUSE

Between 1999 and 2018, nearly 450,000 people in the United States died from an opioid overdose, and the number of drug overdose deaths in 2018 was four times higher than it was in 1999. The Committee continues to regard the opioid epidemic as one of the foremost public health issues facing the Nation. While the rate of deaths involving opioids decreased significantly from 2017-2018, and the rate of prescription opioid-involved deaths decreased by 13.5 percent, the Committee notes that the Federal government must remain vigilant. For example, provisional data show that the progress made last year may have been reversed this year. The reported number of opioid-involved drug overdose deaths in the United States for the 12-month period ending in December 2019 was 50,042, which was a nearly 3,000 increase from the previous year.

In particular, the Committee remains concerned about the rate of stimulant-related deaths, which has been increasing since 2010. The rate of deaths in 2015 and 2016 related to stimulant overdoses increased by 52 percent and 33 percent respectively. In 2017, opioids were involved in the majority of stimulant overdoses, and the data suggests that increases in stimulant-involved overdose deaths from 2012 to 2017 were largely driven by synthetic opioid use. Among those States with enhanced drug overdose surveillance by CDC, 84 percent of overdose deaths involved one or more of four illicit drugs: heroin, illicitly manufactured fentanyl, cocaine, or methamphetamine. This data shows that opioid and stimulant use are closely linked and it is becoming increasingly more difficult for health care professionals to address the separate use of these substances.

Therefore, the Committee continues the expansion of the use of funds to include stimulants and the bill provides \$3,866,000,000 in

funding to fight prescription opioid abuse and heroin and stimulant use, an increase of \$88,400,000 over fiscal year 2020 and an increase of \$3,595,019,000 over the past 6 years.

Centers for Disease Control and Prevention.—The Committee includes \$475,579,000 for improved prevention and surveillance efforts in all 50 States and newly directs CDC to make stimulants an eligible use of funds. In addition, the Committee includes \$15,000,000, a \$5,000,000 increase, to address the alarming trend of increased infectious diseases associated with the opioid epidemic.

Certified Community Behavioral Health Clinics.—The bill includes \$250,000,000, an increase of \$50,000,000, to provide grants to clinics certified by their State to provide treatment for those with mental health illness. The Committee expects SAMHSA will continue to provide competitive grants to those areas also impacted by the opioid crisis.

HRSA Behavioral and Mental Health Workforce Training.—The bill provides \$138,916,000 to support and expand the behavioral and mental health workforce. Funding includes the second year of funding for the Loan Repayment for Substance Use Disorder Treatment Workforce program and the Mental and Substance Use Disorder Workforce Training Demonstration.

Medication-Assisted Treatments [MATs] for Methamphetamine and Stimulants.—The Committee is concerned with the rise in methamphetamine and stimulant use and overdose in the United States and provides \$10,000,000 in targeted resources to the National Institute on Drug Abuse for research aimed at developing new treatments for stimulant use disorder and its adverse effects.

National Institutes of Health.—The Committee includes \$500,000,000 for research related to opioid addiction, development of opioid alternatives, pain management, and addiction treatment at the National Institute of Neurological Diseases and Stroke and the National Institute on Drug Abuse, and newly directs both ICs to make stimulants an eligible use of funds.

Plans of Infant Safe Care.—The Committee includes \$60,000,000 for Child Abuse Prevention State Grants to help States develop and implement infant plans of safe care and improve services for infants affected by substance use disorder, and their families.

Preventive Services for Children At-Risk of Entering Foster Care.—The Committee provides \$20,000,000 in continued funding for Kinship Navigator Programs. This program improves services available to grandparents and other relatives taking primary responsibility for children because the child's parent is struggling with opioid addiction or substance use disorder. In addition, the bill also includes \$10,000,000 for Regional Partnership Grants and family-focused residential treatment programs, to improve the coordination of services for children and families affected by opioid and other substance use disorders and help families remain together during treatment.

Rural Communities Opioid Response Program.—The Committee provides \$110,000,000 for the Rural Communities Opioid Response Program, which provides funding and technical assistance to local, regional, and State-level partners to address opioid use prevention, treatment, and recovery needs in high-risk rural communities.

SAMHSA Programs of Regional and National Significance [PRNS].—The Committee provides \$501,677,000, an increase of \$20,000,000, for PRNS treatment programs, including: alternatives to opioids for pain management in emergency department settings; recovery and workforce assistance; comprehensive opioid recovery centers; first responder training; medication-assisted treatment; and pregnant and postpartum women.

State Opioid Response Grants.—The Committee provides \$1,500,000,000 for flexible grants dedicated to State responses to opioid abuse, for a total of \$6,500,000,000 over the past 5 fiscal years. The bill continues the 15 percent set-aside for States with the highest age-adjusted mortality rate related to opioid use disorders as well as the \$50,000,000 for grants to Indian tribes or tribal organizations. The bill makes no changes to the funding formula, but does provide States flexibility to use funds to address the growing trend of stimulant abuse.

In addition to the funding outlined above, States have access to the Substance Abuse Prevention and Treatment Block Grant, funded at \$1,858,079,000 in fiscal year 2021.

ADDRESSING DISPARITIES AND FOSTERING GREATER DIVERSITY IN HEALTH CARE, EDUCATION AND THE WORKFORCE

Many populations across the country, whether defined by race, ethnicity, or geography, experience higher rates of certain diseases and often lack the same access to health services or the same educational and workforce opportunities as their peers. Addressing these disparities remains one of our central challenges. Accordingly, the Committee continues its efforts to ensure that health disparities are addressed through a number of programs, including: workforce development programs to ensure a diverse medical community; research initiatives focused on underserved communities; programs that target health disparities; and education and workforce programs that increase opportunities for individuals from disadvantaged and underserved backgrounds. Further, the Committee continues to increase investments and prioritize funding within programs to improve educational opportunities for historically underrepresented and disadvantaged populations. The Committee provides targeted increases to the most effective programs that support initiatives to improve health care, education, and workforce development to people who are underserved, geographically isolated, underrepresented, or economically or medically vulnerable.

HRSA Workforce Pipeline and Diversity Programs.—These programs support initiatives aimed at increasing the diversity of the nation's health professions workforce, focusing, in particular, on the geographic distribution of providers to areas where they are needed most. Specific efforts focus on the recruitment, retention, and support of trainees from disadvantaged and underrepresented backgrounds leading to increased distribution of health professionals in high need areas. The Committee provides:

—*Faculty Loan Repayment.*—\$4,190,000, an increase of \$3,000,000, for education loan repayment assistance for health profession graduates from disadvantaged backgrounds who

agree to serve as faculty at eligible health professions colleges or universities; and
 —*Nursing Workforce Diversity*.—\$23,503,000, an increase of \$5,160,000, for increasing nursing education opportunities for underrepresented populations, including racial and ethnic minorities, among registered nurses.

Institutional Development Award [IDeA].—The Committee provides \$399,161,000, an increase of \$12,588,000, for the IDeA program to broaden the geographic distribution of NIH funding. In addition to enhancing the competitiveness of investigators and the research capabilities in these States, the program serves their unique populations, such as rural and medically underserved communities.

Minority Fellowship Program [MFP].—The MFP seeks to reduce health disparities and improve behavioral health care outcomes for racial and ethnic populations by increasing the number of racial and ethnic minorities in our country’s behavioral health workforce. The Committee provides \$17,169,000, an increase of \$3,000,000, to continue to train and better prepare behavioral health practitioners to more effectively treat and serve people of different cultural and ethnic backgrounds.

National Institute on General Medical Sciences [NIGMS] Workforce Diversity Programs.—The Committee strongly supports NIH’s efforts, across Institutes and Centers, to increase diversity in the scientific workforce. At the center of this effort is NIGMS that trains the next generation of scientists, enhances the diversity of the scientific workforce, and develops research capacity throughout the country. In fiscal year 2020, in addition to the IDeA program, NIGMS will spend \$188,432,520 on 12 programs that promote diversity of the scientific workforce and expand recruitment and retention. The Committee provides a targeted increase of \$14,132,439, or 7.5 percent, to the Institute’s diversity programs in fiscal year 2021.

National Institute on Minority Health and Health Disparities [NIMHD].—The Committee provides \$391,747,000 an increase of \$55,935,000, to NIMHD to continue its focus on research and designing interventions to improve health outcomes to reduce and ultimately lead to the elimination of health disparities.

Rural Education.—The Committee recommendation includes \$189,840,000, an increase of \$4,000,000, to provide additional support to rural school districts and schools that often face unique resource and capacity issues.

Rural Health.—The Committee recommendation continues its commitment to funding HRSA’s rural health programs and includes \$325,410,000 to support these programs. Included in this amount is \$15,000,000, an increase of \$5,000,000, to support underserved rural communities in the Delta region in identifying and better addressing their health care needs, and to help small rural hospitals improve their financial and operational performance.

Scholarships for Disadvantaged Students.—The Committee includes \$65,470,000, an increase of \$14,000,000, to support scholarships where more than 25 percent of students supported by the program are from rural backgrounds.

Science Technology Education and Math [STEM] Education.—The Committee includes investments across elementary and sec-

ondary education and higher education to promote diversity in STEM education. This includes \$75,000,000 for STEM education within the Education Innovation and Research program, an increase of \$10,000,000, with this funding prioritized for populations historically underrepresented in high-quality elementary and secondary STEM programs. In addition, \$15,000,000 is provided for the Minority Science and Engineering Improvement Program, an increase of \$2,365,000, to improve the pipeline of underrepresented populations to STEM careers.

Strengthening Historically Black Colleges [HBCUs] and Minority Serving Institutions.—The Committee provides \$784,554,000, an increase of \$15,000,000, for programs to strengthen HBCUs and other minority serving institutions, including Hispanic serving institutions, and tribally controlled colleges and universities. In addition, the Committee recommendation includes \$244,018,000, an increase of \$4,000,000, for Howard University.

Women in Apprenticeship.—The Committee supports the expansion of workforce opportunities for women in non-traditional industries through the Apprenticeship program and the Women in Apprenticeship and Non-Traditional Occupations grant program. Women remain underrepresented in industries such as construction (10 percent), manufacturing (29 percent), and transportation/utilities (24 percent) relative to their share of the workforce, according to the Bureau of Labor Statistics. Apprenticeships provide participants with both occupational skills training and the benefit of earning while they learn. The Committee recommendation includes \$195,000,000, an increase of \$20,000,000, for the Apprenticeship program and \$14,050,000 for the Women’s Bureau.

PATHWAYS TO COLLEGE AND CAREERS

The Committee continues to build on the significant investments in recent years to help students of all backgrounds enter and complete college, further their post-secondary education, develop the skills needed for the in-demand jobs of today and the future, and graduate with less debt. Providing all students beginning in high school with opportunities and exposure to the full-range of post-secondary options is one of the best ways to help students succeed in whatever path they choose. The Committee recommendation includes investments throughout the bill to support such efforts. In addition, the bill provides funding for programs that expand workforce training to skill and up-skill American workers, provide career pathways for youth and adults, connect justice-involved individuals with employment opportunities, and open new doors for disconnected and out-of-school youth to obtain and retain jobs.

Apprenticeship Grants.—The Committee recommendation includes \$195,000,000 for the apprenticeship program, an increase of \$20,000,000. Of this amount, the Committee provides \$10,000,000 to support the complementary Industry Recognized Apprenticeship Program, intended to expand apprenticeship opportunities in high demand industries.

Career Pathways for Youth.—The Committee recognizes that multiple career pathways should be available to young people, and that early employment and training opportunities help youth develop soft skills, such as workplace safety and responsibility, orga-

nization, and time management. Four-year-college is not for everyone, and early exposure to multiple career pathways and jobs can provide valuable experience, expand career opportunities, and place youth on a path to achieve life-long financial stability. The Committee provides \$10,000,000, the second year of funding, for a DOL demonstration program targeted to youth job training to expand early career opportunities.

Career and Technical Education [CTE] State Grants.—The Committee recommendation includes \$1,357,598,000, an increase of \$75,000,000, for CTE State grants. This funding helps States develop, expand, and improve their CTE programs in high school and post-secondary settings, and create pathways beginning in high school to in-demand jobs and careers.

Governor's Statewide Reserve.—The bill continues to allow the full 15 percent State training grant funding reserve for governors to address a variety of statewide or regional training needs, projects, expanded partnerships, emergency response, and other services as needed throughout their State.

Pell Grants.—The Committee increases the maximum Pell grant award by \$150 or 2.2 percent, from \$6,345 to \$6,495 for the 2021–22 school year. This is the fourth consecutive year the Committee has increased the maximum Pell grant award. The Committee recommendation also includes more than sufficient funding to continue Year Round Pell, which helps students stay continuously enrolled, complete their program faster, graduate with less debt, and enter or re-enter the workforce sooner.

Rural Postsecondary and Economic Development Program.—The Committee recommendation includes \$10,000,000 for a new initiative to improve post-secondary outcomes for rural students by promoting partnerships between school districts, institutions of higher education, nonprofit organizations, and regional economic development or workforce development agencies. This will provide academic and career counseling and exposure to post-secondary opportunities for students beginning in middle school and continuing through their secondary and post-secondary education, with the goal of improving rates of postsecondary enrollment and completion among rural students.

Targeted Youth Training.—The Committee maintains funding from fiscal year 2020 for both the Job Corps and YouthBuild programs to provide at-risk youth with the opportunity to gain educational and occupational skills.

Veterans' Employment and Training Service.—The Committee recommendation includes \$316,341,000 for programs targeted towards employment needs of separating service members and veterans. Within this amount, the Committee recommends \$33,679,000 for the Transition Assistance Program [TAP], an increase of \$4,300,000, for the Department of Labor to continue implementation of TAP improvements required by the fiscal year 2019 National Defense Authorization Act (Public Law 115–232) and continuation of the apprenticeship program. The bill also includes \$55,000,000 to support the Homeless Veterans' Reintegration Program for a variety of services, such as job training, social services, and transportation.

Workforce Innovation and Opportunity Act [WIOA] State Grants.—The bill includes \$2,819,832,000 for employment training grants distributed by formula to States under WIOA (Public Law 113–128). These grants, which provide flexibility to State and local governments to meet their own unique job training needs, form the bedrock of the Federal workforce development effort.

MENTAL HEALTH

The Committee includes \$3,952,015,000, an increase of \$193,536,000, for mental health activities to close the care gap between mental health and physical health. Approximately one in five adults in the United States experience mental illness in a given year and one in five youth aged 13–18 experiences a severe mental health disorder. Over the past year, rates of anxiety and depression in adults have roughly tripled, with more than one in three adults in the United States reporting symptoms, up from one in ten in 2019. Additionally, a recent CDC study found that 13.3 percent of adults reported new or increased substance use as a way to manage stress over the past year.

Certified Community Behavioral Health Clinics.—The Committee includes \$250,000,000, an increase of \$50,000,000, to support comprehensive mental health services for youth and adults.

Mental Health Research.—The National Institute of Mental Health receives \$2,139,491,000, an increase of \$96,525,000 above fiscal year 2020, for continued NIH research on mental health disorders.

Mental and Substance Use Disorder [SUD] Workforce Training.—The Committee provides up to \$29,500,000 for HRSA to continue the mental and SUD workforce training demonstration program.

Safe Schools.—The Committee includes investments in both HHS and Education to improve mental health care and safety in schools. The recommendation includes \$121,000,000, an increase of \$18,999,000, for Project Aware to expand the capacity for mental health agencies to support mental health resources in schools and connect school-aged youth and their families to needed services. The recommendation also includes \$105,000,000 for competitive grants to States and school districts for evidence-based activities to improve school safety and promote safe and positive learning environments for students. In addition, the Committee recommendation includes \$1,250,000,000, an increase of \$40,000,000, for Student Support and Academic Enrichment grants, formula funding directly to school districts that they can use for the same activities.

Suicide.—The Committee provides \$103,000,000, an increase of \$13,000,000, to address the alarming 33 percent increase in the suicide rate since 1999. Nearly every State has seen increasing suicide rates over this period. The Committee includes investments in a variety of suicide prevention programs, including the suicide lifeline, the Zero Suicide initiative, and a CDC investment in suicide prevention.

PROMOTING STATE AND LOCAL CONTROL OF EDUCATION, INCLUDING EARLY CHILDHOOD EDUCATION

The Committee continues to prioritize education programs, including early childhood education programs, that provide the most

flexibility for local communities to address the educational needs of children and families.

Charter Schools.—The Committee recommendation includes \$450,000,000, an increase of \$10,000,000, to expand access to high-quality charter schools, including replicating and expanding high-quality charter school models and otherwise supporting state and local efforts to open new high-quality charter schools.

Child Care and Development Block Grants [CCDBG].—The Committee recommendation includes \$5,926,000,000, an increase of \$50,000,000, to support high-quality child care for working families. This continues the Committee's strong support for CCDBG, and builds on the more than doubling of funding for CCDBG over the last 3 years.

Head Start.—The Committee recommendation includes \$10,713,095,000, an increase of \$100,000,000, to help all Head Start programs keep up with rising costs and continue to provide high-quality early childhood education for children and families beginning before birth through age five.

IDEA.—The Committee recommendation includes \$13,760,512,000, an increase of \$125,000,000, for IDEA State Grants, including an increase of \$7,500,000 for Preschool Grants and an increase of \$7,500,000 for Grants for Infants and Families, to support the educational needs of students with disabilities.

Impact Aid.—The Committee recommendation includes \$1,506,112,000, an increase of \$20,000,000, for Impact Aid which helps make up for lost local revenue because of the presence of Federal activities and federally owned land that would otherwise be available for local school districts.

Student Support and Academic Enrichment Grants.—The Committee includes \$1,250,000,000, an increase of \$40,000,000, for grants to school districts to support a wide-range of activities focused on promoting well-rounded education, safe learning schools and learning environments, and access to education technology.

Title I Grants to LEAs.—The Committee includes \$16,434,802,000, an increase of \$125,000,000, for Title I grants to school districts, to provide additional support to schools with a significant number of students living in poverty and help address the educational needs of low-income students.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

The Committee continues to invest in HHS programs that help America's communities prepare for, respond to, and recover from public health and medical disasters and emergencies. These events include natural disasters, pandemic diseases, and man-made threats. The Committee believes it is critical to continue investments in this area and provides \$4,207,000,000, an increase of \$161,000,000. Since fiscal year 2015, the Committee has increased public health preparedness funding by \$1,389,000,000, or nearly 50 percent.

Biomedical Advanced Research and Development Authority [BARDA].—The Committee provides \$611,700,000, an increase of \$50,000,000, to continue investments in BARDA to develop late stage medical countermeasures.

Hospital Preparedness Program.—The Committee provides \$299,555,000, an increase of \$24,000,000, for hospitals to improve upon planning and care during emergencies and disasters.

Pandemic Influenza.—The Committee provides \$310,000,000 within the Office of the Secretary, an increase of \$50,000,000, to improve the effectiveness of the flu vaccine and better respond to late changes to flu strains.

Project BioShield.—The Committee includes \$785,000,000, an increase of \$50,000,000, to purchase critical medical countermeasures, such as vaccines, therapeutics, and diagnostics.

Public Health Emergency and Hospital Preparedness.—The Committee provides \$705,000,000, an increase of \$30,000,000, for CDC's Public Health Emergency Preparedness program to continue preparing communities and hospitals to respond to public health emergencies.

ALZHEIMER'S DISEASE

Alzheimer's disease costs the U.S. taxpayer \$23,500,000 every hour, with one in three seniors dying with Alzheimer's or another dementia. Currently, Medicare and Medicaid spend an estimated \$206,000,000,000 caring for those with Alzheimer's and other dementias, 67 percent of total costs, making it the most expensive disease in America. Without a medical breakthrough to prevent, slow, or stop the disease, by 2050 the combined Medicare and Medicaid spending on people with Alzheimer's disease will be more than \$1,100,000,000,000.

Alzheimer's BOLD Initiative and Healthy Aging.—The Committee provides \$20,500,000, an increase of \$5,000,000, to support CDC activities implementing the BOLD Infrastructure for Alzheimer's Act (Public Law 115–406) and the Healthy Brain road map for State and national partnerships to monitor, evaluate, educate, and empower those fighting Alzheimer's.

Alzheimer's Disease Program.—The Committee provides \$27,500,000, an increase of \$1,000,000, for the Alzheimer's Disease Program to support services for individuals with Alzheimer's and related dementias and their caregivers. Funding includes up to \$2,000,000 to continue support for the National Alzheimer's Call Center in the Administration for Community Living.

Alzheimer's Research.—The Committee includes an increase of \$354,000,000 for Alzheimer's disease research at NIH, bringing the total funding available in fiscal year 2021 to approximately \$3,172,000,000, a 12.6 percent increase above fiscal year 2020. Over the last 6 years, research funding for Alzheimer's disease has increased \$2,541,000,000, more than quintupling the critical investment.

Brain Research through Advancing Innovative Neurotechnologies [BRAIN].—The Committee continues to strongly support the BRAIN Initiative and provides \$500,000,000 in fiscal year 2021. This funding level makes up the \$40,000,000 lost due to a decrease in 21st Century Cures Act (Public Law 114–255) funding in fiscal year 2021. The BRAIN Initiative is developing a more complete understanding of brain function and has the potential to help millions of people who suffer from a wide variety of neurological and psychiatric disorders such as Parkinson's disease, schizophrenia, Alz-

heimer's disease and dementia, depression, and traumatic brain injury.

Caregivers.—The effects of Alzheimer's disease reach beyond the patient to the thousands of Americans providing informal care to a relative with dementia. The Committee provides funding to a variety of programs to support caregivers, including research at the National Institute on Aging, the Lifespan Respite Care program, and the National Family Caregiver Support program at the Administration for Community Living.

IMPROVING FISCAL ACCOUNTABILITY

The Committee has an obligation to promote fiscal accountability and the effective use of U.S. taxpayer funds. The annual appropriations process affords Congress the opportunity to continuously improve and refine how Government works. Appropriations bills provide oversight of every discretionary program, every year, which gives these bills the unique ability to react to changing needs and unintended consequences in the intervening years of an authorization bill.

Public Health Services [PHS] Act Evaluation Transfer.—The Committee recommendation continues to ensure that in fiscal year 2021, no funds will leave NIH via the transfer required by section 241 of the PHS Act (Public Law 104–73).

Taxpayer Transparency.—U.S. taxpayers have a right to know how the Federal Government is spending their hard-earned taxpayer dollars—especially when that money is being spent on advertising Federal programs. The Committee recommendation continues a provision to promote Government transparency and accountability by requiring Federal agencies funded in this act to include disclaimers when advertising materials are paid for with Federal funds. The Committee expects each agency to include in their fiscal year 2022 CJ information detailing how much funding was spent on advertising in fiscal year 2021.

INCREASING THE EFFICIENCY AND COST EFFECTIVENESS OF GOVERNMENT

The Committee provides funding for a variety of activities aimed at reducing fraud, waste, and abuse of taxpayer dollars. These program integrity initiatives have proven to be a wise Federal investment, resulting in billions of dollars of savings each year. In addition, the Committee recommendation provides direction to the Departments on opportunities to take action where Federal programs are fragmented or duplicative. The bill advocates that longstanding priority by reforming and transforming government in many small ways, and several initiatives to increase the efficiency and cost effectiveness of Government, including:

Fighting Healthcare Fraud and Abuse.—The Committee includes \$807,000,000 for the Health Care Fraud and Abuse Control program at CMS. The Committee notes that the latest data demonstrates for every new \$1.00 spent on fraud and abuse, \$2.00 is recovered by the U.S. Treasury.

Inspectors General.—The Committee recommendation provides \$367,130,000 for the Inspectors General funded in this act to conduct additional audits and investigations of possible waste and

fraud in Government programs. The Committee appreciates the strong working relationships between the Inspectors General and the agencies they work with under this Committee's jurisdiction. The Committee reiterates the strong expectation that Inspectors General have timely and independent access to all records, reports, audits, reviews, documents, papers, recommendations, data and data systems, or other materials related to their responsibilities under this act and under the Inspector General Act of 1978 (Public 95-452). Further, the Committee also expects that all agencies funded by this act treat electronic data, records, and systems no differently than paper-based records and files with respect to access by the Inspectors General unless particular electronic systems are clearly and explicitly protected from Inspectors General access by statute.

Preventing Improper Social Security Payments.—The Committee recommendation includes \$1,575,000,000 for the Social Security Administration to conduct continuing disability reviews and Supplemental Security Income [SSI] program redeterminations of non-medical eligibility, and other program integrity efforts. Combined, these activities are estimated to save over \$9,000,000,000 over 10 years in taxpayer dollars by reducing waste, fraud, abuse, and improper payments in the Social Security, Medicare, and Medicaid programs.

Taxpayer Accountability.—Given the current fiscal environment, it is imperative for Government agencies to increase efficiencies, while fulfilling statutory requirements, to maximize the effectiveness of agency programs. Since 2011, Government Accountability Office [GAO] has published reports showing as many as 325 areas of potential duplication and overlap. GAO has identified over 1,000 actions to reduce, eliminate, or better manage fragmentation, overlap, or duplication; achieve costs savings; or enhance revenue. While GAO has noted that the Nation has achieved \$429,000,000,000 in savings based on these reports, many more efficiencies may be realized. The Committee directs each agency funded in the fiscal year 2021 bill to report to the Committee, within 1 year of enactment, on all efforts made to address the duplication identified by the annual GAO reports along with identifying substantive challenges and legal barriers to implementing GAO's recommendations, as well as suggested legislative recommendations that could help the agency to further reduce duplication. The Committee looks forward to receiving the reports.

Unemployment Insurance Trust Fund Integrity.—The Committee provides \$200,000,000 for Reemployment Services and Eligibility Assessments [RESEA] for fiscal year 2021. The RESEA program provides for intensive, in-person attention from specialists in the One-Stop career center system for individuals most likely to exhaust unemployment compensation benefits, those with particular barriers to reemployment, and others who have been difficult to place. RESEA has significantly reduced the time participating individuals must rely on unemployment compensation payments and has shown the benefit of reducing improper payments to ineligible claimants, thus helping protect the fiscal solvency of the Unemployment Insurance Trust Fund. The RESEA program is based on a

service-delivery model that has demonstrated a return of \$2.60 in savings for every \$1.00 spent on the program.

Evidence-Building Capacity.—The Committee applauds the recent enactment of the Foundations for Evidence-based Policy-making Act (Public Law 115–435). Faithful execution of the law will enhance the evidence-building capacity of Federal agencies, strengthen privacy protections, improve secure access to data, and ultimately provide more and higher quality evidence to policy-makers. The Committee requests that the Departments funded in this bill provide an update on its implementation of the law and plans for the coming year in next and subsequent years’ annual congressional budget justifications.

BILL-WIDE DIRECTIVES

Advertising.—The Committee encourages Federal departments and agencies to use local media in their advertising, including local television, radio broadcast stations, and newspapers, to the greatest extent possible. The Committee further directs each department and agency funded by this act with annual advertising budgets in excess of \$500,000 to include in its fiscal year 2022 justification details on expenditures on local media advertising for fiscal years 2020 and 2021.

Congressional Budget Justifications.—Congressional justifications [CJs] are the primary tool used for the Committee to evaluate budget requests, agency performance, and resource requirements. The Committee expects the fiscal year 2022 CJs to include sufficient detail to justify all programs, projects, and activities contained in each department, agency, board, corporation, or commission’s budget request. The justifications shall include a sufficient level of detailed data, exhibits, and explanatory statements to support the appropriations requests, including tables that outline each agency’s programs, projects, and activities for fiscal years 2021 and 2022. Specifically, every bill and report number included in either the House of Representatives or Senate Appropriations bill, report, or explanatory statement, or the final appropriations bill or explanatory statement of the fiscal year should be reflected within these justifications. If a program is recommended for elimination, the justification should include information about fiscal year 2021 activities.

The Committee directs the chief financial officer of each department, agency, board, corporation, or commission funded in this act’s jurisdiction to ensure that adequate justification is given to support each increase, decrease, and staffing change proposed in the fiscal year 2022 budget. When requesting additional resources, reduced funding, or eliminations of programs, changes should be outlined with an adequate justification. Should the final fiscal year 2021 appropriations bill be enacted within a timeframe that does not allow it to be reflected within the congressional justifications for fiscal year 2022, the Committee directs each department, agency, board, corporation, or commission funded in this act to submit within 30 days of enactment updated information to the Committee on funding comparisons to fiscal year 2021.

Congressional Reports.—Each Department and agency is directed to provide the Committee on Appropriations of the House of Rep-

representatives and the Senate, within 30 days of the date of enactment of this act and quarterly thereafter, a summary describing each requested report to the Committees on Appropriations along with a detailed status update that shall include, but is not limited to: the date the Department began drafting the report, the status of the draft, stage of clearance if applicable, and an estimated timeline for when the report will be submitted to the Committees.

Regulation Reform.—The Committee remains concerned that agencies may have overlapping, outdated, and restrictive regulations that increase the costs of care and are a burden on an agency. The Committee is equally concerned by the use of guidance documents or interpretive rules by agencies to impose new requirements on regulated entities even though such documents are not legally binding. The Supreme Court has recognized that there is a fine line between what should be issued as a regulation for purposes of notice-and-comment rulemaking under the Administrative Procedure Act (Public Law 79–404) and what can be issued as guidance. The Supreme Court has also recognized that agencies may sometimes issue guidance to circumvent the notice-and-comment rulemaking process. The Committee directs the Departments of Labor, Health and Human Services, and Education to each submit a report to Congress no later than 180 days after enactment with a list of guidance documents in effect and provide the agency’s plan of action to repeal these guidance documents, or justification for its decision to not repeal them. The Committee also directs the agency’s report to include its plan of action to repeal or revise regulations that are duplicative, as well as its plan to streamline rules in a manner that will reduce the costs to the private sector by at least \$1,000,000,000 and the legislation authorizing such regulation.

Trauma-informed Practices.—The Committee notes that exposure to trauma, such as witnessing violence or substance abuse, can result in negative health, education, and employment outcomes, for which agencies funded in this bill seek to address. The Committee encourages the Departments and agencies funded in this bill to enhance coordination on activities that address trauma, particularly in childhood, and to disseminate and promote through grant awards best practices for identifying, referring, and supporting children exposed to trauma. The Committee provides \$5,000,000, an increase of \$1,000,000, to continue support for CDC’s efforts to implement section 7131 of the SUPPORT Act (Public Law 115–271) to improve CDC’s ability to collect data on adverse childhood experiences to better understand prevalence. Other specific initiatives are outlined in each Department’s section.

OTHER HIGHLIGHTS OF THE BILL

Adoption Opportunities.—The Committee recommendation includes \$46,100,000, an increase of \$4,000,000, to help remove barriers to adoption and find permanent homes for children, particularly children with special needs.

Children’s Hospitals Graduate Medical Education [CHGME].—The Committee recommendation includes \$355,000,000 for CHGME, an increase of \$15,000,000 above fiscal year 2020. This

funding supports 58 freestanding children’s teaching hospitals to provide Graduate Medical Education for physicians.

Corporation for National and Community Service [CNCS].—The Committee recommendation includes \$1,154,358,000, an increase of \$50,000,000, for national and community service programs, including an increase of \$32,000,000 for AmeriCorps State and National Grants and \$8,000,000 for Senior Corps programs.

Corporation for Public Broadcasting.—The bill continues advance funding in the amount of \$465,000,000 for the Corporation for Public Broadcasting for fiscal year 2023 and an additional \$20,000,000 for fiscal year 2021 to continue investments in the public broadcasting interconnection system.

Institute for Museum and Library Services [IMLS].—The Committee recommendation includes \$257,000,000 for IMLS, an increase of \$5,000,000 above fiscal year 2020. This funding supports approximately 9,000 public library systems and more than 33,000 museums, ensuring that all Americans have access to essential museum, library, and information services.

Low Income Home Energy Assistance Program [LIHEAP].—The Committee recommendation includes \$3,740,304,000, the same as the fiscal year 2020 level.

Sexual Risk Avoidance.—The Committee recommendation includes \$45,000,000, an increase of \$10,000,000.

Student Aid Administration.—The Committee recommendation includes \$1,868,943,000, an increase of \$100,000,000, to support the administration of Federal student aid programs and continue efforts to improve the quality of service to students and borrowers, including simplifying and streamlining the FAFSA process and student borrower experience.

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—Assistant Secretary for Preparedness and Response
 BARDA—Biomedical Advanced Research and Development Authority
 BCA—Budget Control Act of 2011
 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 Conciliation 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 Disease
 NIAMS—National Institute of Arthritis and Musculoskeletal and
 Skin Diseases
 NIBIB—National Institute of Biomedical Imaging and Bio-
 engineering
 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 Communica-
 tion Disorders
 NIDCR—National Institute of Dental and Craniofacial Research
 NIDDK—National Institute of Diabetes and Digestive and Kid-
 ney Disease
 NIDRR—National Institute on Disability and Rehabilitation Re-
 search
 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 Dis-
 parities
 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 Admin-
 istration
 SEA—State educational agency
 SIG—School Improvement Grants
 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 Occu-
 pations
 WHD—Wage and Hour Division
 WIA—Workforce Investment Act
 WIOA—Workforce Innovation and Opportunity Act

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, 2020	\$3,611,200,000
Budget estimate, 2021	3,358,304,000
Committee recommendation	3,585,200,000

The Training and Employment Services 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 2021 will support the program from July 1, 2021, through June 30, 2022. A portion of this account’s funding, \$1,772,000,000, is available on October 1, 2021, for the 2021 program year.

Training and Employment Services.—The Committee urges the Department to encourage local secondary education authorities with expertise in work-based learning to be included as part of the required education and training organization representatives on local Workforce Development Boards to provide guidance on work experience, including summer employment opportunities.

Grants to States

The Committee recommends \$2,819,832,000 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.

The Committee recommendation is consistent with the WIOA authorization regarding the amount of WIOA State grant funding that may be reserved by Governors.

Adult Employment and Training.—For adult employment and training activities, the Committee recommends \$854,649,000.

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

Funds are made available in this bill for adult employment and training activities in program year 2021, which occurs from July 1, 2021, through June 30, 2022. The bill provides that \$142,649,000 is available for obligation on July 1, 2021, and that \$712,000,000 is available on October 1, 2021. Both categories of funding are available for obligation through June 30, 2022.

Youth Training.—For youth training activities, the Committee recommends \$913,130,000. 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 2021, which occurs from April 1, 2021, through June 30, 2022.

Dislocated Worker Assistance.—For dislocated worker assistance, the Committee recommends \$1,052,053,000. This program is a State-operated effort that provides training services and support to help permanently separated workers return to productive unsubsidized employment. In addition, States must use 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 2021, which occurs from July 1, 2021, through June 30, 2022. The bill provides that \$192,053,000 is available for obligation on July 1, 2021, and that \$860,000,000 is available on October 1, 2021. Both categories of funding are available for obligation through June 30, 2022.

Federally Administered Programs

Dislocated Worker Assistance National Reserve.—The Committee recommends \$230,859,000 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 2021. The bill provides that \$30,859,000 is available for obligation on July 1, 2021, and that \$200,000,000 is available on October 1, 2021. Both categories of funding are available for obligation through September 30, 2022.

Appalachian and Delta Regions.—The Committee makes \$40,000,000, an increase of \$10,000,000, available for obligation on October 1, 2021, through September 30, 2022, to provide enhanced worker training to promote economic recovery in the Appalachian and Delta regions. These funds will continue the Workforce Opportunity for Rural Communities grant initiative, in which the Committee strongly encourages the Department to develop the funding opportunity announcement and make grant awards in concordance with the Appalachian Regional Commission and the Delta Regional Authority. These regions have been particularly hard hit by indus-

trial downsizing and closures, and funding is provided to target these underserved areas. The Department is directed to ensure equal allocation of funds to the Appalachian and Delta regions and broad geographic distribution of funds within these regions. Further, each award should not exceed \$1,500,000.

Career Pathways for Youth Grants.—The Committee continues to recognize that multiple career pathways should be available to young people and the need for early workforce readiness, employment, and training opportunities that help youth develop soft skills, such as responsibility, organization, and time management, and to learn workplace safety. The Committee continues \$10,000,000 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.

Demonstration Projects for At-risk Youth.—The Committee encourages 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 to participate in the workforce who are out-of-school, have limited work experience, and live in communities experiencing high rates of unemployment and high rates of community violence.

Indian and Native American Programs.—The Committee recommends \$55,000,000 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.

Migrant and Seasonal Farmworker Programs.—The Committee recommends \$91,896,000 for migrant and seasonal farmworkers programs, which serve members of economically disadvantaged families whose principal livelihood is derived from migratory and other forms of seasonal 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 \$85,229,000 be used for State service area grants. The Committee recommendation also includes bill language directing that \$6,122,000 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 recommenda-

tion also includes \$545,000 to be used for section 167 training, technical assistance, and related activities, including funds for migrant rest center activities.

YouthBuild.—The Committee supports the YouthBuild program and recommends \$94,534,000 to support its work to target at-risk high school dropouts and prepare them with the skills and knowledge they need to succeed in a knowledge-based economy.

National Activities

Reentry Employment Opportunities [REO].—The Committee recommends \$98,079,000 for the REO program, including \$25,000,000 for national and regional intermediaries. The REO program helps prepare and assist adult ex-offenders return to their communities through pre-release services, mentoring, and case management. The program also provides support, education, and training to youth who are involved in court and on probation, in aftercare, on parole, or who would benefit from alternatives to incarceration or diversion from formal judicial proceedings. Programs are carried out directly through State and local governmental entities and community-based organizations, as well as indirectly through intermediary organizations. States are encouraged to continue to support reintegration efforts for ex-offenders with resources available through the comprehensive workforce development investment system. The Committee encourages the Department to use funding to support efforts seeking to address relevant impacts and root causes of civil unrest and high levels of community violence.

Workforce Data Quality Initiative.—The Committee accepts the administration's request to eliminate the Workforce Data Quality Initiative.

Apprenticeship Grants.—The bill provides \$195,000,000, an increase of \$20,000,000, for the apprenticeship program created in fiscal year 2016. Of this amount, \$10,000,000 is for the Industry Recognized Apprenticeship Program [IRAP] to expand apprenticeship opportunities to industries such as telecommunications, healthcare, cyber security, and other sectors where apprenticeships currently are not widely available. IRAPs are intended to serve as a complement to the registered apprenticeship program.

The Committee supports the funding and development of industry or sector partnerships as a means of closing the skills gap and expanding registered apprenticeships in in-demand industries. 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 (including green infrastructure); goods movement sectors, such as global logistics, rail, and other freight-related employment; telecommunications and wireless infrastructure to support the expansion of 5G; and outdoor recreation economy-related employment. The Department is encouraged to make funding available to address nationwide shortages of qualified drinking water and wastewater operation professionals. The Committee continues to encourage the Department to prioritize State Expansion grants to support and expand registered apprenticeships in States with high unemployment and long-standing and demonstrably effective

partnerships between job training programs and employers who seek well-qualified employees in the healthcare, maritime, construction, and oil and gas industries. The Committee directs the Department of Labor to continue collaboration with the Department of Defense to develop a targeted apprenticeship and job training program to meet the critical national defense need for new submarine construction. Lastly, the Department is encouraged to ensure approval of apprenticeship opportunities in local communities that have high rates of unemployment and high rates of community violence.

The Committee directs the Department to submit a report providing detail on entities awarded funding, selection criteria used, and the funding amount for each grant or contract awarded at the time such awards are made. No later than July 1, 2021, the Department shall provide the Committees on Appropriations of the House of Representatives and the Senate a detailed spend plan of anticipated uses of funds made available, including estimated administrative costs.

JOB CORPS

Appropriations, 2020	\$1,743,655,000
Budget estimate, 2021	1,015,897,000
Committee recommendation	1,743,655,000

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

The Committee recommendation for administrative costs is \$32,330,000.

The Committee recommends a total of \$108,000,000 in construction, renovation, and acquisition [CRA] funds. This amount is available from July 1, 2021, to June 30, 2022. 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.

Gainesville Job Corps Center.—The Committee is aware of the Department’s decision to deactivate the Gainesville Job Corps Center, which had been inactive since September 2017 due to damage it sustained during Hurricane Irma. The Committee is concerned that the closure of the Gainesville Job Corps Center has significantly reduced training opportunities to disadvantaged youth. The Committee strongly encourages the Department to identify alternative methods to increase the capacity for Job Corps services or job training opportunities in North Central Florida.

Gulfport Job Corps Center.—The Committee remains encouraged by the continued progress made toward the rebuilding of the Gulfport Job Corps Center, including the significant design development work. The Committee expects the Department to remain committed to this project and directs the Department to continue to prioritize the Gulfport Job Corps Center among pending construction cases in the CRA account. The Committee requests the con-

tinuation of updates every 30 days regarding progress on this project.

Industry-standard Training.—The Committee supports the Department’s intention to make investments in Job Corps facilities to “support high-quality training that meets existing industry standards.” Therefore, the Committee requests a briefing within 60 days of enactment on the costs of modernizing each Job Corps center’s trade offerings, curricula, and equipment to meet existing industry standards. This information is of particular interest given the realignment of Job Corps center recruitment and placement with local workforce development areas through the National Enrollee Assignment Plan.

Performance-based Contracting.—The Committee encourages the Department to ensure student outcomes are not adversely affected as the Job Corps program transitions from performance-based contracting to fixed-price contracts. The Committee requests a briefing within 60 days of enactment on the transition to fixed-price contracting, including how the Department will assess which Job Corps proposals will provide the best value with respect to student outcomes, and options for incorporating performance-based incentives into Job Corps’ fixed price contracts.

Slot Utilization.—The Committee is concerned with the persistent under-utilization of Job Corps centers. The Committee requests an update in the fiscal year 2022 CJ on specific outreach and admissions efforts that includes the most recent National Geographic Assignment Plan required by section 145(c) of WIOA. This should include an analysis of Job Corps application and enrollment data to evaluate the relative efficacy of different investments in producing prospects that become Job Corps-eligible applicants, including social media advertising targeted at eligible youth, social media advertising targeted at guardians or influencers, national television or radio buys, and local outreach efforts.

Underserved Rural and Remote Communities.—The Committee continues to encourage the Department to utilize savings realized by center closures to support and incentivize high quality center operators to develop and enhance partnerships with existing rural training sites to enhance opportunity and work experiences for students in underserved rural or remote communities. Such rural partners 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.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriations, 2020	\$405,000,000
Budget estimate, 2021 .....	.....
Committee recommendation	305,000,000

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 \$305,000,000 for CSEOA, a reduction of

\$100,000,000. As noted in the budget request, CSEOA participant completion and job placement outcomes are disappointingly low and WIOA programs can also address the employment and workforce training needs of older Americans.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriations, 2020	\$680,000,000
Budget estimate, 2021	633,600,000
Committee recommendation	633,600,000

The Committee recommendation includes mandatory funds for the Federal unemployment benefits and allowances program that assists trade-impacted workers with benefits and services to upgrade skills and retrain in new careers. These benefits and services are designed to help participants find a path back into middle-class jobs, improve earnings, and increase credential and education rates. The Committee recommendation provides for the full operation of the Trade Adjustment Act (Public Law 114–27) program in fiscal year 2021 consistent with current law.

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, 2020	\$3,374,649,000
Budget estimate, 2021	3,497,280,000
Committee recommendation	3,405,649,000

The Committee recommendation includes \$3,321,583,000 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.

The Committee recommends a total of \$2,565,816,000 for Unemployment Insurance [UI] activities. For UI State operations, the Committee recommends \$2,356,816,000. Additionally, the Committee includes \$200,000,000 to expand intensive, individualized reemployment assistance and to help address and prevent long-term unemployment and reduce improper payments through the Reemployment Services and Eligibility Assessments [RESEA] initiative. This includes \$117,000,000 in base funding and \$83,000,000 in cap adjustment funding allowed under the Bipartisan Budget Act of 2018 (Public Law 115–123).

As State consortia continue work to modernize their UI information technology systems, the Committee expects the Department will continue to closely support and oversee the consortia’s efforts and keep the Committee informed on the utilization of funds and progress on system development.

The Committee recommendation 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.

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 provides an increase of \$6,000,000 to help modernize the UI Interstate Connection Network hub and support States in administering the UI program.

For the Employment Service allotments to States, the Committee recommends \$668,052,000. This amount includes \$21,413,000 in general funds together with an authorization to spend \$646,639,000 from the Employment Security Administration account of the Unemployment Trust Fund.

The Committee also recommends \$22,318,000 for Employment Service national activities. The Committee provides \$2,500,000 to reduce the processing backlog for the work opportunity tax credit program and for assisting States to modernize information technology for processing of certification requests, which may include training and technical assistance. For carrying out the Department's responsibilities related to foreign labor certification activities, the Committee recommends \$54,528,000. In addition, 5 percent of the revenue from H-1B fees is available to the Department for costs associated with processing H-1B alien labor certification applications, and \$14,282,000 is available for related State grants.

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

Prompt Processing of H-2B Visas.—The Committee notes the importance of the H-2B visa program in communities and industries across the country, and the critical role of this program in a thriving economy. The Committee directs the Department to take all necessary and appropriate steps to ensure prompt processing of H-2B visa applications and to minimize future interruptions to the H-2B visa program.

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, 2020	\$158,656,000
Budget estimate, 2021	171,600,000
Committee recommendation	158,656,000

The Committee recommendation of \$158,656,000 for program administration includes \$108,674,000 in general funds and \$49,982,000 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, Older Americans Act [OAA] (Public Law 116-131), the Trade Act

of 1974 (Public Law 93–618), and the National Apprenticeship Act (Public Law 308). Trust funds provide for the Federal administration of employment security, training and employment, and executive direction functions.

The Office of Apprenticeship may use a portion of its funds to support apprenticeship opportunities outside of traditional registered apprenticeships.

The Department is encouraged to require any information publicly disclosed related to occupational and professional licenses and certifications, as well as credentials and competencies earned through apprenticeships, whether directly or through contracts, be published using an open source description language that is designed to allow for public search and comparison of such data, including any such data on credentials and competencies. Such information may be published through open data formats such as the credential transparency description language specifications or substantially similar approach.

The Committee encourages ETA to increase access and eligibility to employment and training services for survivors of all forms of human trafficking as required by section 107(b) of the Trafficking Victims Protection Act (Public Law 106–386). The Committee also encourages the development and integration of training to identify potential signs of trafficking and referral options as a regular activity for State Farmworker Monitor Advocates, and during the provision of relevant services to particular at-risk populations, including through the YouthBuild, Job Corps, and REO programs. The Committee also encourages the Department to continue and expand its pilot initiative to develop and support networks of service providers in collaboration with HHS and the Department of Justice.

EMPLOYEE BENEFITS SECURITY ADMINISTRATION
SALARIES AND EXPENSES

Appropriations, 2020	\$181,000,000
Budget estimate, 2021	192,738,000
Committee recommendation	181,000,000

The Committee recommends \$181,000,000 for the Employee Benefits Security Administration [EBSA]. EBSA is responsible for the enforcement of title I of the Employee Retirement Income Security Act [ERISA] (Public Law 93–406) 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 education, civil and criminal enforcement, and research and analysis. Bill language continues to allow EBSA to obligate up to \$3,000,000 for 2 fiscal years, as proposed in the budget. The authority will be useful in situations where services may be needed for cases extending beyond the end of the current fiscal year.

Electronic Delivery Rule.—The Committee is concerned with the Department’s recently adopted rule (RIN 1210–AB90) allowing ERISA plan administrators to provide participants and beneficiaries certain mandatory disclosures through electronic means by default. The Committee requests a report not later than 1 year

after enactment of the rule assessing the impact of the changes on participants, including deferred vested participants, and beneficiaries of plans subject to ERISA, specifically individuals residing in rural and remote areas, seniors, and other populations that either lack access to web-based communications or who may only have access through public means.

Mental Health Parity.—The Committee encourages EBSA, in consultation with the Centers for Medicare and Medicaid Services, to issue regular guidance to encourage compliance with the Mental Health Parity and Addiction Equity Act [MHPAEA] (Public Law 110–343). Guidance should include recommendations for appropriate training of personnel responsible for, benefit design, benefit authorizations, adverse benefit determinations, and payments. Informational bulletins and guidance should also provide information regarding the appropriate consumer complaint process and that helps patients take action when they encounter MHPAEA violations.

PENSION BENEFIT GUARANTY CORPORATION

Appropriations, 2020	\$452,858,000
Budget estimate, 2021	465,289,000
Committee recommendation	465,289,000

The Pension Benefit Guaranty Corporation’s [PBGC] estimated obligations for fiscal year 2021 include single-employer benefit payments of \$7,289,000,000, multi-employer financial assistance of \$350,000,000, and consolidated administrative expenses of \$465,289,000. Administrative expenses are comprised of three activities: pension insurance activities, pension plan termination expenses, and operational support. These expenditures are financed by permanent authority. Previously, the Committee accepted the PBGC’s proposal to reform the previous 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 participants in terminated plans exceeds 100,000. When the trigger is reached, an additional \$9,200,000 becomes available through September 30, 2025, 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 of the Committees on Appropriations of the House of Representatives and the Senate.

WAGE AND HOUR DIVISION

SALARIES AND EXPENSES

Appropriations, 2020	\$242,000,000
Budget estimate, 2021	244,283,000
Committee recommendation	242,000,000

The Committee recommends \$242,000,000 for the Wage and Hour Division [WHD].

WHD is responsible for administering and enforcing laws that provide minimum standards for wages and working conditions in the United States. The Fair Labor Standards Act (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.

OFFICE OF LABOR-MANAGEMENT STANDARDS

SALARIES AND EXPENSES

Appropriations, 2020	\$43,187,000
Budget estimate, 2021	50,410,000
Committee recommendation	48,187,000

The Committee recommends \$48,187,000, an increase of \$5,000,000, for the Office of Labor-Management Standards [OLMS].

OLMS administers the Labor-Management Reporting and Disclosure Act of 1959 (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, and others. In addition, the Office administers employee protections under federally sponsored transportation programs.

OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS

SALARIES AND EXPENSES

Appropriations, 2020	\$105,976,000
Budget estimate, 2021	106,412,000
Committee recommendation	105,976,000

The Committee recommends \$105,976,000 for the Office of Federal Contract Compliance Programs.

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 (Public Law 93-112), and the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (Public Law 93-508).

OFFICE OF WORKERS' COMPENSATION PROGRAMS
SALARIES AND EXPENSES

Appropriations, 2020	\$117,601,000
Budget estimate, 2021	119,312,000
Committee recommendation	117,601,000

The Committee recommends \$117,601,000 for the Office of Workers' Compensation Programs [OWCP]. The bill provides authority to expend \$2,177,000 from the special fund established by the Longshore and Harbor Workers' Compensation Act.

OWCP administers four distinct compensation programs: the Federal Employees' Compensation Act [FECA] (Public Law 267), 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.

SPECIAL BENEFITS

Appropriations, 2020	\$234,600,000
Budget estimate, 2021	239,000,000
Committee recommendation	239,000,000

The Committee recommends \$239,000,000 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, 2020	\$20,970,000
Budget estimate, 2021	40,970,000
Committee recommendation	40,970,000

The Committee recommends a mandatory appropriation of \$40,970,000 in fiscal year 2021 for special benefits for disabled coal miners. This is in addition to the \$14,000,000 appropriated last year as an advance for the first quarter of fiscal year 2021, for a total program level of \$54,970,000 in fiscal year 2021.

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 \$14,000,000 for the first quarter of fiscal year 2022. These funds will ensure uninterrupted benefit payments to coal miners, their widows, and dependents.

DIVISION OF ENERGY EMPLOYEES OCCUPATIONAL ILLNESS
COMPENSATION

SALARIES AND EXPENSES

Appropriations, 2020	\$59,846,000
Budget estimate, 2021	62,507,000
Committee recommendation	62,507,000

The Committee recommends \$62,507,000 for the Division of Energy Employees Occupational Illness Compensation Program [EEOICP]. This is a mandatory appropriation.

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, 2020	\$365,240,000
Budget estimate, 2021	382,991,000
Committee recommendation	382,991,000

The bill provides an estimated \$382,991,000 as requested for this mandatory appropriations account. This estimate is comprised of \$74,365,000 for administrative expenses and an estimated \$308,626,000 for benefit payment and interest costs.

The bill continues to provide indefinite authority for the Black Lung Disability Trust Fund to provide for benefit payments. In addition, the bill provides for transfers from the trust fund for administrative expenses for the following Department agencies as requested: up to \$40,643,000 for the part C costs of the Division of Coal Mine Workers' Compensation Programs; up to \$33,033,000 for Departmental Management, Salaries and Expenses; and up to \$333,000 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, 2020	\$581,787,000
Budget estimate, 2021	576,813,000
Committee recommendation	570,250,000

The Committee recommends \$570,250,000 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 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, the same as current law.

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

The exemption of small farming operations from OSHA regulation has been in place since 1976. OSHA clarified the limits of its authority to conduct enforcement on small farms in July 2014, particularly regarding post-harvest activities of a farming operation. The continued exemption for small farms and recognition of limits of the OSHA regulatory authority are critical for family farms. It is also important the Department of Agriculture be consulted in any future attempts by OSHA to redefine or modify any aspect of the small farm exemption.

The Committee recommends \$108,575,000 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.

The Committee directs OSHA to dedicate no less than \$3,500,000 per year 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 Compliance Assistance, and shall not collect any monies from participants for the purpose of administering these programs. The Committee recommendation does not include funding for the OSHA Susan Harwood Training Grant program.

The Committee requests a report on the status of OSHA’s implementation of the recommendations made by the Department’s In-

spector General on March 28, 2019, in Report 02–19–001–10–105 within 180 days of enactment of this act.

The Committee appreciates the need to update regulations to protect workplace safety; however, the Committee is concerned by the additional regulations presented in OSHA’s October 2019 Notice of Proposed Rulemaking [NPRM]. The Committee urges OSHA to work with the construction and shipyard sectors to ensure workplace safety while imposing minimal regulatory burdens on industry participants. The Committee acknowledges the NPRM took effect September 2020. The Committee requests a report by the Government Accountability Office on: (1) OSHA’s scientific or medical findings related to the NPRM that establish substantial evidence or a significant risk posed by trace amounts of naturally occurring beryllium to the safety or health of construction and shipyard workers; and (2) the economic costs this rule will impose on abrasive blasting industry, especially small businesses.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2020	\$379,816,000
Budget estimate, 2021	381,587,000
Committee recommendation	379,816,000

The Committee recommendation includes \$379,816,000 for the Mine Safety and Health Administration [MSHA].

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.

Redistricting.—Miner safety is best protected when MSHA is transparent and openly communicating with Congress and the regulated community about critical information related to redistricting before changes occur. The Committee was disappointed to learn that information about redistricting never reached some affected operators until after the changes had occurred, which created confusion, frustration, and put miners’ lives at risk. The Committee directs MSHA to provide a written report within 60 days of enactment of this act on how it will take steps to communicate future redistricting changes with Congress and the regulated community. Further, MSHA is directed to provide written notification to the Committee 30 days prior to any future redistricting changes taking effect.

BUREAU OF LABOR STATISTICS
SALARIES AND EXPENSES

Appropriations, 2020	\$655,000,000
Budget estimate, 2021	658,318,000
Committee recommendation	641,000,000

The Committee recommends \$641,000,000 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 \$573,000,000 in Federal funds.

BLS is the principal fact finding agency in the Federal Government in the broad field of labor economics. The Committee recognizes that the Nation requires current, accurate, detailed workforce statistics for Federal and non-Federal data users as provided by BLS.

Within the total amount for BLS, the Committee includes \$13,000,000 to complete the relocation of the BLS headquarters, which was initiated in fiscal year 2020.

BLS Lock-up.—The Committee is disappointed with the abrupt discontinuation of the media lock-up and is concerned that the timeliness and accuracy of the release of sensitive economic data is now in jeopardy. The Department and BLS are directed to work with stakeholders to find technological solutions to ensure the timely, accurate, and simultaneous distribution of economic data. The Committee provides sufficient funding through Departmental Management for the Office of Public Affairs to adopt and implement the necessary technological upgrades to the lock-up facility within 60 days of enactment of this act. The Committee directs the Department to provide an update within 30 days of enactment of this act on the agency’s progress.

Current Population Survey.—The Committee recommendation includes sufficient funding for an annual supplement to the Current Population Survey to capture and report data on contingent and alternative work arrangements every 2 years and data on other topics related to the labor force in alternate years.

National Longitudinal Survey of Youth [NLSY].—The Committee continues to recognize the importance of the NLSY, which has provided valuable information about labor market trends for decades.

The Committee recommendation includes sufficient funding for the purposes of continuing to plan and develop the new NLSY cohort established by the Further Consolidated Appropriations Act, 2020 (Public Law 116–94). 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 funds to be used to support continued planning and development of the new cohort and expects BLS to continue fielding the NLSY79 and NLSY97 cohorts.

OFFICE OF DISABILITY EMPLOYMENT POLICY

Appropriations, 2020	\$38,500,000
Budget estimate, 2021	27,100,000
Committee recommendation	38,500,000

The Committee recommends \$38,500,000 for the Office of Disability Employment Policy to provide leadership, develop policy and initiatives, and award grants furthering the objective of eliminating physical and programmatic barriers to the training and employment of people with disabilities and to design and implement research and technical assistance grants and contracts to develop policy that reduces barriers to competitive, integrated employment for youth and adults with disabilities.

Tracking Workforce Outcomes for Young Adults with Autism Spectrum Disorder [ASD].—Given the high number of young adults on the autism spectrum who experience significant challenges to living independently and achieving gainful employment, the Committee directs the Department, within 1 year of enactment of this act, to conduct a study that assesses the efficacy and innovation of demonstrated and promising practices for young adults on the autism spectrum aged 18–28. The Committee recommends that this study include an examination of barriers to both attaining and sustaining employment and career development within this population, and the financial impact that long-term gainful employment will have on reducing the number of young adults on the autism spectrum who need Federal assistance. The practices and programs examined in this study should use experiential and work-based learning to prepare young adults on the autism spectrum to live independently and support themselves through gainful, competitive, and integrated employment. The study should also assess the scalability potential for adopting such approaches across the country.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Appropriations, 2020	\$348,364,000
Budget estimate, 2021	271,952,000
Committee recommendation	350,364,000

The Committee recommendation includes \$350,364,000 for the Departmental Management account. Of this amount, \$350,056,000 is available from general funds and \$308,000 is available by transfer from the Employment Security account of the Unemployment

Trust Fund. In addition, \$33,033,000 is available by transfer from the Black Lung Disability Trust Fund.

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

The Committee directs the Department, BLS, and the Office of the Chief Information Officer to work with media stakeholders to find technological solutions to ensure the timely, accurate, and simultaneous distribution of sensitive economic data. The Committee provides sufficient funding through Departmental Management for the Office of Public Affairs to adopt and implement the necessary technological upgrades to the lock-up facility within 60 days of enactment of this act. The Committee directs the Department to provide an update within 30 days of enactment of this act on the agency's progress.

Forced Labor.—The Committee requests a report on Department-wide efforts to combat forced labor. The report should include a description of any work with other Federal agencies, including the Department of Homeland Security, Department of Justice, and Department of State. The Department shall provide the report to the Committees on Appropriations of the House of Representatives and the Senate within 90 days of enactment of this act.

The Committee recommendation includes \$96,125,000 for the Bureau of International Labor Affairs [ILAB], of which \$67,325,000 is available for obligation through December 31, 2021. 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 child labor and forced labor.

The Department shall report on plans for and uses of all funds available to DOL in the United States-Mexico-Canada Agreement Implementation Act (Public Law 116-113) in the next 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. ILAB should continue to release its List of Goods Produced by Child Labor or Forced Labor and update that list to reflect goods and products produced or manufactured, wholly or in part, by the forced labor of ethnic minorities in the Xinjiang Uyghur Autonomous Region of the People's Republic of China.

The Committee recommendation provides \$8,040,000 for program evaluation and allows these funds to be available for obligation through September 30, 2022. 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 Depart-

ment appropriations for evaluation activities identified by the chief evaluation officer. The Committee expects to be notified of the planned uses of funds derived from this authority.

The recommendation includes \$28,450,000 for the Office of the Assistant Secretary for Administration and Management.

The recommendation includes \$35,000,000 for the Adjudication activity.

The Committee recommendation provides \$14,050,000 for the Women’s Bureau. The Committee continues bill language allowing the Bureau to award grants.

The Committee includes a new general provision requiring the Department to submit an upcoming travel report to the Committees on Appropriations of the House of Representatives and the Senate by the 1st and 15th day of each month. The report should be a compilation of upcoming travel for the head of ETA, as well as for the Secretary and Deputy Secretary. The report shall include upcoming travel for the following 2 weeks, with details specifying location (city and State), event, and partners where the event will be held.

VETERANS’ EMPLOYMENT AND TRAINING

Appropriations, 2020	\$311,341,000
Budget estimate, 2021	312,000,000
Committee recommendation	316,341,000

The Committee recommendation of \$316,341,000, an increase of \$5,000,000, for the Veterans’ Employment and Training Service [VETS] includes \$55,000,000 in general revenue funding and \$261,341,000 to be expended from the Employment Security Administration account of the Unemployment Trust Fund.

This account provides resources for VETS to maximize employment opportunities for veterans and transitioning 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 \$180,000,000 for the Jobs for Veterans State Grants [JVSG] program and extends the period for States to expend funds from 15 months to 3 years. 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 provides \$33,679,000, an increase of \$4,300,000, 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 \$44,248,000 for Federal administration costs. This funding level will support oversight and administration of the VETS grant pro-

grams, TAP employment workshops, and compliance and enforcement activities.

The Committee recommends \$55,000,000 for the Homeless Veterans' Reintegration Program [HVRP] to help homeless veterans attain the skills they need to gain meaningful employment. This funding will allow DOL to provide HVRP services to more than 18,000 homeless veterans nationwide, including homeless women veterans. 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 includes funding to facilitate the Department's implementation of the Honoring Investments in Recruiting and Employing [HIRE] American Military Veterans Act (Public Law 115-31). The Committee includes \$500,000, level with fiscal year 2020 enacted and the fiscal year 2021 budget request, to support the HIRE Vets Medallion Program.

INFORMATION TECHNOLOGY MODERNIZATION

Appropriations, 2020	\$25,269,000
Budget estimate, 2021	37,000,000
Committee recommendation	27,269,000

The Committee recommends \$27,269,000 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 \$4,889,000 is provided. The second activity, IT Infrastructure Modernization, supports necessary activities associated with the Federal Data Center Consolidation Initiative.

The Committee continues to request that the Department submit a report to the Committees on Appropriations of the House of Representatives and the Senate not later than 90 days after enactment 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, 2020	\$90,847,000
Budget estimate, 2021	93,493,000
Committee recommendation	90,847,000

The Committee recommends \$90,847,000 for the DOL Office of the Inspector General. The bill includes \$85,187,000 in general funds and authority to transfer \$5,660,000 from the Employment Security Administration account of the Unemployment Trust Fund. In addition, an amount of \$333,000 is available by transfer from the Black Lung Disability Trust Fund.

Through a comprehensive program of audits, investigations, inspections, and program evaluations, the Inspector General at-

tempts to reduce the incidence of fraud, waste, abuse, and mismanagement, and to promote economy, efficiency, and effectiveness.

The Department has reported improper payments, including fraud, in the UI and Employee Compensation programs totaling approximately \$2,855,150,000 and \$73,560,000 respectively for fiscal year 2019. The Committee strongly supports and commends the efforts of the Inspector General to identify and prosecute those who defraud the Department's worker benefit programs and to help protect the solvency of these important programs.

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 continues a provision providing the ETA with authority to transfer funds provided for technical assistance services to grantees to "Program Administration" when it is determined that those services will be more efficiently performed by Federal employees. The provision does not apply to section 171 of the WIOA. In addition, authority is provided for program integrity-related activities as requested by the administration.

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 longstanding provision related to the wage methodology under the H-2B program.

Section 111. The bill continues a longstanding 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 continues a provision providing authority related to the disposition of excess property related to the training of apprentices.

Section 113. The bill continues a provision related to the Secretary's security detail.

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

Section 115. The bill modifies a provision related to H-1B fees.

Section 116. The bill continues a provision related to Job Corps Civilian Conservation Centers.

Section 117. The bill includes a new provision related to Jobs for Veterans State Grants.

Section 118. The bill includes a new provision related to travel.

TITLE II

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Any references in this title of the explanatory statement 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 for mothers and infants; the underserved, elderly, and homeless; rural residents; and disadvantaged minorities. This agency supports cooperative programs in maternal and child health, AIDS care, healthcare provider training, and healthcare delivery systems and facilities.

BUREAU OF PRIMARY HEALTH CARE

Appropriations, 2020	\$1,626,522,000
Budget estimate, 2021	1,728,522,000
Committee recommendation	1,713,522,000

The Committee recommendation for the activities of the Bureau of Primary Health Care is \$1,713,522,000.

Community Health Centers

The Committee provides \$1,712,522,000, an increase of \$87,000,000, in this bill for community health centers.

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.

Ending the HIV Epidemic.—The Committee provides \$137,000,000 within the health centers program for the Ending the HIV Epidemic initiative, which includes an increase of \$87,000,000 from the Nonrecurring Expenses Fund. This is the second year of

investment in this initiative and builds on the \$50,000,000 included in fiscal year 2020.

Home Visiting.—The Committee supports HRSA’s continued promotion of expanded partnerships between health centers and evidence-based home visiting programs to improve maternal and child health outcomes in high-need communities. Home visiting programs can also provide cost-effective benefits such as care coordination and service referrals that help health centers achieve community health goals. As such, the Committee directs HRSA to provide information to all health centers about resources available through the Maternal, Infant, and Early Childhood Home Visiting program.

Native Hawaiian Health Care.—The Committee provides no less than \$19,000,000 for the Native Hawaiian Health Care Program. The Native Hawaiian Health Care Systems helps improve the health status of Native Hawaiians by making health education, health promotion, disease prevention, and Native Hawaiian traditional healing services available.

Technical Assistance.—The Committee believes that enhanced funding for the technical assistance and networking functions 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 for health centers to enhance technical assistance and training activities, further quality improvement initiatives, and continue the development of and support for health center-controlled networks so that new and existing centers can improve patient access to quality health services. The Committee directs that \$1,500,000 shall be available for technical assistance grants in States with a disproportionate share of new HIV diagnoses in rural areas.

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 Public Health Service [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.

BUREAU OF HEALTH WORKFORCE

Appropriations, 2020	\$1,194,506,000
Budget estimate, 2021	370,425,000
Committee recommendation	1,225,666,000

The Committee recommendation for the activities of the Bureau of Health Workforce is \$1,225,666,000.

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 make them obsolete. Its programs are intended to ensure that the Nation has the right clinicians, with the right skills, working where they are needed.

Pain Therapeutics and Opioid Training.—Addiction is a chronic problem in the United States and is not adequately addressed in

medical schools or residency training programs. This lack of attention is partially responsible for the current opioid crisis. The Committee urges HRSA to support training on best practices in opioid prescribing, pain management, screening, and linkage to care for individuals with opioid use disorder that could inform the development of best practices for healthcare providers and trainees.

National Health Service Corps

The Committee provides \$120,000,000 for the National Health Service Corps [Corps] to continue improving 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 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.

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 communities.

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 \$23,711,000 for the Centers of Excellence Program.

The Committee supports collaborative efforts to address American Indian and Alaskan Native health, including programs to increase the number of Native Americans and Alaska Natives in the U.S. health professions workforce.

Health Careers Opportunity Program

The Committee eliminates the Health Careers Opportunity Program as proposed by the previous and current administrations. In its place, the Committee provides the funding to other diversity training programs and the nursing workforce diversity program. The Committee supports programs that improve the diversity of the healthcare workforce, and that demonstrate better outcomes toward that goal.

Faculty Loan Repayment

The Committee provides \$4,190,000, an increase of \$3,000,000, for the Faculty Loan Repayment Program.

Scholarships for Disadvantaged Students

The Committee provides \$65,470,000, an increase of \$14,000,000, for Scholarships for Disadvantaged Students. The Committee supports diversity among health professionals. This program provides grants to eligible health professions and nursing schools to award

scholarships to students from disadvantaged backgrounds who have financial need.

Primary Care Training and Enhancement

The Committee provides \$48,924,000 for Primary Care Training and Enhancement programs, which support the expansion of training in internal medicine, family medicine, pediatrics, and physician assistance. Funds may be used for developing training programs or providing direct financial assistance to students and residents.

The Committee urges the integration of evidence-based trainings for health professionals to screen, intervene, and refer patients to specialized 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 \$40,673,000 for Training in Oral Health Care programs, which includes not less than \$12,000,000 each for general and pediatric dentistry. Funds may be used to expand training in general dentistry, pediatric dentistry, public health dentistry, dental hygiene, and other oral health access programs. Funds may also be used to plan and operate training programs, as well as to provide financial assistance to students and residents.

The Committee directs HRSA to provide continuation funding for post-doctoral training and dental faculty loan repayment [DFLRP] grants, and 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.

The Committee continues long-standing bill language that prohibits funding for section 340G–1 of the PHS Act (Public Law 111–148).

Medical Student Education

The Committee continues to provide \$50,000,000 to support colleges of medicine at public universities located in the top quintile of States projected to have a primary care provider shortage in 2025. The Committee directs HRSA to make supplementary grant awards to entities funded in fiscal year 2019 and fiscal year 2020 to ensure that awardees receive the same amount of funds by the end of their total grant period, provided the awardee continues to justify the expenditure of such funds.

Interdisciplinary, Community-Based Linkages

Area Health Education Centers

The Committee provides \$45,250,000 for Area Health Education Centers [AHECs], an increase of \$4,000,000.

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.

Rural Health Care Simulation Labs.—The Committee is aware of the unique challenges faced by many rural, medically underserved communities and the considerable difficulty they have had in recruiting and retaining healthcare professionals with significant traditional clinical experience. Therefore, to increase the number of healthcare professionals trained to provide clinical services to high-need, underserved populations, the Committee provides \$2,000,000 for competitive grants for AHEC recipients to establish simulation labs that will provide realistic, clinical environments and scenarios designed to educate and train healthcare professionals serving rural, medically underserved communities. HRSA is directed to consider and prioritize projects from AHEC recipients with a history of successfully graduating and placing graduates in rural, medically underserved communities.

Geriatric Programs

The Committee provides \$44,737,000 for Geriatric Programs, an increase of \$4,000,000.

Behavioral Health Workforce Development Programs

The Committee provides \$138,916,000 for Behavioral Health Workforce Development programs. The Committee is combining the appropriations funding display for Behavioral Health Workforce Education and Training [BHWET] and Mental and Behavioral Health Education and Training for clarity since these programs support the same authorizations. Within this total, the Committee provides up to \$29,500,000 for the Mental Health and SUD Workforce Training Demonstration, which includes funding for the Addiction Medicine Fellowship program, and \$12,000,000 for the Loan Repayment Program for SUD Treatment Workforce. The Committee encourages HRSA to ensure new funding obligations do not detract from the core mission of establishing and expanding internships or field placement programs in behavioral health serving populations in rural and medically underserved areas.

Graduate Psychology Education [GPE].—The Committee recommendation includes \$18,000,000 for the interprofessional GPE program to increase the number of health service psychologists trained to provide integrated services to high-need, underserved rural and urban communities. The Committee continues to recognize the growing need for highly trained mental and behavioral health professionals to deliver evidence-based behavioral interventions for pain management. The Committee encourages HRSA to help integrate health service psychology trainees at federally qualified health centers.

Health Workforce Eligibility Requirements.—The Committee encourages HRSA to update eligibility requirements for the BHWET program and the GPE program to account for accreditation changes that have occurred since the eligibility requirements were established. The Committee notes the Council for Higher Education Accreditation, as well as the Department of Veterans Affairs, recognizes the Psychological Clinical Science Accreditation System [PCSAS]. HRSA is encouraged to make administrative updates to

ensure that HRSA's health workforce programs continue to have access to the best qualified applicants, including those who graduate from PCSAS programs.

Health Professions Workforce Information and Analysis

The Committee provides \$5,663,000 for health professions workforce information and analysis. The program provides for the collection and analysis of targeted information on the Nation's healthcare workforce, research on high-priority workforce questions, the development of analytic and research infrastructure, and program evaluation and assessment.

Alzheimer's Providers.—More than 5,800,000 Americans are living with Alzheimer's disease, yet only 16 percent of seniors receive regular cognitive assessments. The Committee is concerned about access issues due to the potential lack of available healthcare workforce and facilities involved in Alzheimer's care and diagnosis. The Committee directs HRSA, in consultation with the Assistant Secretary for Planning and Evaluation, to provide a report to the Committees on Appropriations on the current capacity of the Nation's dementia specialists not later than 15 months after enactment of this act. The report should assess provider shortages and screening capacity, identify barriers for early detection of Alzheimer's and adequate access to care, and provide recommendations to address any provider shortages and streamline the patient's Alzheimer's diagnostic pathway.

Public Health Workforce Development

The Committee provides \$17,000,000 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 support awards to schools of medicine, osteopathic medicine, public health, and integrative medicine programs.

Nursing Workforce Development Programs

The Committee provides \$266,132,000 for Nursing Workforce Development programs. These programs provide funding to address all aspects of nursing workforce demand, including education, practice, recruitment, and retention.

The Committee includes \$8,000,000 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. HRSA is encouraged to establish Center-based grants for Nursing Simulation Research Centers. HRSA shall prioritize awards to accredited Schools of Nursing that can demonstrate plans to use these grants to expand their nursing simulation centers to increase enrollment by at least 40 percent from their 2019 baseline. Grants should also feature an evaluation component to determine best practices in the organization and use of these evolving nurse training tools. The Committee directs HRSA to ensure that these grants include as an allowable use the purchase of simulation training equipment. Grantees shall be located in a medically underserved

area in a State with an age-adjusted high burden of stroke, heart disease, and obesity.

The Committee includes \$23,503,000 for Nursing Workforce Diversity, an increase of \$5,160,000 to continue funding for the Eldercare Enhancement program.

Advanced Education Nursing

The Committee recommends \$75,581,000 for the Advanced Education Nursing programs, which increases the number of qualified nurses in the workforce by improving nursing education through curriculum and faculty development.

Children’s Hospitals Graduate Medical Education

The Committee provides \$355,000,000 for the Children’s Hospitals Graduate Medical Education [CHGME] program, an increase of \$15,000,000. The Committee strongly supports the CHGME program, which provides support for graduate medical education training programs in both ambulatory and in-patient settings within freestanding children’s teaching hospitals. CHGME payments are determined by a per-resident formula that includes an amount for direct training costs added to a payment for indirect costs. Payments support training of resident physicians as defined by Medicare in both ambulatory and inpatient settings.

National Practitioner Data Bank

The Committee provides \$18,814,000 for the National Practitioner Data Bank. As 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, 2020	\$943,784,000
Budget estimate, 2021	919,018,000
Committee recommendation	963,784,000

The Committee recommendation for the Maternal and Child Health [MCH] Bureau is \$963,784,000. The mission of the Bureau is to improve the physical and mental health, safety, and well-being of the Nation’s women, infants, children, adolescents, and their families. This population includes fathers and children with special healthcare needs.

Maternal and Child Health Block Grant

The Committee provides \$707,700,000 for the MCH Block Grant, which provides a flexible source of funding that allows States to target their most urgent maternal and child health needs. The program supports a broad range of activities, including providing prenatal care, well child services, and immunizations; reducing infant mortality; preventing injury and violence; expanding access to oral

healthcare; addressing racial and ethnic disparities; and providing comprehensive care through clinics, home visits, and school-based health programs.

Children's Health and Development.—The Committee provides \$3,500,000 to continue and to expand upon the work done in previous years within the Special Projects of Regional and National Significance [SPRANS] discretionary account to address these challenges. HRSA is directed to continue funding these projects bringing systemic change in States with the highest levels of childhood poverty. Successful programs should consider inter- and intra-cultural dynamics to yield best practices for areas across the Nation with diverse populations, persistent poverty, and child health outcomes in need of improvement. Special attention should be given to programs that harness technology and other connected health assets and systems that increase access to care in rural areas and historically underserved populations for whom services are most needed. The programs should yield comprehensive and integrated models for other States to utilize in improving child health and development outcomes.

Fetal Alcohol Syndrome.—The Committee provides \$1,000,000 within SPRANS for screening and intervention initiatives, supporting projects training healthcare providers to assist at-risk pregnant women, and enhancing efforts to understand the prevalence of fetal alcohol syndrome.

Hemophilia.—The Committee includes sufficient funding for the Regional Hemophilia Network Program, which provides grant funding to the national network of Hemophilia Treatment Centers [HTCs]. This comprehensive care program supports HTCs in providing multi-disciplinary care services, such as physical therapy assessments, social work, and case management, for people with bleeding disorders, such as hemophilia, von Willebrand disease, and related rare bleeding disorders.

Infant-Toddler Court Teams.—The Committee includes \$10,000,000 for the fourth year of a cooperative agreement to support research-based Infant-Toddler Court Teams to change child welfare practices to improve well-being for infants, toddlers, and their families.

Maternal Mortality.—The Committee continues to recognize that the maternal mortality rate in the U.S. is a pressing public health issue. Within SPRANS, the Committee provides \$23,000,000 for State Maternal Health Innovation Grants to implement evidence-based interventions to address critical gaps in maternity care service delivery and to reduce maternal mortality. The Committee also provides \$10,000,000, an increase of \$5,000,000, within SPRANS 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. Maternal safety bundles are a set of targeted and evidence-based best practices that, when implemented, improve patient outcomes and reduce maternal mortality and severe maternal morbidity.

Regional Pediatric Pandemic Network.—The Committee provides \$15,000,000 within SPRANS to establish a regional pediatric pandemic network comprised of five children's hospitals (centers) as

defined by section 340E of the PHS Act (Public Law 106–129) or their affiliated university pediatric partners. The Network shall coordinate among the Nation’s pediatric hospitals and their communities in preparing for and responding to global health threats, including the coordination, preparation, response, and real-time dissemination of research-informed pediatric care for future pandemics. Funding shall be equitably distributed among the five centers and the centers shall be located in geographically diverse areas of the country to ensure a regional approach to the network. HRSA is urged to consider eligible pediatric quaternary hospitals or their affiliated university pediatric partners that have participated in a recent pediatric therapeutic or vaccination clinical trial. HRSA is directed to establish at least one such Center in a State within both the Delta Regional Authority and Appalachian Regional Commission. HRSA is directed to establish at least one such Center at a pediatric hospital that is part of HRSA’s Region VII. HRSA is also directed to establish at least one such Center at a pediatric hospital that is a primary National Institutes of Health Clinical and Translational Science Award grantee or a partner that contributes to the budget request of an academic medical center’s application.

Sickle Cell Anemia

The Committee provides \$5,205,000 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 for individuals with sickle cell disease training of health professionals; and coordination of education, treatment, and continuity of care programs.

Autism and Other Developmental Disorders

The Committee provides \$52,344,000 for the Autism and Other Developmental Disorders program. The program supports surveillance, early detection, education, and intervention activities on autism and other developmental disorders, as reauthorized in the Autism Collaboration, Accountability, Research, Education and Support [Autism CARES] Act of 2019 (Public Law 116–60).

The Committee provides funding for the Leadership Education in Neurodevelopmental and Related Disabilities [LEND] program to train interdisciplinary professionals to screen, diagnose, and provide evidence-based interventions to individuals with autism spectrum disorder and other developmental disabilities as authorized by the Autism CARES Act (Public Law 116–60). This funding will enable the LEND network to fulfill its expanded statutory mandate to train interdisciplinary providers who will serve individuals across the lifespan, addressing a critical shortage of healthcare professionals for adults with autism and other developmental disabilities. This funding will also enable the LEND network to assist in ongoing developmental monitoring, especially for children impacted by pressing public health crises with resulting complications. The Committee recognizes the role of the LEND programs in providing direct clinical assessment and evidence-based interventions. In addition, the funding will allow these programs to develop innovative strategies to integrate and enhance existing investments, including

translating research findings on interventions, guidelines, tools, and systems management approaches to interdisciplinary training settings, to communities, and into practice; and promote life-course considerations—from developmental screening in early childhood to transition to adulthood issues.

Newborn Screening for Heritable Disorders

The Committee provides \$17,883,000 for the Newborn Heritable Disorders Screening program, as described in section 1109 of 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.

Healthy Start

The Committee provides \$125,500,000 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 an infant mortality review, develop a package of innovative health and social services for pregnant women and infants, and evaluate these efforts.

Universal Newborn Hearing Screening and Early Intervention

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

Emergency Medical Services for Children

The Committee provides \$22,334,000 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 Depression

The Committee provides \$5,000,000 for Screening and Treatment for Maternal Depression. 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.

Pediatric Mental Health Care Access

The Committee provides \$10,000,000 to expand access to behavioral health services in pediatric primary care by supporting the development of pediatric mental healthcare telehealth access programs.

HIV/AIDS BUREAU

Appropriations, 2020	\$2,388,781,000
Budget estimate, 2021	2,483,781,000
Committee recommendation	2,438,781,000

The Committee recommendation includes \$2,438,781,000 for the HIV/AIDS Bureau, an increase of \$50,000,000, for the Ending the HIV Epidemic initiative. The Committee provides \$120,000,000 for the Ending the HIV Epidemic initiative, including \$50,000,000 from the Nonrecurring Expenses Fund. 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.

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 abuse treatment, mental health, and nutritional services.

Emergency Assistance

The Committee provides \$655,876,000 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 \$1,315,005,000 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 \$201,079,000 for early intervention grants. These funds are awarded competitively to primary healthcare providers to enhance healthcare services available to people at risk of HIV and AIDS. Funds are used for comprehensive primary care, including counseling, testing, diagnostic, and therapeutic services.

Children, Youth, Women, and Families

The Committee provides \$75,088,000 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 \$13,122,000 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 \$33,611,000 for AIDS Education and Training Centers [AETCs]. AETCs train healthcare practitioners, faculty, and students who care for AIDS patients outside of the traditional health professions education venues and support curriculum development on the diagnosis and treatment of HIV infection for health professions schools and training organizations.

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.

The Committee encourages the acceleration of the development of oral, ultra-long-acting, sustained-release therapies as part of the Ending the HIV Epidemic initiative.

HEALTH CARE SYSTEMS

Appropriations, 2020	\$123,593,000
Budget estimate, 2021	115,418,000
Committee recommendation	130,593,000

The Committee recommendation for the Health Care Systems Bureau is \$130,593,000.

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 \$28,549,000 for organ donation and transplantation activities, an increase of \$1,000,000, to expand fi-

nancial support for living donors and increase public education and awareness about organ donation.

Funds support a scientific registry of organ transplant recipients and the National Organ Procurement and Transplantation Network [OPTN] to match donors and potential recipients of organs. A portion of the appropriated funds may be used to educate the public and health professionals about organ donations and transplants, and to support clearinghouse and technical assistance functions.

National Living Donor Assistance Center [NLDAC].—The Committee recommends no less than \$5,500,000, an increase of \$1,000,000, for the NLDAC program. The Committee supports the expansion of NLDAC to reimburse a comprehensive range of living donor expenses for the greatest possible number of donors, including lost wages, childcare, eldercare, and similar expenses for donor caretakers, and removing other disincentives to donation. The Committee supports significant expansion of income eligibility for the program to allow as many donors as possible to qualify and to ensure that financial reimbursement and monetary exchange take place outside of the organ donor-organ recipient relationship to the greatest extent possible.

Organ Allocation Policy.—The Committee urges HHS, HRSA, and OPTN to increase organ utilization and reduce organ wastage. The recent public health crisis has reduced the number of deceased donated organs and has impacted the volume of living donor transplants in certain regions of the country. New healthcare facility protocols may also adversely affect organ procurement, restricting the ability of transplant programs from recovering donating organs. Under these circumstances, it is especially important to ensure that no donated organ is wasted. According to data from OPTN, organ wastage increases when organs must travel further to reach their intended recipient, especially if air travel is required. The Committee, therefore, recommends that HHS, HRSA, and OPTN prioritize local use of donated organs to minimize travel by both transplant teams and organs during the public health crisis. Further, HRSA and OPTN should consider the reduction in available air transportation, especially the dramatic reduction in commercial flights, and provide a report to the Committees on Appropriations within 30 days of enactment of this act on how such changes to the airline industry affect the ability of transplant programs in smaller cities and rural communities to accept organ offers.

Organ Availability, Recovery, and Transplant Innovation.—The Committee supports the goal of significantly increasing kidney transplants, established by the President's Executive Order on Advancing American Kidney Health, and supports efforts to establish objective outcome measures for Organ Procurement Organizations [OPOs] as well as efforts to improve or replace underperforming OPOs. Further, the challenges of the organ transplantation waiting list and the organ transplantation process overall are well-known. HRSA is encouraged to coordinate with relevant divisions of HHS, including the Agency for Health Research and Quality, to evaluate innovative approaches to enhance the availability of organs, encourage donation, and further improve the organ transplantation process, including through consultation with other Federal agen-

cies. The Committee supports HHS's Request for Information for the technology system over which these organ offers are facilitated and encourages HHS to promote innovation and the seamless continuation of these life-saving services.

National Cord Blood Inventory

The Committee provides \$19,266,000 for the National Cord Blood Inventory [NCBI], an increase of \$2,000,000. 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 \$31,009,000 for the C.W. Bill Young Cell Transplantation Program, an increase of \$1,000,000. 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 and encourages it to support the program's efforts to improve the availability, efficiency, safety of transplants, and improve outcomes for all transplant recipients regardless of socioeconomic status, age, ethnic ancestry, or any other individually defining characteristic.

Office of Pharmacy Affairs

The Committee provides \$10,238,000 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.

Poison Control Centers

The Committee provides \$25,846,000, an increase of \$3,000,000, for poison control activities. The Poison Control Centers [PCCs] program is a national network of 55 PCCs that prevent and treat poison exposures by providing cost effective, quality healthcare advice to the general public and healthcare providers.

In 2019, more than 1,154,000 human exposure calls managed by PCCs involved opioids and medications. Compared to the same period last year, the case volume has increased by 396,000 calls. The Committee continues to recognize the role PCCs have played in the opioid crisis through management of opioid overdoses by assisting first responders and hospital personnel through the National Poison Help Line.

National Hansen's Disease Program

The Committee includes \$13,706,000 for the National Hansen's Disease program. The program consists of inpatient, outpatient, long-term care, as well as training and research in Baton Rouge, Louisiana; a residential facility at Carville, Louisiana; and 11 out-

patient clinic sites in the continental United States and Puerto Rico.

National Hansen’s Disease Program Buildings and Facilities

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

Payment to Hawaii for Hansen’s Disease Treatment

The Committee provides \$1,857,000 to Hawaii for Hansen’s Disease treatment. Payments are made to the State of Hawaii for the medical care and treatment of persons with Hansen’s disease in hospital and clinic facilities at Kalaupapa, Molokai, and Honolulu. Expenses above the level of appropriated funds are borne by the State of Hawaii.

RURAL HEALTH

Appropriations, 2020	\$318,294,000
Budget estimate, 2021	246,834,000
Committee recommendation	325,410,000

The Committee recommendation for Rural Health programs is \$325,410,000.

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 60.0 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 Opioids Response.—The Committee includes \$110,000,000 to continue the Rural Communities Opioids Response program. The Committee continues funding to support treatment for and prevention of substance use disorder, focusing on rural communities with the highest risk for substance use disorders. Within the funding provided, the Committee includes \$10,000,000 to continue the three Rural Centers of Excellence [Centers], as established by Public Law 115–245 and continued in Public Law 116–94. Additionally, the appropriation shall be made available for the purpose of extending the length of the grants supporting the Centers through the fiscal year 2023 project period and providing support for recovery housing and treatment providers.

Rural Populations.—The Committee is aware of FORHP’s efforts to revise the methodology for defining rural populations and notes that the CARES Act (Public Law 116–136) reauthorized programs under 330A of the PHS Act (Public Law 110–355) to allow rural or urban entities to serve as the lead applicant as long as they can demonstrate that the services will be provided in rural communities. The Committee requests an update on the agency’s progress within 60 days of enactment of this act. For the purposes of grants funded by this act, HRSA is also directed to consider the proximity of an applicant’s physical location with respect to a rural designation area and the prospective population to be served by the applicant when determining eligibility.

Rural Health Outreach

The Committee provides \$84,500,000 for the Rural Health Outreach program. 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.

Delta States Rural Development Network Grant Program.—The Committee provides not less than \$27,000,000 for the Delta States Rural Development Network Grant Program and the Delta Region Community Health Systems Development Program. The Committee encourages HRSA to continue to consult with the Delta Regional Authority [DRA] on awarding, implementing, administering, and monitoring grants under the Delta States Rural Development Network Grant Program in fiscal year 2021. The Committee continues to encourage HRSA to align its awards as closely as possible with DRA's strategic vision and with DRA's economic and community development plans. In addition, of the funds provided, the Committee provides \$15,000,000 to support HRSA's collaboration with DRA to continue the Delta Region Community Health Systems Development Program to help underserved rural communities identify and better address their healthcare needs, and to help small rural hospitals improve their financial and operational performance. Within 90 days of enactment of this act, the Committee directs HRSA and DRA to jointly brief the Committee on this program's progress.

Rural Health Research

The Committee provides \$11,076,000 for the Rural Health Research program. Funds are used for rural health research centers, the National Advisory Committee on Rural Health, and a reference and information service. Supported activities focus on improving the delivery of health services to rural communities and populations.

Rural Hospital Flexibility Grants

The Committee provides \$54,000,000 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 continues to recognize the importance of supporting hospitals located in rural or underserved communities and recommends HRSA give preference in grant awards to Critical Access Hospitals serving rural communities that create community health teams to help coordinate care among rural populations to foster better outcomes in chronic disease management.

State Offices of Rural Health

The Committee provides \$13,000,000 for State Offices of Rural Health. These offices help States strengthen rural healthcare deliv-

ery systems by enabling them to coordinate care and improve support and outreach in rural areas.

Black Lung Clinics

The Committee provides \$12,000,000 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 \$1,834,000 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.

Telehealth

The Committee provides \$29,000,000 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.

Telehealth Centers of Excellence [COEs].—Within the funds provided for OAT activities, the Committee includes \$6,000,000 in continued funding for the Telehealth COE awarded sites. These sites are responsible for testing the efficacy of telehealth services in various sites and models, providing research and coordination efforts across the Federal Government, developing best practices for telehealth, and collecting data and providing relevant telehealth training. Given the excellent performance of the current grantees, as well as the urgent need for continuity in telehealth resources, the Committee directs HRSA to continue funding existing sites with the funds provided. Additionally, the Committee directs HRSA to leverage the COEs for research and analysis of practices utilizing telehealth in the response to public health crises. Finally, the Committee directs HHS and HRSA to continue to utilize the expertise of the COEs in the Ending the HIV Epidemic initiative to develop best practices for utilizing telehealth in HIV prevention, care, and treatment.

Rural Residency Planning and Development

The Committee provides \$10,000,000 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 [RTTs]. The Committee encourages HRSA to expand the current program to include RTTs in obstetrics and gynecology. Women in rural com-

munities are more likely to begin prenatal care late, and are more likely to experience maternal mortality and severe maternal morbidity. The expansion of this program would align with the agency's goals of improving maternal health outcomes and eliminating preventable maternal mortality.

FAMILY PLANNING

Appropriations, 2020	\$286,479,000
Budget estimate, 2021	286,479,000
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.

PROGRAM MANAGEMENT

Appropriations, 2020	\$155,300,000
Budget estimate, 2021	151,993,000
Committee recommendation	157,300,000

The Committee provides \$157,300,000 for program management activities, an increase of \$2,000,000.

Chief Dental Officer [CDO].—The Committee is pleased that HRSA has restored the position of CDO and looks forward to learning how the agency has ensured that the CDO is functioning at an executive level authority with resources and staff to oversee and lead all oral health programs and initiatives across HRSA. The Committee requests an update within 30 days of enactment of this act on how the CDO is serving as the agency representative with executive level authority on oral health issues to international, national, State and/or local government agencies, universities, and oral health stakeholder organizations.

VACCINE INJURY COMPENSATION PROGRAM TRUST FUND

Appropriations, 2020	\$295,800,000
Budget estimate, 2021	281,800,000
Committee recommendation	275,800,000

The Committee provides that \$275,800,000 be released from the Vaccine Injury Compensation Trust Fund in fiscal year 2021. Of that amount, \$10,200,000 is for administrative costs.

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

CENTERS FOR DISEASE CONTROL AND PREVENTION

The Committee recommendation provides a program level of \$7,879,954,000 in this bill 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] (Public Law 106–398), \$856,150,000 in transfers from the Prevention and Public Health

[PPH] Fund, and \$60,000,000 from the Nonrecurring Expenses Fund.

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

IMMUNIZATION AND RESPIRATORY DISEASES

Appropriations, 2020	\$790,005,000
Budget estimate, 2021	880,005,000
Committee recommendation	830,005,000

The Committee recommendation for the activities of the National Center for Immunization and Respiratory Diseases is \$830,005,000, which includes \$360,200,000 in transfers from the PPH Fund.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2020 appropriation	Committee recommendation
Section 317 Immunization Program	613,647	613,647
Influenza Planning and Response	176,358	216,358

317 Immunization Program.—The Committee expects CDC to use the resources provided to enhance awareness and knowledge of the safety and effectiveness of vaccines to prevent and control diseases, combat misinformation about vaccines, and disseminate scientific and evidence-based vaccine-related information, with the goal of increasing rates of vaccination across all ages, as applicable, particularly in communities with low rates of vaccination, to reduce and eliminate vaccine-preventable diseases. The Committee further urges CDC to continue identifying communities at high risk of outbreaks related to vaccine-preventable diseases and improve vaccination rates in such communities, including through improved surveillance, culturally and linguistically appropriate interventions, and research initiatives. Influenza vaccination for the 2020–2021 flu season will be critically important, and CDC must enhance vaccination coverage particularly to protect vulnerable populations to flu and other infectious diseases such as nursing home residents, pregnant women, healthcare personnel, and children who could transmit flu to those who are at increased risk.

Advisory Committee on Immunization Practices [ACIP].—The Committee encourages CDC to work with ACIP and the National Vaccine Advisory Committee to provide further explanation and guidelines around the recommendation of shared clinical decision-making in the context of immunizing older adult populations, and to develop and disseminate a healthcare provider toolkit to help en-

sure that medical professionals and patients continue to have a clear understanding of, and continued access to, the immunizations they should receive across the lifespan.

Acute Flaccid Myelitis.—The Committee continues to include funding to identify the cause, prevention, and treatment of acute flaccid myelitis.

Cost Estimates.—The Committee looks forward to reviewing the fiscal year 2022 report on estimated funding needs of the Section 317 Immunization Program and requests that the report be updated and submitted no later than February 1, 2021. The updated report should also include an estimate of optimum State and local operations funding, as well as a discussion of the evolving role of the 317 program as expanded coverage for vaccination becomes available from private and public sources and continues to change.

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

Appropriations, 2020	\$1,273,556,000
Budget estimate, 2021	1,552,556,000
Committee recommendation	1,338,556,000

The Committee recommendation for the activities of the National Center for HIV, Viral Hepatitis, Sexually Transmitted Diseases [STDs], and Tuberculosis Prevention [TB] is \$1,338,556,000, which includes \$60,000,000 from the Nonrecurring Expenses Fund.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2020 appropriation	Committee recommendation
Domestic HIV/AIDS Prevention and Research	928,712	988,712
HIV Initiative	140,000	200,000
School Health	33,081	33,081
Viral Hepatitis	39,000	39,000
Sexually Transmitted Infections	160,810	160,810
Tuberculosis	135,034	135,034
Infectious Diseases and the Opioid Epidemic	10,000	15,000

Ending the HIV Epidemic.—The Committee includes \$200,000,000, an increase of \$60,000,000 from the Nonrecurring Expenses Fund, to support activities associated with the Ending the HIV Epidemic initiative. As part of this initiative, CDC will work with State and local health departments to increase intensive testing and rapid referral to care and treatment. In addition, innovative data management solutions will be developed and deployed, and access to PrEP increased, along with better detection and response to HIV clusters. The Committee encourages CDC to highlight the importance of rapid testing as it implements this initiative. The Committee requests a spend plan be submitted to the Committees on Appropriations of the House of Representatives and the Senate no more than 60 days after enactment outlining priorities for funding and how funding will be distributed to States.

Hepatitis A Vaccination.—The Committee is concerned that in 2016, large person-to-person outbreaks of hepatitis A began occurring among persons who use drugs and persons experiencing homelessness. CDC is encouraged to promote awareness about the importance of hepatitis A vaccination among persons who use drugs.

Hepatitis B Vaccination.—The Committee is concerned that despite the availability of an effective hepatitis B virus [HBV] vaccine, only approximately one quarter of adults age 19 and older were vaccinated. Therefore, the Committee is pleased that CDC is evaluating new universal HBV vaccination recommendations including a comprehensive plan to increase adult HBV vaccinations. The Committee urges CDC to promote awareness about the importance of hepatitis B vaccination among medical and health professionals, communities at high risk, and the general public. The Committee directs CDC to submit a report to the Committees on Appropriations of the House of Representatives and the Senate within 180 days of enactment detailing how CDC can increase the rate of HBV adult vaccination to the levels necessary to eliminate new infections of hepatitis B in the United States, and to improve collaboration and coordination across CDC to achieve this goal.

Infectious Diseases and the Opioid Epidemic.—The Committee provides \$15,000,000, an increase of \$5,000,000, to CDC to strengthen efforts to conduct surveillance to improve knowledge of the full scope of the burden of infectious diseases (including viral, bacterial, and fungal pathogens) associated with substance use disorders. CDC is encouraged to take into account risk factors for hepatitis B and C, HIV, and morbidity and mortality related to substance use disorder among other factors when distributing funding. Interventions may include increasing capacity for State and local health departments; expanding access for syringe exchange programs; fully implementing national HIV, hepatitis B, and hepatitis C screening guidelines; and expanding surveillance and data collection on infectious diseases related to opioid use.

Rapid HIV Self-Test.—CDC is encouraged to incorporate rapid HIV self-testing into established activities and emerging efforts of the Ending the HIV Epidemic initiative.

Sexually Transmitted Infections [STIs].—The Committee is concerned about the continuing rise in STI rates, including congenital syphilis [CS], and recognizes that STIs are associated with increased risk of HIV transmission. Direct funding to States and local health departments is critical to reversing this trend. The Committee recommends that CDC continue to provide State and local funding at or near the current percentage of total STI prevention funding to the extent possible given evolving public health needs. The Committee further encourages CDC to continue support for STI training centers. The Committee encourages CDC to work with State and local authorities on initiatives to strengthen prenatal outreach programs. The Committee further encourages CDC to increase awareness of CS through community organizations and STD and drug addiction clinics of the importance of multi-testing throughout pregnancy.

EMERGING AND ZOOBOTIC INFECTIOUS DISEASES

Appropriations, 2020	\$635,772,000
Budget estimate, 2021	735,772,000
Committee recommendation	654,772,000

The Committee recommendation for the activities of the National Center for Emerging and Zoonotic Diseases is \$654,772,000, which includes \$64,000,000 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:

(In thousands of dollars)

Budget activity	Fiscal year 2020 appropriation	Committee recommendation
Antibiotic Resistance Initiative	170,000	170,000
Vector-borne Diseases	38,603	43,603
Lyme Disease	14,000	14,000
Prion Disease	6,000	6,000
Chronic Fatigue Syndrome	5,400	5,400
Emerging Infectious Diseases	190,997	192,997
Harmful Algal Blooms	2,000	2,000
Food Safety	63,000	63,000
National HealthCare Safety Network	21,000	21,000
Quarantine	42,772	42,772
Advanced Molecular Detection	30,000	30,000
Epidemiology and Lab Capacity Program	40,000	52,000
Healthcare-Associated Infections	12,000	12,000

Antimicrobial and Antibiotic Resistance.—The Committee is concerned about recent studies that show that at least 2,800,000 million people get sick and at least 35,900 die each year from antibiotic-resistant infections in the United States. The Committee directs CDC to improve prevention efforts to reduce the emergence and spread of resistant pathogens and improve appropriate antibiotic use. The Committee also directs CDC to utilize these funds to improve laboratory and epidemiological surveillance of bacterial and fungal infections, and to support State and local public health department and laboratory reporting through CDC’s National Healthcare Safety Network. Further, the Committee recognizes the importance of addressing antimicrobial resistance through a “One Health” approach, simultaneously combating antibiotic resistance in human, animal, and environmental settings. The Committee encourages CDC to support funding for U.S. based and global collaborations between entities such as academic medical centers, veterinary schools, schools of public health, State public health departments, and other academic institutions whose proposals are in line with CDC’s strategy for addressing antibiotic resistant bacteria. Further, a multitude of pathogens identified in CDC’s Antibiotic Resistance Threats Report have been traditionally associated with infections in healthcare settings, but are now being identified as causes of infections in the community. The Committee continues to include \$500,000 for CDC to use their broad agency agreement to

fund an innovative project that uses population-based research to define risk factors for these pathogens in community settings.

Chronic Fatigue Syndrome [ME/CFS].—The Committee commends CDC for its recent progress in ME/CFS medical education and in the Multisite Clinical Assessment of ME/CFS study, including the expansion of this study into pediatric research. The Committee expects CDC to continue to collaborate with interagency partners, disease experts and stakeholders, and NIH's Collaborative Research Consortium on patient selection criteria.

Epidemiology and Lab Capacity.—CDC provides funding to State and local health departments around the country to improve disease surveillance and preparedness and response for infectious disease outbreaks. The Committee provides \$52,000,000, an increase of \$12,000,000, to support local and State labs as they address current and future public health threats.

Lyme Disease and Related Tick-Borne Illnesses.—The Committee recognizes the importance of prevention and control of Lyme disease and related tick-borne diseases and encourages CDC to support surveillance and prevention of Lyme disease and other high consequence tick-borne diseases in endemic areas, as well as areas not yet considered endemic. The Committee includes \$43,603,000 for CDC's vector-borne diseases program, which includes an increase of \$5,000,000 to implement 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 directs CDC to develop and implement methods to improve surveillance to more accurately report the disease burden, including through the development of real time data for reporting Lyme disease and other tick-borne diseases, as well as a process for estimating the prevalence of Post-Treatment Lyme Disease Syndrome. The Committee directs CDC to direct funding to improve early diagnosis of Lyme and related tick-borne diseases to prevent the development of late stage disease and more serious and long-term disability. Further, the Committee directs CDC to include a spend plan for implementation of Public Law 116–94 in the fiscal year 2022 CJ. Finally, the Committee encourages CDC to coordinate with NIH on publishing reports that assess diagnostic advancements, methods for prevention, the state of treatment, and links between tick-borne disease and psychiatric illnesses. The Committee urges CDC, in coordination with NIH, to include in their surveillance the long-term effects on patients suffering from post-treatment Lyme disease syndrome, or chronic Lyme disease.

Mycotic Diseases.—There are currently more than 1,000,000 million new mycotic infections occurring annually in the United States, most cases involving intensive care unit patients, transplant recipients, cancer patients, HIV-infected individuals, and patients receiving innovative therapies for connective tissue disease and other highly vulnerable hosts. The Committee provides an additional \$2,000,000 in Emerging Infectious Diseases for mycotic diseases and directs CDC to fully utilize its clinical trial partners and

the Mycoses Study Group to address the growing threat from mycological infection in the United States and around the world.

National Healthcare Safety Network.—The Committee acknowledges CDC has made significant progress on healthcare associated infection prevention and data collection at acute-care hospitals, but gaps in data collection and reporting persist across outpatient, post-acute, and long-term care facilities. The Committee recognizes that voluntary participation in the National Healthcare Safety Network continues to grow among dialysis facilities, nursing homes, and ambulatory surgical centers, and encourages CDC to continue to expand its data collection efforts to these healthcare providers.

Prion Disease.—The Committee is aware of the spread of chronic wasting disease [CWD] in deer and elk populations in the United States. The Committee supports the work of the National Prion Disease Pathology Surveillance Center and encourages CDC to work to develop a real-time field test for the presence of CWD.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Appropriations, 2020	\$1,239,914,000
Budget estimate, 2021	1,416,250,000
Committee recommendation	1,249,664,000

The Committee recommendation for the activities of the National Center for Chronic Disease Prevention and Health Promotion is \$1,249,664,000, which includes \$254,950,000 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. Nearly one-half of all American adults have at least one chronic illness, and such diseases account for nearly 70 percent of all U.S. deaths and over three-quarters of all healthcare costs in the United States.

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.

The Committee does not include the administration’s proposal to create a new block grant and instead maintains the existing program line items, including funding mechanisms as they existed in fiscal year 2020. The Committee believes the existing funding structure allows for the greatest transparency, accountability, and measured outcomes for Congress and the taxpayer.

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

[In thousands of dollars]

Budget activity	Fiscal year 2020 appropriation	Committee recommendation
Tobacco	230,000	230,000
Nutrition, Physical Activity and Obesity	56,920	56,920
High Obesity Rate Counties (non-add)	15,000	15,000
School Health	15,400	15,400
Health Promotion	29,100	34,100

[In thousands of dollars]

Budget activity	Fiscal year 2020 appropriation	Committee recommendation
Glaucoma	4,000	4,000
Vision and Eye Health	1,000	1,000
Alzheimer's Disease	15,500	20,500
Inflammatory Bowel Disease	1,000	1,000
Interstitial Cystitis	1,100	1,100
Excessive Alcohol Use	4,000	4,000
Chronic Kidney Disease	2,500	2,500
Prevention Research Centers	26,461	27,461
Heart Disease and Stroke	142,105	142,105
Diabetes	148,129	148,129
National Diabetes Prevention Program	27,300	29,300
Cancer Prevention and Control	381,049	381,799
Breast and Cervical Cancer	223,000	223,000
WISEWOMAN (non-add)	26,120	26,120
Breast Cancer Awareness for Young Women	4,960	4,960
Cancer Registries	51,440	51,440
Colorectal Cancer	43,294	43,294
Comprehensive Cancer	19,675	20,425
Johanna's Law	9,000	9,000
Ovarian Cancer	11,000	11,000
Prostate Cancer	14,205	14,205
Skin Cancer	4,000	4,000
Cancer Survivorship Resource Center	475	475
Oral Health	19,500	19,500
Safe Motherhood/Infant Health	58,000	58,000
Maternal Mortality Review Committees	12,000	12,000
Preterm Birth	2,000	2,000
Arthritis and Other Chronic Disease	29,000	30,000
Arthritis	11,000	11,000
Epilepsy	9,500	9,500
National Lupus Registry	8,500	9,500
Racial and Ethnic Approach to Community Health	59,950	59,950
Good Health and Wellness in Indian Country	21,000	21,000
Million Hearts	4,000	4,000
National Early Child Care Collaboratives	4,000	4,000
Hospitals Promoting Breastfeeding	9,000	9,000

Alzheimer's Disease.—The Committee includes \$20,500,000 for activities related to Alzheimer's disease. Of the amount provided, the Committee includes \$15,000,000 for the BOLD Infrastructure for Alzheimer's Act (Public Law 115-406), an increase of \$5,000,000, to promote a public health approach to Alzheimer's disease, cognitive decline, and brain health. The Committee includes funding for the Alzheimer's Disease and Related Dementias Public Health Centers of Excellence, cooperative agreements with public health departments to develop and implement interventions related to Alzheimer's disease, and continued enhanced data collection activities to improve data on State and national prevalence of Alzheimer's disease and related dementias, as well as related cognitive decline and caregiving.

Arthritis.—The Committee recognizes the serious issue of arthritis in communities across the country, which affects one in four Americans and is the number one cause of disability in the United States. The Committee commends the ongoing work of the CDC Arthritis Program to provide existing investments in data and intervention and prevention research. The Committee encourages CDC to continue supporting State-based arthritis programs, provide access to proven arthritis self-management and physical activity pro-

grams, and improve data collection and surveillance. The Committee requests CDC identify gaps in arthritis public health research and data collection in the fiscal year 2022 CJ.

Breast and Cervical Cancer Early Detection Program.—The Committee notes that millions of women aged 40–64 will remain uninsured and eligible for breast and cervical cancer screening services under the Breast and Cervical Cancer program. This critical program remains a vital lifeline for women across the country and has shown strong success in specifically providing low-income, uninsured, and underinsured women with the lifesaving preventive services they need.

Cancer Genomics Program.—The Committee provides \$750,000 to support CDC's Cancer Genomics Program to improve hereditary cancer data collection. CDC shall prioritize new resources for data collection in States with rates of annual ovarian cancer of more than 11 new cases per 100,000 and rates of annual breast cancer of more than 115 new cases per 100,000 according to CDC's 2017 cancer rate statistics.

Children in Adversity.—The Committee recognizes that CDC is a key implementing partner of the United States Government Action Plan on Children in Adversity's three principle objectives. The Committee continues to direct CDC to collaborate with USAID, PEPFAR, and DOL to ensure monitoring and evaluation is aligned for all of the Action Plan's objectives. The Committee asks that the annual Public Law 109–95 report to Congress display the amount of funding by objective to the Action Plan on Children in Adversity.

Chronic Kidney Disease [CKD].—The Committee recognizes the work of CDC's CKD Surveillance System which reports on the burden of CKD, including risk factors in the U.S. population over time, and monitors the progress of efforts to prevent, detect, and manage CKD. The Committee requests an update in the fiscal year 2022 CJ on the incidence, prevalence, epidemiology, and health outcomes of polycystic kidney disease.

Early Child Care Collaboratives.—The Committee provides \$4,000,000 to the National Early Child Care Collaboratives Program for direct provider-level training in implementation of healthy eating and physical activity best practices. Funds will also support technical assistance to States for integrating such best practices into existing State and local systems for early care and education, such as professional development for providers.

Epilepsy.—Approximately 3,400,000 million individuals in the United States have epilepsy and, while new cases are most common among young children, the onset of epilepsy can occur at any age. The Committee continues to include \$9,500,000, for CDC to support epidemiologic studies, national dissemination of evidence-based programs to improve access to care, and expand provider education and public awareness campaigns to reduce stigma.

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 programs with priority given to entities with experience running farm-to-early childhood grant pro-

grams. The Committee also directs CDC to coordinate farm-to-school research efforts with the Office of Community Food Systems at the Department of Agriculture.

Glaucoma.—The Committee encourages CDC to continue its efforts to address disparities in glaucoma care and gaps in early detection, referral, and treatment for high-risk populations. An emphasis on early detection and treatment is vital in glaucoma care because by the time vision loss or other symptoms appear, permanent and irreversible damage to the eye has already occurred and lost vision cannot be restored.

Heart Disease and Stroke Prevention.—The Committee recognizes the importance of CDC's efforts to prevent and control heart disease and strokes, including through public-private initiatives, such as Million Hearts and WISEWOMAN. The Committee urges CDC to continue to prioritize innovative, scalable ways for communities and the healthcare sector to execute evidence-based prevention programs in high burden areas. Recognizing that hypertension is also a significant and common risk factor for heart disease and stroke, the Committee supports the efforts of the National Hypertension Control Roundtable to increase the national hypertension control rate.

High Obesity Rate Counties.—The Committee remains concerned about the growing body of evidence suggesting that obesity is one of the most significant challenges facing the public health system. The Committee continues to support the rural extension and outreach services grants for rural counties with an obesity prevalence over 40 percent. The Committee expects CDC grantees to work with State and local public health departments to support measurable outcomes through evidence-based obesity research, intervention, and prevention programs. Further, the Committee requests information in the fiscal year 2022 CJ outlining how CDC might consider childhood obesity rates in future eligibility criteria.

Incontinence Among Older Americans.—The Committee is concerned that incontinence among the growing number of older Americans with disabilities is a predictor of functional decline and can result in multiple comorbidities, including psychological distress and an increased risk of falls. There is much need for up-to-date information on the prevalence and incidence of incontinence with the goal to identify and support at-risk populations. The Committee directs CDC to provide an update to the June 2014 report on the prevalence of incontinence among older Americans, including prevalence among both institutionalized and non-institutionalized populations, in the fiscal year 2023 CJ.

Inflammatory Bowel Diseases [IBD].—The Committee commends CDC for investing in research on the epidemiology of IBD, as well as on disparities in treatment patterns and overall health outcomes within minority populations and underserved communities. The Committee encourages CDC to continue supporting this research and to develop a plan to reduce the time for persons from underserved communities to receive a diagnosis, including by increasing understanding and awareness of IBD among these populations and the healthcare providers who serve them.

Maternal Mortality.—The Committee continues to recognize that the rising maternal mortality rate in the United States is a press-

ing public health issue. For this reason, the Committee continues to include \$12,000,000 in the Safe Motherhood and Infant Health program for CDC to continue its technical assistance to State Maternal Mortality Review Committees [MMRCs], build stronger data systems, improve data collection at the State level, and create consistency in data collection across State MMRCs. Further, the Committee encourages CDC to support data collection efforts to further understand maternal heart disease and improve outcomes for pregnant women with heart conditions.

Mississippi Delta Health Collaborative [MDHC].—Within the funds provided for Chronic Disease Prevention and Health Promotion, the Committee encourages CDC to build on its long-standing investment in MDHC by working to replicate the work in additional sites while maintaining the current strategy. CDC shall provide an update on these activities in the fiscal year 2022 CJ.

National Lupus Patient Registry.—The Committee includes \$9,500,000, an increase of \$1,000,000, to support research efforts under the National Lupus Patient Registry program. Significant progress has been made to understand the epidemiology of lupus, and the Committee is encouraged that CDC is building on this work to support follow-up studies. The Committee also supports CDC's work in fiscal year 2020 to advance similar research in childhood lupus and encourages CDC to continue this work with existing childhood lupus registries to generate more robust information about the prevalence of the disease in children across the country and its impacts. The Committee applauds the Registry program's initiatives to partner with national voluntary health agencies to expand awareness of the disease and encourages CDC to build on these partnerships.

Nutrition, Physical Activity, and Obesity.—Evidence shows that physical activity and nutrition help control weight; reduce risk of cardiovascular disease, diabetes, and some cancers; and improve other quality of life factors. The Committee recognizes CDC's efforts through Active People, Healthy Nation, which aims to help 27,000,000 million Americans become more physically active by 2027, and encourages CDC to continue evidence-based strategies that promote physical activity.

Office on Smoking and Health [OSH].—The Committee urges CDC to continue its efforts to reduce disparities related to tobacco use prevalence. Accordingly, the Committee maintains funding for the Office on Smoking and Health so that CDC and States can use evidence-based strategies to more robustly respond to the public health risk caused by the dramatic increase of youth tobacco use through e-cigarettes, enhance efforts to reduce tobacco use among certain populations and in areas with high tobacco use rates and tobacco-related mortality, as well as continue its highly effective "Tips from Former Smokers" campaign.

Pediatric Cardiomyopathy.—The Committee understands that pediatric cardiomyopathy is a chronic disease of the heart that may, in severe cases, lead to heart failure and sudden death. The Committee understands the importance of elevating this health issue among the public. Therefore, the Committee encourages CDC to continue surveillance efforts regarding incidence and prevalence

of cardiomyopathy among youth and adults, including years of life lost.

Prostate Cancer.—The Committee is aware of the recent rise in prostate cancer deaths and strongly supports CDC’s work to increase the public’s awareness of prostate cancer risks, screening and treatment, and improve surveillance of this disease.

School Sealant Programs.—The Committee is aware that there are Community Dental Health Coordinators [CDHCs] that serve in school settings where they provide oral health education, screenings, cleanings, and dental sealants. The Committee encourages CDC’s Division of Oral Health to engage Federal partners and external stakeholders, including current and former grantees of the program, to determine how CDHCs can be used to continually educate and provide preventative care in school-based settings.

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 continues to provide \$4,000,000 for skin cancer education and prevention, and encourages CDC to increase its collaboration and partnership with local government, business, health, education, community, non-profit, and faith-based sectors.

WISEWOMAN.—Cardiovascular disease, including heart disease and stroke, is the leading cause of death of American women, claiming more than 410,000 lives annually. Unfortunately, cardiovascular disease disproportionately impacts low-income women and racial and ethnic minorities, especially African American women, who are 34 percent more likely to die from cardiovascular disease. The Committee supports the mission of the WISEWOMAN program, which helps uninsured and under-insured low-income women ages 40 to 64 understand and reduce their risk for heart disease and stroke by providing risk factor screenings and connecting them with lifestyle programs, health counseling, and other community resources that promote healthy behavior change.

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

Appropriations, 2020	\$160,810,000
Budget estimate, 2021	112,250,000
Committee recommendation	164,960,000

The Committee recommendation for the activities of the National Center on Birth Defects, Developmental Disabilities, Disability and Health [NCBDDD] is \$164,960,000.

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 for the following categories of funding:

[In thousands of dollars]

Budget activity	Fiscal year 2020 appropriation	Committee recommendation
Child Health and Development	65,800	65,950
Other Birth Defects	19,000	19,150
Fetal Death	900	900
Fetal Alcohol Syndrome	11,000	11,000
Folic Acid	3,150	3,150
Infant Health	8,650	8,650
Autism	23,100	23,100
Health and Development for People with Disabilities	67,660	71,660
Disability and Health	33,000	36,000
Tourette Syndrome	2,000	2,000
Early Hearing Detection and Intervention	10,760	10,760
Muscular Dystrophy	6,000	6,000
Attention Deficit Hyperactivity Disorder	1,900	1,900
Fragile X	2,000	2,000
Spina Bifida	6,000	7,000
Congenital Heart Defects	6,000	6,000
Public Health Approach to Blood Disorders	4,400	4,400
Hemophilia CDC Activities	3,500	3,500
Hemophilia Treatment Centers	5,100	5,100
Thalassemia	2,100	2,100
Neonatal Abstinence Syndrome	2,250	2,250
Surveillance for Emerging Threats to Mother's and Babies	10,000	10,000

Cerebral Palsy [CP].—CP is the most common, lifelong motor disability caused by an early developmental brain injury. The mechanism of injury underlying CP is still not well-understood; therefore, the Committee encourages CDC to explore cross-divisional funding opportunities, networks, data sets, and systems to accelerate data-driven public health research to improve CP surveillance and develop better understanding of the mechanisms leading to earlier diagnosis and better outcomes to reduce the public health burden of CP. Private partnerships in select NICU's representing 10 percent of high-risk infants have reduced the age of cerebral palsy diagnosis from 19.5 months to 9.5 months by creating rigorous training and systems approach. Additionally, these methodologies have been utilized by CDC in other countries in response to the Zika virus. Therefore, the Committee provides an increase of \$150,000 in Other Birth Defects for two additional U.S. high risk infant follow up sites to continue this effective reduction in age of cerebral palsy diagnosis. Additionally, the Committee encourages CDC to conduct an updated study from the 2003 report on the healthcare and societal costs of CP in the United States.

Duchenne Muscular Dystrophy.—The Committee is aware of the development and dissemination of the Duchenne Muscular Dystrophy Care Considerations and encourages CDC to continue supporting dissemination of these standards. To understand their impact, the Committee encourages CDC to evaluate care considerations including how widely such considerations have been adopted and whether there has been an improvement in patient outcomes, particularly in rural and underserved areas. In addition, the Committee encourages CDC to consider the possible relationship between patient outcomes and the presence of a Certified Duchenne Care Center [CDCC]. The Committee encourages CDC to conduct an assessment of diagnostic odyssey and provider resource needs before and after implementation of recommendations made by the

National Task Force for Early Identification of Childhood Neuromuscular Disorders following the Mississippi Pilot of 2005–2008. This assessment should also focus on underserved areas and include the relationship between outcomes and the presence of a CDCC. The Committee is also aware of CDC’s efforts to develop an ICD–10 code for Duchenne and encourages CDC to develop a plan to leverage the recently established ICD–10 code to shift the Muscular Dystrophy Surveillance, Tracking, and Research Network [MD STARnet] toward a more passive surveillance effort enabling an expansion of MD STARnet to additional sites and States. Further, the Committee encourages CDC to expand surveillance of Duchenne/Becker via the MD STARnet and support Duchenne newborn screening efforts.

Fetal Alcohol Spectrum Disorders [FASD].—The Committee is concerned about the rising trend of prenatal alcohol consumption and increased rates of FASD, and urges CDC to continue supporting prevention efforts to heighten awareness of FASD and the risks associated with prenatal alcohol exposure, as well as strengthen existing national community-based FASD networks to expand access to diagnostic, treatment, intervention, and other essential services. The Committee encourages CDC to explore collaboration with State substance abuse agencies and provide information in the fiscal year 2022 CJ on resources required to establish a partnership to disseminate best practices, provide technical assistance, and create State-to-State sharing opportunities.

Fragile X [FX].—The Committee commends CDC’s efforts to identify and define the population impacted by FX and all conditions associated with the gene mutation with the goal of understanding the public health impact of these conditions. To help this effort, the Committee encourages CDC to support additional strategies to promote earlier identification of children with FX, such as newborn screening. The Committee also encourages CDC to work to ensure underserved populations with FX conditions are being properly diagnosed and are aware of available medical services.

Hemophilia.—The Committee maintains funding for the Division of Blood Disorders’ hemophilia programs, which provide grants for the collection of surveillance data by the Hemophilia Treatment Centers and supports public health efforts related to bleeding disorders. With the anticipated publication of clinical practice guidelines on the diagnosis and management of patients with Von Willebrand Disease in December 2020, the Committee requests CDC to provide information on how to educate patients and providers on guideline recommendations in the fiscal year 2022 CJ.

Neonatal Abstinence Syndrome [NAS].—The Committee continues to support CDC efforts to address the rise in NAS resulting from the overuse of opioids and other related substances during pregnancy, including improved surveillance and data to translate findings into improved care for mothers and babies.

Physical Activity for People with Disabilities.—The Committee includes an increase of \$2,000,000 to continue to strengthen existing programs that address healthy athletes. The Committee encourages CDC to work with grant recipients to (1) ensure that there are systems in place to help athletes and others with intellectual disabilities connect to care in their home communities; and (2) improve

integration of best practices to the CDC’s State-based disability and health programs to increase access to these types of health benefits for those with intellectual disabilities. In addition, an increase of \$1,000,000 is provided to continue existing activities that improve physical activity and health promotion for people with mobility disabilities. Funds for this effort include a demonstration project to develop and implement strategies, based on and informed by scientific evidence, to reduce diabetes and obesity among the mobility-impaired.

Sickle Cell Diseases [SCD].—The Committee supports the Division of Blood Disorders’ plan to establish a population-based data collection system to collect and analyze longitudinal data on people living in the United States with SCD. Data collection is necessary to improve national prevalence data, better identify health disparities, assess the utilization of therapies, and evaluate strategies to prevent complications and risk factors associated with SCD.

Spina Bifida.—The Committee provides \$7,000,000, a \$1,000,000 increase, to support the Spina Bifida Clinical Care Monitoring and Tracking Program, which works with the National Spina Bifida Registry to guide the healthcare community in best treatment options for people living with Spina Bifida. Further, the Committee encourages CDC to continue dissemination of information to clinicians, parents, and families living with Spina Bifida.

Tuberous Sclerosis Complex [TSC].—The Committee encourages CDC to take into consideration TSC as a possible cause of autism, epilepsy, and cardiac rhabdomyomas in its surveillance network. The Committee encourages CDC to counsel researchers and other stakeholders to facilitate development of a viable newborn screening assay for TSC.

Zika Surveillance.—The Committee supports CDC’s continued collaboration with State, tribal, territorial, and local health departments to monitor mothers and babies impacted by the Zika virus during pregnancy in the highest risk jurisdictions. The Committee requests an update on this ongoing surveillance in the fiscal year 2022 CJ.

PUBLIC HEALTH SCIENTIFIC SERVICES

Appropriations, 2020	\$578,497,000
Budget estimate, 2021	578,497,000
Committee recommendation	588,997,000

The Committee recommendation for Public Health Scientific Services is \$588,997,000.

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

[In thousands of dollars]

Budget activity	Fiscal year 2020 appropriation	Committee recommendation
Health Statistics	174,397	176,397

[In thousands of dollars]

Budget activity	Fiscal year 2020 appropriation	Committee recommendation
Surveillance, Epidemiology, and Informatics	353,100	355,100
Biosense	23,000	23,000
Public Health Workforce	51,000	57,500

Biosurveillance Program.—Funding for the public health situational awareness and biosurveillance program supports improvements for disease detection, specifically infectious diseases. The purpose of the program is to detect where disease outbreaks are occurring to be prepared for emerging infectious diseases and respond rapidly to prevent or mitigate the spread of such diseases.

Eating Disorders.—The Committee encourages CDC to assist States in collecting data on unhealthy weight control practices for eating disorders, including binge eating, through the Youth Risk Behavior Surveillance System and the Behavioral Risk Factor Surveillance System.

Familial Hypercholesterolemia [FH].—The Committee recognizes that an estimated 1,300,000 million people in the United States live with FH, which leads to aggressive and premature cardiovascular disease. FH is classified as a tier 1 genomic condition by the CDC Office of Public Health Genomics because of the public health impact that early identification and intervention can have. The Committee encourages CDC to raise awareness of this condition and to expand its work in this area.

National Center for Health Statistics.—The Committee recognizes the essential role the National Center for Health Statistics plays in shaping our understanding of the health of the U.S. population through its production of timely, unbiased, and accurate statistics. The Committee encourages CDC to ensure the National Center for Health Statistics is a part of the long-term data modernization effort.

National Neurological Conditions Surveillance System.—The Committee continues to provide \$5,000,000 within the total for Surveillance, Epidemiology, and Informatics to continue surveillance system implementation.

National Health and Nutrition Examination Survey [NHANES].—The Committee recognizes that NHANES is used to quantify and examine the health and nutritional status of children and adults in the United States to target program activities and monitor progress. However, due to geographic distance and the difficulty of travel with NHANES mobile units to non-contiguous States, certain jurisdictions are excluded from NHANES data collection. The Committee encourages CDC to fund childhood obesity research, prevention, and treatment programs in non-NHANES-represented States, and their native and underserved populations.

Public Health Data Surveillance/IT Systems Modernization.—The Committee continues to include funding for public health data modernization. Within this initiative, CDC is encouraged to prioritize advancements in cancer registries. CDC is directed to provide an updated multi-year spend plan to the Committees of Appropriations of the House of Representatives and the Senate within

120 days after enactment that outlines how all resources available for this initiative will be utilized.

Public Safety Officer Suicide Reporting System.—The Committee provides \$1,000,000 for CDC to develop and maintain a Public Safety Officer Suicide Reporting System to collect data on the suicide incidence among public safety officers and facilitate the study of successful interventions to reduce suicide among public safety officers as described in the Helping Emergency Responders Overcome Act of 2020.

Respiratory Syncytial Virus Surveillance [RSV].—The Committee applauds the ongoing development of passive and active immunization candidates for the prevention of RSV. The Committee encourages CDC to continue investments in RSV epidemiological research and to work with the Council of State and Territorial Epidemiologists to establish RSV as a National Notifiable Condition.

ENVIRONMENTAL HEALTH

Appropriations, 2020	\$213,850,000
Budget estimate, 2021	182,000,000
Committee recommendation	203,850,000

The Committee recommendation for the National Center for Environmental Health is \$203,850,000. The Committee recommendation includes \$17,000,000 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 thousands of dollars]

Budget activity	Fiscal year 2020 appropriation	Committee recommendation
Environmental Health Laboratory	66,750	66,750
Newborn Screening Quality Assurance Program	17,000	17,000
Newborn Screening for SCID	1,250	1,250
Other Environmental Health	48,500	48,500
Environmental Health Activities	46,100	36,100
Safe Water	8,600	8,600
Amyotrophic Lateral Sclerosis Registry	10,000	10,000
Trevor's Law	1,500	1,500
Climate Change	10,000	.....
All Other Environmental Health	16,000	16,000
Environmental and Health Outcome Tracking Network	34,000	34,000
Asthma	30,000	30,000
Childhood Lead Poisoning Prevention	37,000	37,000

Asthma.—The Committee supports the work of the National Asthma Control Program, recognizing that asthma is one of the most common and costly health conditions in the United States. The Committee encourages CDC to continue its efforts which promote evidence-based asthma medical management and strategies aimed at improving access and adherence to the 2007 National Asthma Education and Prevention Program.

INJURY PREVENTION AND CONTROL

Appropriations, 2020	\$677,379,000
Budget estimate, 2021	730,159,000
Committee recommendation	678,379,000

The Committee recommendation for the National Center for Injury Prevention and Control is \$678,379,000.

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 fires and burns, poisoning, drowning, violence, and traffic accidents. The national injury control program at CDC encompasses non-occupational injury and applied research in acute care and rehabilitation of the injured.

The Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2020 appropriation	Committee recommendation
Intentional Injury	119,050	120,050
Domestic Violence and Sexual Violence	33,700	33,700
Child Maltreatment	7,250	7,250
Child Sexual Abuse Prevention	1,000	1,000
Youth Violence Prevention	15,100	15,100
Domestic Violence Community Projects	5,500	5,500
Rape Prevention	50,750	50,750
Suicide Prevention	10,000	10,000
Adverse Childhood Experiences	4,000	5,000
National Violent Death Reporting System	23,500	23,500
Unintentional Injury	8,800	8,800
Traumatic Brain Injury	6,750	6,750
Elderly Falls	2,050	2,050
Other Injury Prevention Activities	28,950	28,950
Opioid and Stimulant Overdose Prevention and Surveillance	475,579	475,579
Injury Control Research Centers	9,000	9,000
Firearm Injury and Mortality Prevention Research	12,500	12,500

Adverse Childhood Experiences [ACEs].—The Committee includes \$5,000,000, an increase of \$1,000,000. The Committee commends CDC for providing funding to States to conduct surveillance on exposure to ACEs and encourages the prioritization of such survey data to improve understanding of the prevalence and associated outcomes from exposure to childhood trauma, ACEs, and violence. The Committee increases funding to better inform how ACEs increase risk of future substance use disorders, suicide, mental health conditions, and other chronic illnesses.

Child Sexual Abuse Prevention.—In light of its harmful physical, cognitive, and emotional effects on a child's development, a far more proactive approach is needed to prevent child sexual abuse. CDC is encouraged to support research for the development, evaluation, and dissemination of effective child sexual abuse prevention practices and policy.

Concussion Surveillance.—The Committee understands that CDC is currently analyzing data from the national traumatic brain injury pilot survey of more than 10,000 households and requests CDC include the results of the pilot in the fiscal year 2022 CJ.

Domestic Violence Statistics.—The incidence of domestic violence and sexual violence is believed to be far greater than what is reported. The Committee encourages CDC to prioritize the collection and reporting of data on domestic violence and sexual violence. The Committee encourages CDC to work with State and local governments and nonprofit organizations to implement the necessary mechanisms for sharing data, as well as provide technical assistance when needed, to ensure that the data is properly understood and utilized correctly.

Drowning Prevention.—Drownings are the leading cause of accidental deaths among 1–4 year olds and it is the second leading cause of all death after congenital anomalies. The Committee encourages CDC to work with organizations working with underserved youth to scale proven drowning prevention programs in communities, support State drowning surveillance efforts, and support a national plan on water safety.

Firearm Injury and Mortality Prevention Research.—The Committee includes \$12,500,000, the same level as fiscal year 2020, to conduct research on firearm injury and mortality prevention. Given violence and suicide have a number of causes, the Committee recommends that 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 report to the Committees within 30 days of enactment on implementation schedules and procedures for grant awards, which strive to ensure that such awards support ideologically and politically unbiased research projects.

Opioid Overdose Prevention.—The Committee includes \$475,579,000, which reflects continued strong support of CDC's opioid overdose prevention activities. CDC shall use these funds to advance the understanding of opioid overdoses and continue prevention activities across all 50 States, the District of Columbia, territories, and tribes, as well as local health departments as directed in Public Law 115–245. The Committee directs CDC to expand prevention and surveillance efforts to stimulants. The Committee remains concerned that the CDC's Prevention for States program and the Data-Driven Prevention Initiative do not include some of the States most impacted by the opioid crisis. The Committee encourages CDC to include additional States in these initiatives, focusing primarily on States with the highest levels of opioid-related deaths. The Committee further encourages CDC to work with States to ensure that funding reaches the local level, and requests an update in the fiscal year 2022 CJ on how resources have been distributed to the local level in each State.

Opioid Prescribing Guidelines.—The Committee applauds CDC's Guidelines for Prescribing Opioids for Chronic Pain, for use by primary care clinicians for chronic pain in outpatient settings outside of active cancer treatment, palliative care, and end-of-life care, and directs CDC to continue its work educating patients and providers, and to encourage uptake and use of the guidelines. The Committee

urges CDC to continue coordination with the VA and DoD on implementation and related updates in safe prescribing practices to ensure consistent, high-quality care standards across the Federal Government.

Overdose Prevention Funding and Naloxone.—The Committee commends CDC for its leadership in combating opioid drug overdoses. The Committee recognizes that CDC has issued opioid overdose prevention funding opportunities for which all States, territories, and certain localities are eligible. The Committee encourages CDC to continue working with States on naloxone education when distributing opioid overdose prevention funds.

Pain Management.—The Committee encourages CDC to explore the collection of epidemiological data to clarify the incidence and prevalence of various pain syndromes differentiated by patient age, comorbidities, socio-economic status, race, and sex. The Committee further encourages CDC to explore the collection of resource utilization data of medical and social services on; direct healthcare costs of pain treatment, both traditional and alternative; the effectiveness of evidence-based treatment approaches; and indirect costs (i.e., missed work, public and private disability, reductions in productivity). Finally, the Committee encourages CDC to report on the status of these activities in the fiscal year 2022 CJ.

Rape Prevention.—The Committee understands that involvement of State sexual assault coalitions and underserved communities is critical to ensure rape prevention education dollars are spent in the most impactful way. CDC is encouraged to include grant 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.—The Committee recommendation includes \$10,000,000 to continue an initiative at CDC to utilize data and evaluation to inform efforts to prevent suicide, specifically in vulnerable populations and subgroups among which suicides are increasing. These data will be used to inform targeted prevention efforts at the local level for comprehensive, community-based prevention efforts. The Committee encourages CDC to expand the implementation and evaluation of targeted, comprehensive, community-based suicide prevention strategies to reduce risk for suicide, and to evaluate their impact, especially among high-risk populations. The Committee also encourages CDC to enhance the completeness of data to capture mechanisms of death and support research and evaluation projects to understand the pathways and mechanisms that contribute to suicidal ideations and attempts.

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 continuation of existing successful partnerships that have been supported by this program and have demonstrated success in reducing youth violence in high-poverty areas and, in particular, large urban communities that are seeking to ad-

dress relevant impacts and root causes of community violence, collective trauma, and civil unrest.

OCCUPATIONAL SAFETY AND HEALTH

Appropriations, 2020	\$342,800,000
Budget estimate, 2021	190,000,000
Committee recommendation	343,800,000

The Committee recommendation for the National Institute for Occupational Safety and Health [NIOSH] programs is \$343,800,000. The Committee does not include the proposed funding reductions by the administration for NIOSH and 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:

[In thousands of dollars]

Budget activity	Fiscal year 2020 appropriation	Committee recommendation
National Occupational Research Agenda	117,000	117,000
Agriculture, Forestry, Fishing (non-add)	26,500	26,500
Education and Research Centers	30,000	30,000
Personal Protective Technology	20,000	20,000
Mining Research	60,500	61,500
National Mesothelioma Registry and Tissue Bank	1,200	1,200
Firefighter Cancer Registry	2,500	2,500
Other Occupational Safety and Health Research	111,600	111,600

Coal Workers' Health Surveillance Program Mobile Medical Unit.—The Committee is concerned about the recent increase in cases of coal workers' pneumoconiosis, also known as black lung. 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. The Committee encourages CDC to continue maintenance of existing mobile medical units and purchase an additional mobile medical unit as current funding allows.

Firefighter Cancer Registry.—The Committee supports CDC's action to solicit input in developing the voluntary firefighter cancer registry. This voluntary, anonymous registry system will enable researchers to better understand why firefighters are at an increased risk of developing certain types of cancer, and identify ways to mitigate firefighters' risk of cancer through best practices and advanced equipment.

Protect Critical Health Care Worker Safety Through a Closed System Transfer Device Testing Protocol.—The Committee commends

NIOSH for its efforts to advance guidelines that will protect hospital and other healthcare workers from being exposed inadvertently to hazardous drugs in healthcare settings. The Committee encourages NIOSH to expedite a final decision on protocol to guide hospitals and pharmacies in testing the use of closed system transfer devices.

Underground Mine Evacuation Technologies and Human Factors Research.—The Committee provides \$2,000,000, an increase of \$1,000,000 to the NIOSH Mining Program for grant opportunities to universities with graduate programs in mining and explosives engineering to fund research related to mine emergencies, to build on NIOSH’s work to address mandates in the MINER Act of 2006 (Public Law 109–236). Research will develop new wireless communication devices and methodologies; develop training, systems, and tools to facilitate miner self-escape; and continue to improve the design of refuge alternatives.

ENERGY EMPLOYEES OCCUPATIONAL INJURY COMPENSATION ACT

Appropriations, 2020	\$55,358,000
Budget estimate, 2021	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. The Committee does not accept the administration’s proposal to move EEOICPA to NIH.

GLOBAL HEALTH

Appropriations, 2020	\$570,843,000
Budget estimate, 2021	620,843,000
Committee recommendation	615,843,000

The Committee recommends \$615,843,000 for global health-related activities at CDC.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2020 appropriation	Committee recommendation
Global HIV/AIDS Program	128,421	128,421
Global Tuberculosis	7,222	7,222
Global Immunization Program	226,000	226,000
Polio Eradication	176,000	176,000
Measles and Other Vaccine Preventable Diseases	50,000	50,000
Parasitic Diseases and Malaria	26,000	26,000
Global Public Health Protection	183,200	228,200
Global Disease Detection and Emergency Response	173,400	218,400
Global Public Health Capacity Development	9,800	9,800

Global Health Security and Global Health Research.—The Committee includes \$218,400,000, an increase of \$45,000,000, to continue to support CDC’s work to protect American and global health security through programs that detect, prevent, and respond to infectious diseases and other health threats. As emerging infectious diseases represent profound challenges for our health system and national security, the Committee supports continued and enhanced work in research and development aimed at creating new tools to respond to health threats at home and abroad. The Committee notes the urgent need for new disease detection and diagnostic tools to accurately measure progress towards the U.S. Government’s disease control and elimination goals, and supports CDC’s leadership role in the development of those tools and in the application of next-generation approaches to disease sequencing and diagnosis. CDC is directed to work with USAID to continue a coordinated global health security effort, delineate roles and responsibilities, and measure progress. 180 days after enactment, CDC, in coordination with USAID, will brief the Committees on Appropriations of the House of Representatives and the Senate on the current status of the program.

Global Water Strategy.—The Committee encourages CDC to work with other Federal partners to continue assessing and supporting water sanitation and hygiene [WASH] improvements in healthcare facilities, aligned with the 2017 U.S. Global Water Strategy. Further, the Committee encourages CDC to continue to contribute to the elimination of cholera and to support areas where neglected tropical diseases are endemic. The Committee encourages CDC to conduct research on innovative WASH interventions and to improve disease surveillance for WASH-related illness among refugees, displaced persons, and emergency affected populations. The Committee encourages CDC to support global WASH activities by providing laboratory support as practicable.

Malaria and Parasitic Diseases.—The Committee recognizes the important role the Center for Global Health plays in the fight against malaria and parasitic diseases. CDC’s monitoring and surveillance of transmission, evaluation of interventions for effectiveness, and testing of tools in a real world setting are critical to understanding how to scale up global health programs and ensure that our global health investments are smarter and better. The Committee encourages CDC to continue to research, monitor, and evaluate efforts for malaria and parasitic disease in collaboration with other divisions and agencies.

Polio.—CDC is the lead U.S. agency in the global effort to eradicate polio and currently works with various organizations by providing expertise in training, vaccines, epidemiology, laboratory capacity, and surveillance. Currently, polio is endemic in only two countries, Afghanistan and Pakistan. The Committee commends CDC’s efforts to help eradicate this disease.

Soil Transmitted Helminth [STH] and Related “Diseases of Poverty”.—The Committee continues \$1,500,000 for surveillance, source remediation, and clinical care aimed at reducing STH to extend the currently funded projects for another year.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Appropriations, 2020	\$827,200,000
Budget estimate, 2021	927,200,000
Committee recommendation	852,200,000

The Committee recommendation for the Office of Public Health Preparedness and Response [PHPR] is \$852,200,000.

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

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

(In thousands of dollars)

Budget activity	Fiscal year 2020 appropriation	Committee recommendation
Public Health Emergency Preparedness Cooperative Agreement	675,000	705,000
Academic Centers for Public Health Preparedness	8,200	8,200
CDC Preparedness and Response Capability	144,000	139,000

Academic Centers for Public Health Preparedness.—The Committee continues to support CDC’s collaboration with academic centers and encourages CDC to explore additional opportunities to improve the coordination of partnerships to implement emerging disease surveillance and research to respond to emerging and re-emerging disease threats.

Emergency Preparedness.—The Committee continues to request detailed information on how PHEP funding is distributed at the local level by States. The Committee requests that CDC provide in the fiscal year 2022 CJ an update on how much of the Federal PHEP funding is being allocated to local health departments and what basis or formula each State is using to make such allocations.

BUILDINGS AND FACILITIES

Appropriations, 2020	\$25,000,000
Budget estimate, 2021	30,000,000
Committee recommendation	30,000,000

The Committee recommendation for Buildings and Facilities is \$30,000,000.

NIOSH Facility.—The Committee is aware that CDC plans to consolidate the NIOSH Cincinnati research facilities, which are more than 50 years old, into one modern laboratory to reduce operational costs and strengthen scientific collaboration. The Committee understands that CDC plans to support this facility replacement through the Department’s Nonrecurring Expenses Fund. The Secretary and CDC are directed to continue prioritizing obligations for this facility and obligate such funds as quickly as possible.

Replacement of the Lake Lynn Experimental Mine and Laboratory.—The Committee is aware of CDC’s recent purchase of a Lake Lynn Mine and Laboratory replacement. The Committee requests that CDC provide an update within 180 days on timeline for the

eventual opening of a new facility and any additional funding that may be needed to complete work on the replacement facility.

CDC-WIDE ACTIVITIES

Appropriations, 2020	\$358,570,000
Budget estimate, 2021	373,570,000
Committee recommendation	273,570,000

The Committee provides \$273,570,000 for public health leadership and support activities at CDC.

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

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

(In thousands of dollars)

Budget activity	Fiscal year 2020 appropriation	Committee recommendation
Preventive Health and Health Services Block Grant	160,000	160,000
Public Health Leadership and Support	113,570	113,570
Infectious Disease Rapid Response Reserve Fund	85,000	.....

Infectious Disease Reserve Fund.—The Committee notes that CDC has more than \$600,000,000 available, appropriated through a combination of annual and supplemental appropriations. The Committee continues to direct CDC to provide a report to the Committees on Appropriations of the House of Representatives and the Senate every 14 days that details commitment and obligation information for the Reserve Fund during the prior two weeks, as long as such report would detail obligations in excess of \$5,000,000.

Preventive Health and Health Services Block Grant.—The Committee does not eliminate the block grant as requested in the budget request and continues to provide \$160,000,000. These grants provide the flexibility necessary to resolve emerging health issues at the local level while tailoring those activities to best address the local community. The Committee encourages CDC to enhance reporting and accountability, including how much funding is directed to support public health needs at the local level.

Tribal Advisory Committee [TAC].—The Committee understands that CDC is beginning to gather information and work with the TAC. The Committee continues to direct the Director, in consultation with the TAC, to develop written guidelines for each CDC center, institute, and office on best practices around delivery of Tribal technical assistance and consideration of unique Tribal public health needs in the work of each respective center, institute, and office’s initiatives. The Director shall report on the status of development of these written guidelines in the fiscal year 2022 CJ.

NATIONAL INSTITUTES OF HEALTH

The Committee provides \$43,684,000,000, an increase of \$2,000,000,000, for the National Institutes of Health. With this investment, the Committee will have provided \$13,600,000,000, or a 45 percent increase over the past 6 years.

More than 80 percent of the NIH’s funding is awarded for extramural research, mostly through almost 50,000 competitive grants

to more than 300,000 researchers at more than 2,500 universities, medical schools, and research institutions in every State across the Nation. This year's increase provides resources for over 11,500 additional research project grants. This investment has allowed NIH to continue its mission to support world-class research to increase the understanding of the fundamental nature of disease. Over the past 6 years, sustained, consistent funding has dramatically increased the number of early-stage investigators, improved the funding rate of at-risk investigators, and increased the number of trained academic entrepreneurs through Small Business Innovation Research and Small Business Technology programs.

Within the total appropriation, the Committee provides \$404,000,000 in budget authority authorized in the 21st Century Cures Act (Public Law 114–255). The Committee also provides an additional \$88,000,000 to make-up for the funding reduction to NIH in the 21st Century Cures Act (Public Law 114–255) in fiscal year 2021. The total also includes \$1,585,847,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

As in previous years, the Committee has targeted NIH funding to areas holding the most extraordinary promise of scientific advancement, while allowing NIH to maintain flexibility to pursue unplanned scientific opportunities and address unforeseen public health needs. The Committee maintains its commitment to finding a treatment and a cure for Alzheimer's disease, and to that end, increases funding by \$354,000,000 to a total of \$3,172,000,000 in fiscal year 2021; continues the President's childhood cancer data initiative; fully funds the STAR Act (Public Law 115–180) dedicated to childhood cancer research and survivorship; provides \$50,000,000 to a new initiative focused on premature birth; restores funding by \$40,000,000 for the All of Us precision medicine initiative to ensure that enrollment in this groundbreaking study is not lost due to a reduction in 21st Century Cures Act (Public Law 114–255) funding; supports a new \$25,000,000 initiative on artificial intelligence; begins \$10,000,000 in targeted funding for research for Lyme disease and related tick-borne illnesses; provides \$55,000,000 for NIAID's Regional Biocontainment laboratories; and funds a \$30,000,000 new program focused on developing and designing the next generation of gene vectors as gene therapy and gene editing become more promising treatments.

In addition, every Institute and Center receives an increase above fiscal year 2021 to continue investments in innovative research that will advance fundamental knowledge and speed the development of new therapies, diagnostics, and preventive measures to improve the health of all Americans. The Committee recognizes that many revolutionary discoveries often come from unexpected, untargeted research. The Committee continues to support these basic advances through the general increase to all Institutes and Centers and also targets investment toward clinical and translational research that moves basic discoveries from "bench-to bedside."

The Committee rejects the budget's request to create a new National Institute for Research on Safety and Quality by consolidating the Agency for Healthcare Research and Quality into NIH. It also

rejects the budget’s proposal to cap the percentage of an investigator’s salary that can be paid with NIH grant funds at 90 percent.

NATIONAL CANCER INSTITUTE

Appropriations, 2020	\$6,440,438,000
Budget estimate, 2021	5,881,173,000
Committee recommendation	6,722,656,000

The Committee recommendation includes \$6,722,656,000 for the National Cancer Institute [NCI], including \$195,000,000 appropriated from the NIH Innovation Account. Of this amount, \$30,000,000 is available for repairs and improvements to the NCI facility in Frederick, Maryland.

Barriers to Participation in Cancer Clinical Trials.—The Committee is concerned that only a small percent of patients participate in cancer clinical trials, even though most express an interest in clinical research; and that ultimately, about one in five cancer clinical trials fails because of lack of patient enrollment. Groups that are generally underrepresented in clinical trials include racial and ethnic minorities, older Americans, lower-income individuals, as well as those from rural communities. As such, the Committee directs the Government Accountability Office to conduct a review of what actions Federal agencies have taken to help address barriers to participate in federally funded cancer clinical trials by populations that have been traditionally underrepresented in such trials, and to identify challenges, if any, to implementing such actions.

Cancer Immunotherapy.—The Committee commends NCI for its longstanding support of research on cancer immunotherapy. As the number of single-agent and combination therapies grows for an expanding list of cancers, more work is needed to learn how to accurately predict whether a given cancer immunotherapy is likely to improve outcomes or cause undesirable side effects in individual patients. While many research programs have been focused on defining biomarkers that could accomplish this goal, validation and eventual standardization of specific biomarkers would greatly enhance the field’s understanding of how to design more effective, less toxic treatments. The Committee, therefore, urges NCI to prioritize support for studies on the clinical validation of potential biomarkers that predict clinical outcomes in patients receiving tumor immunotherapy.

Childhood Cancer Data Initiative.—The agreement includes the full budget request of \$50,000,000 for the second year of the Childhood Cancer Data Initiative, which will facilitate a connected data infrastructure and integrate multiple data sources to make data work better for patients, clinicians, and researchers.

Deadliest Cancers.—For fiscal year 2020, Congress directed NCI to develop a scientific framework using the process outlined in the Recalcitrant Cancer Research Act of 2012 (Public Law 112–239) for stomach and esophageal cancers. The Committee expects that outlining the state of the science and foremost research questions for both of these diseases will provide a roadmap for future research. The Act defined “recalcitrant cancers” as those for which the 5 year survival rate is below 50 percent. According to NCI, the 5 year survival rates for stomach and esophageal cancers are 32 and 20 per-

cent, respectively. The Committee expects to be kept informed of NCI's efforts, alongside the research and advocacy communities, to convene working groups of experts to develop scientific frameworks for both cancers; and to be kept informed of ways in which NCI is supporting research into all recalcitrant cancers. The deadliest cancers, which also include cancers of the brain, liver, lung, ovary, pancreas, and mesothelioma, among others, account for nearly half of all U.S. cancer deaths. While steady advances have made it possible to reduce the overall rate of cancer deaths for more than 2 decades, there has been little progress reducing mortality for these diseases. The Committee recognizes that advances in treating what were once thought of as incurable diseases has previously occurred in unexpected ways, and is encouraged by NCI's continued support for research related to the deadliest cancers. In particular, the Committee notes the promising focus on diagnostics to make earlier identification possible when successful treatment might still be possible. Given the toll all recalcitrant cancers exact on society and the lack of diagnostic and treatment resources currently available to help patients, the Committee directs NCI to provide an update on its work over the past year for each of the seven deadliest cancers in the fiscal year and to identify future goals for each in the fiscal year 2022 CJ.

Endometrial Cancer.—The Committee is concerned by rising rates of the incidence and mortality for endometrial cancer, with a survival disparity for black women. The Committee believes that a continued emphasis by NCI on endometrial cancer research is needed to facilitate early detection, optimal treatments, and outcomes for all women including minority populations. The Committee encourages NCI to study endometrial cancer disparities while at the same time conducting clinical trials to better define an appropriate therapy for a precision medicine approach to endometrial cancer. The Committee requests an update on NCI's activities regarding endometrial cancer in the fiscal year 2022 CJ.

Gastric Cancer.—The Committee continues to be concerned about the deadly outcomes of gastric cancer, particularly among young adults. The 5 year survival rate for stomach cancer is 30 percent. The Committee looks forward to seeing NCI's update on developing a scientific framework for stomach and esophageal cancers, as well as ways in which it is supporting research into all recalcitrant cancers, as directed in the fiscal year 2020 conference report.

Glioblastoma [GBM].—GBM is a recalcitrant cancer with less than a 5 percent 5 year relative survival rate and the average survival time from diagnosis has improved by only 6 months over the last 30 years. To date, there have only been five drugs and one medical device approved by the FDA for the treatment of GBM. With prior Congressional investment in NCI programs, glioblastoma is now one of the most molecularly characterized cancers. This has resulted in promising new clinical agents, trial designs, and technologies in the imaging and pathology space. Given this progress, and in an effort to continue to advance toward cures and improved quality of life, the Committee commends NCI for taking steps to establish a GBM Therapeutics Network of cross-cutting teams capable of pre-clinical and early-phase clinical trials necessary to rapidly evaluate potential treatments, including but not

limited to drugs, biologics, radiation, and devices. The Committee urges NCI to continue its implementation of the GBM Therapeutics Network and other research consistent with NCI's Glioblastoma Working Group 2019 recommendations.

Liver Cancer.—The Committee notes that liver cancer is a devastating cancer with a 5 year survival rate of only 20 percent. The Committee commends NCI for the creation of a Specialized Center of Research Excellence focused on liver cancer and encourages NCI to continue to support research opportunities for investigators that focus on a better understanding of the biology of liver cancer and new therapeutic targets. Additionally, the Committee commends NCI for its support of the inter-Institute effort to develop the NIH Strategic Plan to Cure Hepatitis B. In view of the well-established fact that up to 60 percent of global liver cancer cases are caused by the hepatitis B virus, NCI is encouraged to continue close collaboration with NIAID and NIDDK and as active participants in the Director's Trans-NIH Hepatitis B Working Group. The Committee requests an update on NCI's activities in these areas in the fiscal year 2022 CJ.

NCI Paylines.—Grant applications to NCI have increased by approximately 50 percent since 2013, outpacing available funding, with requests for cancer research ten-fold greater than other Institutes. With such a high demand for NCI grants, only a fraction of this research is funded. To support more awards and improve success rates, the Committee provides \$300,000,000, an increase of \$87,500,000, to prioritize competing grants and to sustain commitments to continuing grants.

Office of Cancer Survivorship.—The Committee recognizes the vital work performed by the Office of Cancer Survivorship, as well as NCI's efforts to implement the sections of the Childhood Cancer STAR Act (Public Law 115–180) related to pediatric cancer survivorship. The Committee requests an update on NCI's efforts to support research that evaluates the unique needs of the youngest of cancer survivors.

Pancreatic Cancer.—The Committee appreciates NCI's recent submissions of the 5 year Review and Update report required by the Recalcitrant Cancer Research Act of 2012 (Public Law 112–239). This year, the Committee looks forward to the report on the effectiveness of the scientific framework, including research efforts on improvements in pancreatic cancer prevention, detection, diagnosis and treatment. While progress has been made, the Committee encourages NCI to continue to support research efforts to advance discoveries and improve treatment options for patients diagnosed with pancreatic cancer.

Pediatric Cancer.—The Committee continues \$30,000,000 for the implementation of the STAR Act (Public Law 115–180) 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. As part of this funding, the Committee expects NCI to carry out childhood cancer survivorship research and programs as authorized, such as developing best practices for the treatment of late effects of childhood cancers. In addition, the Committee recognizes NCI's efforts to develop a new

Childhood Cancer Data Initiative and continues to support and expand new and innovative research efforts to advance progress for children with cancer. These include the Pediatric MATCH precision medicine trial and a pediatric immunotherapy translational science network established through the Cancer Moonshot, in addition to NCI's long-standing support for the Children's Oncology Group, the Childhood Cancer Survivor Study, the Pediatric Preclinical Testing Consortium, and several other critical programs. The Committee also commends NIH for its efforts to coordinate pediatric research across its Institutes and Centers through the recently established Trans-NIH Pediatric Research Consortium. The Committee understands NCI participates in the Consortium, and that childhood cancer research is an important part of the pediatric research portfolio across NIH. The Committee requests an update in the fiscal year 2022 CJ on opportunities to enhance childhood cancer research efforts, including coordination efforts already underway through the Trans-NIH Pediatric Research Consortium.

Psycho-social Distress Complications.—The Committee encourages NCI to include measurements of psycho-social distress in cancer research as an integral piece of clinical treatment and follow up care. With the passage of the 21st Century Cures Act (Public Law 114–255) in 2016 and the Food and Drug Administration Reauthorization Act (Public Law 115–52) in 2017, Congress heightened the importance of collecting patient experience data that not only includes the physical impacts of a condition, therapy, or clinical investigation/trial, but also the psycho-social impacts. The Committee requests an update on NCI's research activities in the area of psycho-social distress in the fiscal year 2022 CJ.

Rare Cancers.—Rare cancers, as defined by NCI, are those cancers that occur in fewer than 15 out of 100,000 people each year. All forms of pediatric cancers are considered rare. Rare cancers present unique research challenges for many reasons, including the difficulty in accruing enough patients to clinical trials, and the lack of industry focus on these cancers due to the relatively small number of patients diagnosed with each cancer. The Committee commends NCI's investment in the Rare Tumor Patient Engagement Networks, including NCI CONNECT and MyPART, and in particular in the NCI Experimental Therapeutics Program, with a focus on supporting the most promising new drug discovery and development projects, with priority given for development of therapeutic agents for pediatric cancers. The Committee is particularly interested in the preliminary results of the NCI DART trial (“Dual Anti-CTLA-4 & Anti-PD-1 blockade in Rare Tumors Trial”), the first federally-funded immunotherapy study devoted entirely to rare cancers, with over 35 cohorts targeting very rare to exceedingly rare types of cancers. The Committee requests an update on the DART study in the fiscal year 2022 CJ. Finally, the Committee encourages NCI and NCATS to continue to collaborate on rare cancer research to accelerate therapies for rare cancers, and to support broader sharing of genomic-related rare cancers data to accelerate research and drug development for these cancers.

Rare Cancer Therapeutic Research and Development Program.—The Committee recognizes that nearly 500,000 Americans are diagnosed with a rare form of cancer every year. The Committee re-

quests an update in the fiscal year 2022 CJ on progress in treatment for rare cancers and how the Federal Government can accelerate the development of rare cancer therapies, including expanding the availability of biorepository resources for rare cancers, and improving clinical trial participation for rare cancer patients.

Specialized Programs of Research Excellence Cancer [SPORE].—The Committee recognizes that the SPORE program is a key component of NCI’s efforts to translate basic research into the prevention, early detection, diagnosis, and treatment of cancer. The Committee commends NCI for its recent funding opportunity announcement regarding the development of SPOREs that are focused on cancer health disparities, and it encourages additional research in this area. The Committee urges NCI to prioritize the use of multicenter SPOREs, which allow greater opportunities for collaborative, interdisciplinary research.

Surveillance, Epidemiology, and End Results [SEER] Registry.—The Committee encourages NCI to continue to advance efforts to modernize the SEER Registry and better capture key data points, such as metastatic recurrence and cancer migration. The Committee requests an update on plans to implement these enhancements to the SEER registry in the fiscal year 2022 CJ.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Appropriations, 2020	\$3,625,258,000
Budget estimate, 2021	3,298,004,000
Committee recommendation	3,728,307,000

The Committee recommendation includes \$3,728,307,000 for the National Heart, Lung, and Blood Institute [NHLBI].

Alzheimer’s Disease and Vascular Dementia.—The Committee recognizes the value that well-characterized, longitudinal, population-based cohort studies provide in bringing to light more information about the risk factors related to dementia. By studying participants over time, much can be learned about cognitive decline and early biomarkers that will help us understand the role of environmental and genetic factors in disease development and progression. In time, however, mature cohorts naturally dwindle as participants pass away, requiring that the research mission be adjusted to continue to leverage the previous science and build upon it. Therefore, the Committee urges NHLBI and NIA to fund research into next generation cohorts, with a focus on understanding the development and progression of risk factors and detection of early signs of cognitive decline. Preference should be given to applicants that have diversity among cohort participants, broad geographic representation, and a demonstrated record of high research productivity.

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 workforce, and integrate registry data and research datasets to facilitate research on congenital heart disease across the lifespan, including through the Pediatric Health 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 co-morbidities, modifying

treatment options across the lifespan, and accelerating discovery, analysis, and translation by leveraging CHD registries and networks.

Exploring Airway Screening Efforts of Childhood Asthma in the Rural Community.—The Committee continues to be concerned about childhood asthma, which affects over 9,000,000 million school-aged children and leads to many preventable emergency department visits, hospitalizations, and missed school days. NHLBI is strongly urged to develop a multidisciplinary project to examine inflammation in children with uncontrolled asthma. This research should build upon previous findings to explore asthma control and inflammation in children with persistent asthma in rural communities. Ultimately, this research could improve access to care and reduce the costs associated with uncontrolled asthmas by identifying early inflammatory signs.

Heart Disease.—Heart disease continues to be the leading cause of death in the United States, claiming hundreds of thousands of lives and costing billions of dollars every year. 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 that seek to address these disparities. Further, the Committee is concerned that heart disease is the leading cause of death of pregnant women and that one in five American women experiences some type of cardiovascular complication during pregnancy. The Committee supports the NHLBI's Strategic Vision Objective to address maternal health and reduce the risk of cardiovascular disease for women before, during, and after pregnancy.

Hypertension.—The Committee remains concerned about the significant incidence of hypertension in non-Hispanic black males and females compared to their non-Hispanic white male and female counterparts. These racial differences emerge as early as the third decade of life. For these reasons, the Committee supports efforts to identify the underlying causes of this racial disparity in hypertension, and to develop and evaluate interventions to reduce this disparity. The Committee strongly encourages a focus on interventions to reduce systematic and blood vessel-specific inflammation in individuals with elevated blood pressure, but not yet hypertensive, that would be scalable to the community level.

Pulmonary Fibrosis [PF].—The Committee recognizes that PF is a family of more than 200 different lung diseases that all look very much alike, despite having a variety of causes. This heterogeneity presents significant challenges for diagnosis and treatment. Therefore, the Committee commends the Institute for its recent efforts to apply the principles of precision medicine to PF research, especially by funding a major new study that will evaluate a promising treatment for a subset of patients with a particular gene variant. This study, known as PRECISIONS, also aims to identify genetic variants that play a role in certain forms of PF. The Committee urges the Institute to prioritize basic research on PF, particularly to better understand the causes and process of scarring and the varying impacts upon patients. In addition, the Committee recognizes that recent developments in multiple basic sciences (structural biology, molecular modeling, receptor biology, and pharma-

ology) have greatly accelerated the rate of discovery of ways to treat and prevent pulmonary fibrosis. The rate of discovery now strains the ability of academic laboratories to test, in a timely manner, the efficacy of these treatment options in physiologically and disease-relevant systems. Cardiovascular, lung, and blood diseases remain among the most important and costly diseases that would benefit from a new generation of treatment options. Accordingly, the Committee urges NHLBI to prioritize support for academic laboratories, as both singular and networked or collaborative entities, to accelerate the pace of research into critical life-saving and affordable treatment options for PF.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

Appropriations, 2020	\$477,679,000
Budget estimate, 2021	434,559,000
Committee recommendation	493,234,000

The Committee recommendation includes \$493,234,000 for the National Institute of Dental and Craniofacial Research [NIDCR].

Temporomandibular Disorders [TMD].—The Committee is encouraged by the work of the National Academy of Medicine [NAM] report on TMD and supports efforts to guide the direction of new research and funding related to TMD to improve patient care. The Committee encourages NIH to collaborate with other governmental agencies, as well as public and private stakeholders. Further, the Committee notes that the NAM report states that action is urgently needed to improve care for individuals with TMD, and that multiple basic scientific and clinical disciplines are needed to advance research to improve patient care. Given the number of individuals suffering from TMD, the severity of some of the disorders, and the substantial public health burden of TMD, there is a compelling opportunity for NIH and other biomedical research institutions to continue supporting TMD research to spark new discoveries, and the Committee supports efforts to ensure that TMD research is incorporated into NIH-wide initiatives. To continue to build on advances in coordinated research and treatment, the Committee requests NIDCR provide an update on NIH-wide activities on TMD research in its fiscal year 2022 CJ.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

Appropriations, 2020	\$2,115,146,000
Budget estimate, 2021	1,924,211,000
Committee recommendation	2,169,021,000

The Committee recommendation includes \$2,169,021,000 for the National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK].

Diabetes.—The Committee 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 NIA to explore the relationship between diabetes and neurocognitive conditions, such as dementia and Alzheimer’s disease.

End-Stage Renal Disease [ESRD].—The Committee notes the work in supporting critical kidney research, including ESRD, that NIDDK has accomplished. This research has led to new developments for possible treatments and the Committee continues to encourage NIDDK to work with stakeholders to facilitate new opportunities for research.

Glomerular Diseases.—The Committee continues to support the important work that the Cure Glomeruloneuropathy initiative has accomplished, which has led to breakthroughs for critical clinical trials. The Committee encourages NIDDK to continue supporting research that has proven to lead to new therapies.

Inflammatory Bowel Diseases [IBD].—The Committee recognizes NIDDK’s leadership in supporting research into Crohn’s disease and ulcerative colitis. The Committee also recognizes the importance of patient-centered, bedside-to-bench approaches to understand complex, chronic diseases such as IBD, and the need to better understand the impact of diet on IBD. The Committee directs NIDDK to pursue research on the interactions among food, the gut, and the brain/nervous system in people with IBD and other chronic gastrointestinal diseases. The Committee notes that this bedside-to-bench approach has been successful in other disease areas, including type 2 diabetes and oncology, and encourages NIDDK to use a similar approach focused on IBD.

Polycystic Kidney Disease.—The Committee commends NIDDK for its continued commitment to Polycystic Kidney Disease Research and Translation Centers, and the Pediatric Centers of Excellence in Nephrology, both of which improve our understanding of the causes of autosomal dominant polycystic kidney disease and autosomal recessive polycystic kidney disease. The Committee continues to encourage NIDDK to work with stakeholders to facilitate new opportunities for research and promote the development of new therapeutic strategies.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

Appropriations, 2020	\$2,446,577,000
Budget estimate, 2021	2,245,110,000
Committee recommendation	2,526,245,000

The Committee recommendation includes \$2,526,245,000 for the National Institute of Neurological Disorders and Stroke [NINDS], including \$50,000,000 appropriated from the NIH Innovation Account. NINDS’ funding level includes \$250,000,000 in targeted funding for research related to opioid addiction, development of opioid alternatives, pain management, and addiction treatment, and newly expands the use of these funds to include research related to stimulant misuse and addiction.

Brain Aneurysm.—The Committee continues to be concerned that an estimated 1 out of 50 individuals in the United States has a brain aneurysm, and an estimated 30,000 Americans suffer from a brain aneurysm rupture each year. The Committee is concerned

that not enough research is focused on prevention of brain aneurysm ruptures.

Cerebral Palsy [CP].—The Committee commends NINDS for implementing Funding Opportunity Announcements for clinical research supporting observational studies that are well-suited for the study of CP. The Committee strongly encourages NIH to prioritize and implement additional opportunities to significantly strengthen, accelerate, and coordinate cerebral palsy research to address priorities across the lifespan identified in the 5 to 10-year CP Strategic Plan developed by NINDS and NICHD. Research should target basic and translational discoveries, including genetics, regenerative medicine, and mechanisms of neuroplasticity, as well as clinical studies aimed at early intervention, comparative effectiveness, and functional outcomes in adults. NIH is also encouraged to coordinate with other agencies, including CDC, to support additional research on preventing, diagnosing, and treating CP.

Data Resource Optimization.—The Committee is aware of the NICHD Data and Specimen Hub [DASH] project to create a centralized resource to store and access de-identified data from NICHD-supported studies. The Committee encourages NINDS to work with NICHD to explore utilizing the DASH site for NINDS studies.

Frontotemporal Degeneration Research [FTD].—The Committee encourages NIH to maintain and expand a multi-site infrastructure and network of clinical sites to extend the study of genetic and sporadic FTD cohorts. By supporting this research, researchers may increase the body of knowledge of the natural history of the disease, and build an infrastructure for biomarker discovery and clinical trials in defined FTD cohorts. A key component of this will be to leverage recent advances in information technology to create an infrastructure for FTD research that will collect and record data and samples in a uniform manner, incorporate patient-reported data, and take advantage of new technologies that enable remote monitoring. Development of a data biosphere that supports broad sharing of robust datasets, generated with powerful-omic platforms, will enable the broader community of researchers, including younger investigators and scientists from a wide array of fields, to bring their expertise and intellectual curiosity to bear on the challenges currently confronting Alzheimer’s disease and related dementia disorders. In this way, the understanding of basic disease mechanisms that may be common across forms of dementia may be accelerated and translated into much-needed therapeutics.

HEAL Initiative.—The Committee continues to be extremely concerned about the crisis of prescription opioids, heroin, and illicit synthetic opioid use, misuse, addiction, and overdose in the United States. In addition, the Committee notes the rising use of stimulants, with the rate of deaths in 2015 and 2016 related to stimulant overdoses increasing by 52 percent and 33 percent, respectively. Therefore, the bill includes \$250,000,000 for the HEAL Initiative targeted at opioid misuse and addiction, and has newly expanded uses of the HEAL Initiative to include research related to stimulant misuse and addiction.

Parkinson’s Disease.—Parkinson’s disease is the second most commonly diagnosed neurodegenerative disease in the United States.

It is a chronic neurodegenerative disease that gradually worsens over time and there is no treatment to slow, stop, or reverse its progression. Parkinson’s disease impacts more than 1,000,000 Americans, 90 percent of whom are insured through Medicare. Parkinson’s costs the United States \$52,000,000,000 every year—more than \$25,000,000,000 of which is shouldered by the Federal Government through the Medicare program. Despite Parkinson’s disease’s designation as the second most common neurodegenerative disease in the United States, Federal funding directed to Parkinson’s disease research is 0.0625 percent of the funding directed to the most common neurodegenerative disease. As the population of the United States continues to age, the economic burden of Parkinson’s is expected to continue to increase rapidly. The Committee urges NINDS to maximize funding for Parkinson’s disease-related research where appropriate.

Stroke.—Despite remarkable progress to reduce the stroke mortality rate, it is still the number one cause of severe long-term disability. The Committee supports continued research to improve the scientific understanding of stroke and clinical trials that are developing new treatments and improved approaches to stroke recovery and rehabilitation through the NIH funded clinical trials network StrokeNet. The Committee supports continued stroke related research conducted through the BRAIN Initiative that seeks to discover how brain circuits rewire themselves to repair damage that occurs during a stroke and that may lead to effective treatments to mitigate this damage in the future. Understanding that stroke is a largely preventable disorder, the Committee supports ongoing population studies that seek to reveal the reasons for stroke disparities found in communities, especially in rural States found in the stroke belt. The Committee further supports additional research exploring how, and the extent to which, the accumulation of white matter lesions in the brain are related to stroke and dementia, and urges continued collaborative research among NIH Institutes related to vascular dementia.

Traumatic Brain Injury Mitigation.—The Committee understands that research on regenerative medicine, including the use of adult stem cells and neuroplasticity, may play an important role in developing treatments and identifying therapeutic targets for neuroprotection pre/post TBI. The Committee urges NINDS to work with all relevant Institutes and Centers, including NIA, to support a robust and coordinated portfolio of TBI research that explores all promising avenues to facilitate functional repair of damaged circuitry in TBI. Such analysis should include research on regenerative medicine and neuroplasticity, inclusive to preventive approaches in reducing risk or to eliminate vulnerabilities from a TBI. A potential mitigation approach is to develop interventions that protect from the delayed effects of TBI and associated pathology before they occur. The Committee expects an update regarding these specific areas of TBI research in the fiscal year 2022 CJ.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Appropriations, 2020	\$5,876,195,000
Budget estimate, 2021	5,885,470,000
Committee recommendation	6,142,540,000

The Committee recommendation includes \$6,142,540,000 for the National Institute of Allergy and Infectious Diseases [NIAID].

Antimicrobial Resistance [AMR].—The Committee recommendation includes \$511,000,000 within NIAID to support research related to combatting antimicrobial resistance. The Committee remains concerned by the growing threat posed by antimicrobial resistant pathogens. While antibiotics are necessary to treat secondary infections, their expanded usage is causing concern that a lasting consequence of the virus could be increased global antibiotic resistance rates. The Committee supports NIAID’s efforts to encourage innovative approaches to AMR, and directs NIH to brief the House and Senate Committees on Appropriations no later than 30 days after the enactment of this act, detailing the focus of its initiatives for fiscal years 2021–2022. The Committee also requests an update on AMR-related research activities in the fiscal year 2022 CJ.

Celiac Disease.—The Committee includes sufficient funding for NIH to devote focused research to the study of Celiac disease, including the autoimmune causation underpinning the affliction. Today, the only known treatment for this disease is a gluten-free diet; however, recent public and private sector research has revealed that such a “treatment” is insufficient for many who suffer from Celiac disease. Therefore, the Committee urges NIAID to support new research on celiac disease to better coordinate existing research and focus new research efforts toward causation, and ultimately, a cure of this disease. The Committee encourages NIAID to coordinate with other Institutes and Centers including NIDDK as appropriate and to submit its plan for coordination and execution of this research to the Committees on Appropriations of the House of Representatives and the Senate no later than 90 days after enactment of this act.

Centers for AIDS Research.—The Committee includes \$61,000,000, an increase of \$10,000,000, for Centers for AIDS Research as part of the President’s request for the Ending the HIV Epidemic initiative.

Fecal Microbiota Transplantation [FMT] National Registry.—The Committee recognizes that FDA has exercised enforcement discretion to allow continued patient access to FMT for recurrent *C. difficile* infections not responsive to standard therapies. To help inform clinicians and patients regarding the safety and effectiveness of FMT in these patients, the Committee encourages NIH to continue to support the FMT National Registry and related research efforts to better understand the short- and long-term safety profile and efficacy of FMT.

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 supporting a total of 17 clinical sites for this critical research, including seven sites as part of the Consortium of Food Allergy Research. The Committee encourages NIAID 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.

Hepatitis B.—The Committee applauds NIAID for its leadership of the inter-Institute initiative to develop a NIH Strategic Plan for Trans-NIH Research to Cure Hepatitis B released in December 2019. It is noted that infection with the hepatitis B virus [HBV] is a serious public health threat and that 1 in 20 Americans has been infected while more than 2,000,000 Americans are chronically infected, increasing by 70,000 a year. This serious public health threat results in over 780,000 worldwide deaths each year. The Committee appreciates the Institute’s use of contracts, program announcements, and research resources initiatives to stimulate new research applications and facilitate ongoing work. The Committee urges NIAID to issue new targeted calls for research through Program Project, R01, and U01 Cooperative Research Agreements, such as those successfully used to discover cures for hepatitis C. The Committee also urges NIAID to consider cooperative research to implement the Strategic Plan and the “Roadmap for a Cure,” reported from the Hepatitis B Foundation, to close the gap in our understanding of HBV and hepatitis delta virus molecular biology and develop effective therapeutics. The Committee notes that the Trans-NIH Strategic Plan was specific enough to provide guidance for program announcements without stifling innovation. The Committee requests that NIAID submit, within 90 days of enactment of this act, a specific plan to pursue a cure for hepatitis B in coordination with the Trans-NIH Hepatitis B Working Group.

Lyme Disease and Related Tick-borne Illnesses.—The incidence of Lyme and other tick-borne diseases has increased significantly since CDC reporting began in 1991. From 2004 to 2018, reported cases of tick-borne diseases more than doubled from 22,527 to 47,743 cases. In fiscal year 2020, NIH is expected to spend \$71,000,000 on Lyme disease and related tick-borne disease research. The Committee understands the importance of research into Lyme disease and related tick-borne illnesses and provides an increase of \$10,000,000 in fiscal year 2021. Further, the Committee supports the implementation of the NIH Strategic Plan for Tick-borne Disease Research, which will build on current trans-NIH efforts to better understand the complex interplay among host, tick, and pathogen factors that contribute to tick-borne diseases and the body’s defenses against them. The Committee urges NIH to leverage this understanding 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 further urges NIH to evaluate the effectiveness of laboratory tests associated with the detection of *Borrelia burgdorferi* to diagnose the disease early, which can improve the effectiveness of treatment. 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 further urges NIH to incentivize new investigators to enter the field of Lyme disease and other tick-borne disease research. The Committee recommends that NIH coordinate with CDC on publishing reports that assess diagnostic advancements, methods for prevention, the state of treatment, and links between tick-borne disease and neuropsychiatric illnesses. Finally,

the Committee encourages NIAID to issue requests for grant applications for research to investigate causes and manifestations of Lyme disease and other tick-borne diseases, including post-treatment symptoms, as well as research to develop diagnostics, prevention methods, and treatment for those conditions, including potential vaccine candidates.

Microbicides.—The Committee recognizes that with NIH and USAID leadership, research has shown the potential for antiretroviral [ARV] drugs to prevent HIV infection in women. The Committee encourages NIH to continue coordination with USAID, the State Department, and others to advance ARV-based microbicide development efforts with the goal of enabling regulatory approval of the first safe and effective microbicide for women.

Multidisciplinary Grants for Vector-Borne Disease Research.—NIH's new strategy to address tick-borne diseases aims to examine the complex interplay among host, tick, and pathogen factors that contribute to these diseases and the body's defenses against them. It is precisely this complexity, combined with the growing incidence and threat to human health and life, that make new multi-disciplinary research approaches necessary. The Committee encourages investment in multi-year center core grants that support shared resources and facilities for multidisciplinary research. This approach allows research groups to develop understandings of how pathogens persist, evolve, and cause outbreaks, and also models the risk of exposure as climate and socioeconomic conditions change, which leads to future innovations in diagnostic tools and preventive medicines. Surveillance efforts should be part of these grants, and priority shall be given to grants focused on vector borne diseases requiring arthropod biosafety levels 2 and 3.

Regional Biocontainment Laboratories [RBL].—RBLs are charged with being available and prepared to assist national, State, and local public health efforts in the event of a bioterrorism or infectious disease emergency. The Committee directs \$55,000,000 to be evenly divided among the 12 RBLs to support efforts to prevent, prepare for, and respond to infectious disease outbreaks, including, but not limited to: (1) conducting research on developing testing for antiviral compounds, new vaccines, and point of care tests; (2) conducting research on validating methods for identifying suitable convalescent plasma for screening donors and other prophylactic methods to prevent infections; (3) supporting operations costs and facilities upgrades for purchase of equipment to speed drug discovery and testing; and (4) training new researchers in biosafety level 3 practices.

Sexually Transmitted Infections.—The Committee continues to be concerned about the increased cases of gonorrhea, syphilis, and the rise of congenital syphilis. The Committee commends NIAID for its work in this area, specifically developing new antibiotics, and encourages acceleration in the development of screening tests, vaccines for prevention, and new treatment options, for both adults and newborns, to provide a fast and efficient way to diagnose and define the stages of these infections.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Appropriations, 2020	\$2,937,218,000
Budget estimate, 2021	2,672,074,000
Committee recommendation	3,046,962,000

The Committee recommendation includes \$3,046,962,000 for the National Institute of General Medical Sciences [NIGMS], which includes \$1,585,847,000 in transfers available under section 241 of the PHS Act (Public Law 104–73 as amended).

Institutional Development Award [IDeA].—The Committee provides \$399,161,000 for the IDeA program, an increase of \$12,588,000. The Committee believes the IDeA program has made significant contributions to biomedical research and has led to the creation of a skilled workforce and made the IDeA program an essential component of NIH’s research portfolio. The Committee recognizes the IDeA program’s significant contributions to biomedical research and to the development of our Nation’s biomedical research infrastructure and workforce. The Committee supports this important investment, which extends NIH’s reach nationwide. Further, the Committee recognizes the importance of the Centers of Biomedical Research Excellence and the IDeA Networks of Biomedical Research Excellence programs and expects funding to be maintained for both. These programs are essential to the overall success of the program.

Maximizing Access to Research Careers [MARC].—The Committee recognizes the importance of the MARC program and encourages the continuation and enhancement of efforts underway with our Nation’s HBCUs. The Committee also recognizes the important work of those HBCUs located in rural parts of the United States in educating significant numbers of underserved students in STEM fields, and encourages NIH to continue and strengthen its engagement of institutions located in this region.

Small Business Innovation Research [SBIR]/Small Business Technology Transfer [STTR].—The Committee remains concerned with the lower rates of NIH STTR funding in IDeA States compared to non-IDeA States. In response to this discrepancy, NIGMS funded four STTR Regional Accelerator Hubs to help build entrepreneurial cultures in IDeA States by increasing STTR funding opportunities, entrepreneurial training, and technology transfer acceleration. The Committee encourages NIGMS to renew the existing hubs through Phase 0 Awards within the SBIR program.

Training the Next Generation of Physician-Scientists.—The Committee is concerned about the shrinking number of physician-scientists in the nation’s biomedical workforce. As noted in a perspective piece in the August 1, 2019, *New England Journal of Medicine*, the proportion of U.S. physicians engaged in research has declined from a peak of 4.7 percent in the 1980s to roughly 1.5 percent today. These highly-trained researchers with clinical expertise often discover the critical connections between what is discovered in the laboratory with their patients’ conditions in the clinic. They play a critical role in translating scientific and laboratory advances into improved diagnoses, treatments, devices, procedures, and cures. The Committee commends NIGMS for its highly competitive Medical Scientist Training Program [MSTP], whereby students

enter a combined, integrated MD–PhD program when they start medical school. The Committee strongly urges NIGMS to continue its support of promising physician-scientists being trained at research-intensive medical schools with high-quality laboratory and clinical training. The Committee commends NIH for its work to improve the physician-scientist pipeline. The Committee requests an update on the enhanced pathways for physicians both to pursue research training and be competitive for NIH awards, as recommended by the Advisory Committee to the NIH Director’s Working Group on the Physician-Scientist Workforce. The update should highlight current activities in this area, including increasing the diversity of physician-scientists, support provided during the transition from senior trainee to junior faculty member, and future plans for action. Additionally, the update should describe how feedback has been incorporated from current MSTP physician-scientist trainees, research-intensive medical schools, and biomedical industry representatives.

Workforce Diversity Programs.—The Committee strongly supports NIH’s efforts, across Institutes and Centers, to increase diversity in the scientific workforce. At the center of this effort is NIGMS that trains the next generation of scientists, enhances the diversity of the scientific workforce, and develops research capacity throughout the country. In fiscal year 2020, in addition to the IDeA program, NIGMS will spend \$188,432,520 on 12 programs that promote diversity of the scientific workforce and expands recruitment and retention. These programs include the SCORE program that focuses on the competitiveness of faculty at institutions with a mission or historical record in graduating students from groups nationally underrepresented in biomedical research; the SEPA initiative that supports interactive partnerships between biomedical researchers and K–12 teachers and schools to provide opportunities for students from underserved communities to consider careers in research; and the new MOSAIC program designed to transition promising postdoctoral researchers from diverse backgrounds into independent research faculty. The Committee strongly supports NIGMS’ work in this area and provides \$202,564,959, an increase of \$14,132,439 or 7.5 percent, to the Institute’s diversity programs in fiscal year 2021.

EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Appropriations, 2020	\$1,556,909,000
Budget estimate, 2021	1,416,366,000
Committee recommendation	1,657,606,000

The Committee recommendation includes \$1,657,606,000 for the Eunice Kennedy Shriver National Institute of Child Health and Human Development [NICHD].

Child Development.—The Committee believes there is insufficient focus in NICHD’s 2020 Strategic Plan on behavioral health, cognition, development of young children, language, learning differences, and school readiness. NICHD has had a long history of funding critical and meritorious work in these areas. The Committee encourages NICHD to consider otherwise qualified grants in

these areas on the same basis as any other areas of focus as it works to implement its strategic plan.

Congenital Syphilis.—The Committee continues to be concerned about the rise of congenital syphilis and the lifelong health effects the disease can have on a child. The Committee encourages NICHD to prioritize research in this area and to work with NIAID on new testing, diagnosis, and treatment efforts.

Endometriosis.—The Committee is aware that endometriosis is a chronic disease originating in the female reproductive system affecting 10 percent of women of reproductive age worldwide. Endometriosis is most often misdiagnosed as irritable bowel disease. Endometriosis has been linked to ovarian cancer. The Committee also recognizes that endometriosis is the third-leading cause of female infertility in the United States. The Committee urges NICHD to support research to increase early and more accurate diagnostics, and develop new treatment methods.

Impact of Technology and Digital Media on Children and Teens.—The Committee remains concerned about the effects of technology use and media consumption on infants, children, and adolescents and appreciates NIH's continued engagement on these important topics. The Committee encourages NIH to prioritize research into the cognitive, physical, and socio-emotional repercussions of young people's use of technologies including mobile devices, computers, and virtual reality tools, as well as their consumption of social-media content, video games, and television programming.

Maternal-Fetal Medicine Units [MFMU] Network.—The Committee supports the critical work of the MFMU Network in improving health outcomes for pregnant women and their babies, and leveraging existing infrastructure to address maternal mortality and severe maternal morbidity in the U.S. is critical. NICHD is currently considering several models of infrastructure for its networks. The Committee encourages NICHD to maintain the features that made the MFMU Network successful and cost-effective including the renewal process that maximizes efficiency and ability to conduct multiple large trials with long-term follow-up over many years. Such an infrastructure is essential for maintaining a collective repository of knowledge and skills, as well as a stable foundation for data sharing and workforce development. The Committee expects to be updated on the process for restructuring and final outcomes once a final decision has been made with respect to the new infrastructure.

Pelvic Floor Disorders.—The Committee recognizes that Pelvic Floor Disorders, including such conditions as urinary incontinence, accidental bowel leakage, and pelvic organ prolapse, have a significant negative impact on more than 25,000,000 women annually in the United States. The Committee supports a trans-NIH collaboration, including NICHD, NIDDK, and NIA, to promote the development of disorder specific data sets and biorepositories for the advancement of research studies on patient outcomes of current and future therapies used to treat pelvic floor disorders and the pathogenesis of these conditions. The Committee requests a report on current research and future initiatives to address pelvic floor disorders in the fiscal year 2022 CJ.

Population Research.—The Committee recognizes the Institute for supporting innovative population research and research training programs, longitudinal surveys, research on the social determinants of health, and on the development of low-cost data archiving, data curation, and data sharing strategies that both protect survey participants and provide unparalleled access for researchers. The Committee encourages NICHD to highlight these strategies as it works with the NIH leadership to implement its data sharing and management policy. Further, the Committee urges NICHD to continue supporting large-scale data collection activities, especially prospective, population-representative longitudinal studies, and to continue its leadership in supporting research on the social determinants of health, morbidity, and mortality across the lifespan, including maternal and infant health.

Premature Birth.—Infants who are born preterm can face a range of health challenges throughout their lives, and yet the mechanisms that lead to preterm birth remain poorly understood. The Committee has provided an increase to NICHD of \$50,000,000, the full budget request, for research aimed at enhancing the survival and healthy development of preterm infants. These studies may include research efforts to identify and understand the causes of preterm birth, and the development of evidenced-base strategies to address the short- and long-term complications in children born preterm, including children with intellectual, developmental, and physical disabilities. The Committee especially urges NICHD to support studies that address health disparities in preterm birth and its consequences, and requests an update on these efforts in the fiscal year 2022 CJ.

NATIONAL EYE INSTITUTE

Appropriations, 2020	\$823,325,000
Budget estimate, 2021	749,003,000
Committee recommendation	850,135,000

The Committee recommendation includes \$850,135,000 for the National Eye Institute [NEI].

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Appropriations, 2020	\$802,598,000
Budget estimate, 2021	730,147,000
Committee recommendation	828,733,000

The Committee recommendation includes \$828,733,000 for the National Institute of Environmental Health Sciences [NIEHS].

NATIONAL INSTITUTE ON AGING

Appropriations, 2020	\$3,545,869,000
Budget estimate, 2021	3,225,782,000
Committee recommendation	4,015,333,000

The Committee recommendation includes \$4,015,333,000 for the National Institute on Aging [NIA].

Alzheimer’s Disease.—The Committee provides an increase of \$354,000,000 for Alzheimer’s disease research, bringing the total funding level in fiscal year 2021 to \$3,172,000,000. Over the past 6 years, targeted funding for research for Alzheimer’s disease and

related dementias has more than quintupled. NIA is encouraged to continue addressing the research targets outlined in the fiscal year 2021 Professional Judgment Budget.

Alzheimer's Disease Cohort Studies.—The Committee commends NIA for its leadership in supporting longitudinal, population-based cohort studies into the causes of dementia. Since rural, poor and minority populations may be at enhanced risk for dementia, the value and application of these studies are enhanced when they include individuals from various geographic, ethnic, socio-economic, and generational backgrounds. The Committee directs NIA to support diversity in its cohort studies, with the specific goal of better understanding disease burden and biomarkers by race and geographic region. The Committee believes this could be accomplished through enhanced partnerships between existing NIA-funded Alzheimer's Disease Research Centers [ADRC] and non-ADRC centers in high-risk geographic regions, or through the creation of new long-term cohorts in underrepresented groups/regions.

Alzheimer's Disease and Dementia Screening Tools.—The Committee remains very interested in opportunities to detect cognitive impairment that may be caused by Alzheimer's disease and related dementias as early as possible. The Committee directs NIH to update its analysis of validated screening tools, including digital screening tools that are able to reliably detect mild cognitive impairment. This review should focus on identifying tools that have been developed since the last assessment was conducted and on providing information to assist healthcare providers in regularly using such tools to assess the cognitive health of their patients.

Diversity of Alzheimer's Clinical Trials.—The Committee appreciates NIH taking actions to address the underrepresentation of minority populations in clinical trials for Alzheimer's disease and related dementias. To build upon this work, the Committee directs NIH, in collaboration with NIA and NIMHD, to examine the language accessibility of its Alzheimer's clinical trials and report back on opportunities to strengthen access to clinical research for volunteers who are not fluent in English. Further, the Committee encourages NIH to enhance the functionality of ClinicalTrials.gov to include ways to more easily identify trials that accept participants in different languages.

Population Research.—The Committee recognizes the NIA National Advisory Council on Aging [NACA] for conducting a recent review of the Institute's Division of Behavioral and Social Research. The review reinforced the value of the Institute's investment in an array of population aging research activities, including large-scale, longitudinal studies, such as the Health and Retirement Study, which is the Nation's leading source of combined data on health and socioeconomic circumstances of Americans over age 50, and its center programs, such as the Centers on the Demography and Economics of Aging, which are conducting research on the demographic, economic, social, and health consequences of U.S. and global aging at 11 universities and organizations nationwide. The Committee urges NIA to sustain its investment in these activities in fiscal year 2021 and to consider, as the NACA review recommended, expanding research opportunities that will advance our understanding of the factors throughout the life course that con-

tribute to the poor overall health of older people in America and the growing disparities in some parts of the country, as well as the disparities between the United States and other countries.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

Appropriations, 2020	\$624,889,000
Budget estimate, 2021	568,480,000
Committee recommendation	645,237,000

The Committee recommendation includes \$645,237,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS].

Musculoskeletal Research.—NIH has made significant progress in terms of diversity in musculoskeletal research and NIAMS has included diversity as a priority in its 2020–2024 strategic plan. The Committee supports additional research on musculoskeletal diseases and treatments, specifically related to disparities and in terms of activity limitations and complications due to limited access to or usage of specialty care.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS

Appropriations, 2020	\$490,692,000
Budget estimate, 2021	446,397,000
Committee recommendation	506,670,000

The Committee recommendation includes \$506,670,000 for the National Institute on Deafness and Other Communication Disorders [NIDCD].

NATIONAL INSTITUTE OF NURSING RESEARCH

Appropriations, 2020	\$172,363,000
Budget estimate, 2021	156,804,000
Committee recommendation	177,976,000

The Committee recommendation includes \$177,976,000 for the National Institute of Nursing Research [NINR].

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Appropriations, 2020	\$546,696,000
Budget estimate, 2021	497,346,000
Committee recommendation	564,498,000

The Committee recommendation includes \$564,498,000 for the National Institute on Alcohol Abuse and Alcoholism [NIAAA].

Research on Polysubstance Use.—The Committee is pleased to see that NIH supports research on polysubstance use, but urges the Director of NIAAA to continue to support research in this area across the United States. Given the increasing prevalence of polysubstance deaths, particularly amongst rural and minority communities, the Committee also encourages the Director to support studies on rural and minority communities with high rates of polysubstance use mortality.

NATIONAL INSTITUTE ON DRUG ABUSE

Appropriations, 2020	\$1,457,724,000
Budget estimate, 2021	1,431,770,000
Committee recommendation	1,505,192,000

The Committee recommendation includes \$1,505,192,000 for the National Institute on Drug Abuse [NIDA]. This includes \$250,000,000 in targeted funding for research related to opioid addiction, development of opioid alternatives, pain management, addiction treatment, and newly expands the use of these funds to include research related to stimulant misuse and addiction.

Addressing the Opioid Crisis in Rural Regions.—The Committee encourages NIDA to continue its partnership with CDC, SAMHSA, and the Appalachian Regional Commission in support of research to help communities develop comprehensive approaches to prevent and treat consequences of opioid injection, including substance use disorders, overdose, HIV, hepatitis A, B, and C virus infections, as well as sexually transmitted diseases. These projects will serve as models for addressing opioid injection epidemics that can be implemented by health systems in similar rural communities in the United States.

Barriers to Research.—The Committee is concerned that restrictions associated with Schedule I of the Controlled Substance Act (Public Law 91–513) effectively limit the amount and type of research that can be conducted on certain Schedule I drugs, especially opioids, marijuana or its component chemicals, and new synthetic drugs and analogs. At a time when as much information as possible is needed about these drugs to find antidotes for their harmful effects, as well as regulatory and other barriers to conducting this research should be addressed.

Flavored THC.—The Committee appreciates the important data collected in the annual NIDA-funded Monitoring the Future [MTF] survey. The Committee recommends the inclusion of questions on consumption of flavored marijuana vapes and marijuana edibles flavored to appeal to adolescents in the annual MTF survey.

HEAL Initiative.—The Committee continues to be extremely concerned about the crisis of prescription opioids, heroin, and illicit synthetic opioid use, misuse, addiction, and overdose in the United States. In addition, the Committee notes the rising use of stimulants, with the rate of deaths in 2015 and 2016 related to stimulant overdoses increasing by 52 percent and 33 percent, respectively. Therefore, the bill includes \$250,000,000 for the HEAL Initiative targeted at opioid misuse and addiction and has newly expanded the use of the HEAL Initiative to include research related to stimulant misuse and addiction. Further, while NIH has previously studied the effectiveness and risks associated with long-term opioid use for chronic pain, HEAL is investigating new and alternative options to treat chronic pain. The Committee urges NIH to expand scientific activities related to research on medications used to treat and reduce chronic pain, and the transition from acute to chronic pain. Further, the Committee urges NIH to: (1) continue funding research on medication development to alleviate pain and to treat addiction, especially the development of medications with reduced misuse liability; (2) as appropriate, work with private companies to

fund innovative research into such medications; (3) report on what is known regarding the transition from opioid analgesics to heroin and synthetic opioid use and addiction within affected populations; (4) continue pilot studies to create a comprehensive care model in communities nationwide to prevent opioid misuse, expand treatment capacity, enhance access to overdose reversal medications, and improve prescriber practices; (5) continue testing interventions in justice system settings to expand the uptake of medications for treating opioid use disorder [OUD] and methods to scale up these interventions for population-based impact; and (6) develop evidence-based strategies to integrate screening and treatment for OUD in emergency department and primary care settings. In addition, NIH should continue to sponsor research to better understand the effects of long-term prescription opioid use, especially as it relates to the prevention and treatment of opioid misuse and addiction.

Housing Supports and Substance Use Treatment Outcomes and Costs.—The Committee acknowledges growing anecdotal evidence that suggest a strong correlation between successful substance abuse treatment outcomes and stable housing arrangements, especially for those facing mental health challenges or those of limited economic means. The Committee encourages NIDA to support research to assess how housing impacts substance abuse treatment outcomes and costs in acutely affected regions like New England where, according to the Federal Reserve Bank of Boston, each State in the region spends more per capita on opioid related costs, including criminal justice, medical treatment, and medical complications than other States.

Medication Assisted Treatments [MATs] for Methamphetamine and Stimulants.—The Committee is concerned with the rise in methamphetamine and stimulant use and addiction in the United States. According to the latest data released by CDC, the number of deaths from the drug categories that include methamphetamine and cocaine more than doubled from 2015–2018, leading some to refer to stimulant overdoses as the “fourth wave” of the current drug addiction crisis in America following the rise of opioid-related deaths involving prescription opioids, heroin, and fentanyl-related substances. While there are currently approved MATs for alcohol and opioid addiction there remains no approved MAT for methamphetamine or stimulant addictions. Therefore, the Committee provides \$10,000,000 in targeted funding for research aimed at developing new treatments for stimulant use disorder and its adverse effects. This research may include studies to develop and evaluate new and repurposed compounds, neurostimulation and other devices, behavioral intervention, and interventions to reduce the effects of methamphetamine toxicity on mood and cognition. Finally, the Committee urges NIDA to continue its ongoing trials to expeditiously find and facilitate an approval of a MAT for methamphetamine.

Prenatal Opioid Use Disorders and Neonatal Abstinence Syndrome [NAS].—The Committee recognizes the growing burden of NAS and the healthcare costs associated with it. The Committee is aware of the need for more information regarding long-term health and developmental outcomes related to NAS, the wide variation in

clinical practice and health systems support, as well as the challenges associated with post-discharge care. The Committee encourages NIH to coordinate with other agencies at HHS to support additional research on prevention, identification, and treatment of prenatal opioid exposure and NAS, including the best methods for screening and treating pregnant women for opioid use disorder and the best methods for screening for NAS. Additionally, the Committee encourages NIH to build on the ACT NOW study to enhance understanding of the impact of pharmacological and non-pharmacological treatment techniques on costs and outcomes in the short-term and longitudinally. The Committee further encourages NIH to coordinate with other agencies at HHS to support research on innovative care models to optimize care and long-term outcomes for families.

Opioid Research, Education, and Outreach.—The United States continues to suffer from a complex public health crisis related to opioid misuse. The Committee strongly recommends NIDA continue to support research to better understand opioid use disorder, focusing on detection, prevention, and treatment, and that NIDA continue to provide high-level education for healthcare professionals to prevent, recognize, and assist in treatment and referral for opioid use disorder within their practice.

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, and pediatrics). NIDA should continue its efforts in this space, providing physicians and other medical professionals with the tools and skills needed to incorporate substance use and misuse screening and treatment into their clinical practices.

NATIONAL INSTITUTE OF MENTAL HEALTH

Appropriations, 2020	\$2,042,966,000
Budget estimate, 2021	1,844,865,000
Committee recommendation	2,139,491,000

The Committee recommendation includes \$2,139,491,000 for the National Institute of Mental Health [NIMH], including \$50,000,000 appropriated from the NIH Innovation Account.

State of Bereavement Care.—The Committee is aware of research indicating that individuals and families 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 OMH, ACF, CDC, CMS, HRSA, IHS, NIH, and SAMSHA to examine their activities to advance bereavement care for families, including prevalence of bereavement events and the details of those events (what relationships are impacted, how the loved one died and at what age), risk factors and associated health events or outcomes, biologi-

cal or physiological changes in wellbeing, and what interventions, or programs could help functional coping or adaptive processing.

Suicide Prevention.—The Committee continues to be alarmed by the growing rates of suicide across the country, with CDC reporting a 30 percent increase since 1999. Suicide is currently the tenth leading cause of death for all ages and the second leading cause of death for young people aged 10–34. The Committee commends NIMH for consistently increasing the resources dedicated to suicide screening and prevention research over the last 3 fiscal years and encourages NIMH to provide an additional increase for this purpose in fiscal year 2021, with special emphasis on producing models that are interpretable, scalable, and practical for clinical implementation, including healthcare and other systems, including education and criminal justice, that serve populations at risk. In addition, the Committee encourages NIMH to partner with NIDA and NIAAA to examine the multifaceted relationship between suicide and substance use disorder, including opioid abuse. Enhanced research into these relationships could provide critical knowledge regarding common risk factors, as well as preventive and intervention efforts that reduce morbidity associated with suicide risk. The Committee requests that NIMH provide an update on these efforts in the fiscal year 2022 CJ.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

Appropriations, 2020	\$604,118,000
Budget estimate, 2021	550,116,000
Committee recommendation	623,862,000

The Committee recommendation includes \$623,862,000 for the National Human Genome Research Institute [NHGRI].

Emerging Centers of Excellence in Genomic Sciences.—The Committee continues the Emerging Centers of Excellence in Genomic Sciences grant program and maintains prior direction that current awardees of the Centers for Excellence in Genomic Sciences program shall not be eligible to receive these grants.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING

Appropriations, 2020	\$404,638,000
Budget estimate, 2021	368,111,000
Committee recommendation	417,815,000

The Committee recommendation includes \$417,815,000 for the National Institute of Biomedical Imaging and Bioengineering [NIBIB].

Rapid Acceleration of Diagnostics [RADX].—The Committee strongly supports the RADX program to speed innovation in the development, commercialization, and implementation of technologies for testing. Given the rapid acceleration of testing technologies, the Committee expects NIH to take best practices from RADX and use them to accelerate other areas of research. The Committee directs NIBIB to provide an update on RADX in the fiscal year 2022 CJ and NIH to provide a broader update in the CJ on efforts to expand methods learned through RADX into other areas of research to move technologies swiftly through the development pipeline toward broad availability.

NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH

Appropriations, 2020	\$151,877,000
Budget estimate, 2021	138,167,000
Committee recommendation	156,823,000

The Committee recommendation includes \$156,823,000 for the National Center for Complementary and Integrative Health [NCCIH].

National Center for Complementary and Integrative Health.—The Committee urges NIH, along with DOD and VA, to continue to support research on non-pharmacological treatments for pain management and comorbidities including opioid misuse, abuse, and disorder in military personnel, veterans, and their families. The VA has made some notable progress in advancing more appropriate opioid prescribing practices. The Committee is encouraged by NCCIH's work to support research on behavioral strategies to manage chronic pain and improve adherence to the medical treatment of opioid use disorders, and reduce the psychological and physical cravings to use opioids, which is especially important in patients who have pain and need strategies for pain management that will not increase their likelihood of relapse. However, opioid abuse continues to persist among young veterans and the Committee believes it is critical that we continue to support research on non-pharmacological treatments to ensure the best quality of care for our Nation's veterans and servicemembers. The Committee urges NIH, VA, and DOD to continue to expand this research. The Comprehensive Addiction and Recovery Act (Public Law 114–198) calls for an expansion of research and education on and delivery of complementary and integrative health to veterans. NCCIH can play an important role in coordinating efforts with VA, DOD, and other relevant agencies.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES

Appropriations, 2020	\$335,812,000
Budget estimate, 2021	305,498,000
Committee recommendation	391,747,000

The Committee recommendation includes \$391,747,000 for the National Institute on Minority Health and Health Disparities [NIMHD].

Chronic Diseases and Health Disparities.—In fiscal year 2020, NIH launched initiatives to address chronic diseases and health disparities in the areas of diabetes, kidney disease, and obesity. Chronic diseases and conditions are among the most common, costly, and preventable of all health conditions and disproportionately affect minority populations. These diseases can often leave those suffering from them more vulnerable to other diseases. While the Committee is pleased with the initiatives undertaken by NIDDK, a more comprehensive and holistic effort is needed to ensure that efforts to better address health disparities and co-morbidity encapsulate the full continuum of chronic diseases and their lethality in disparate communities. To this end, the Committee has included sufficient funding for NIMHD, working in concert with NIDDK, NHLBI, NCI, and NCATS, to establish a comprehensive center initiative aimed at a wide variety of chronic diseases and their links

to health disparities. As these diseases are often multi-faceted and often regionally linked, NIMHD is encouraged to consider funding mechanisms that would support regional multi-institutional consortiums that produce collaboration, research, and translational science on a wide and broad scale.

Focal Segmental Glomerulosclerosis [FSGS].—The Committee notes the continued commitment of NIMHD in researching health disparities. The Committee continues to encourage collaboration with other ICs and stakeholders to expand research opportunities on the APOL1 gene that causes African Americans and Latinos to be disproportionately affected by FSGS.

Hispanic/Latino Junior Faculty Research Accelerator.—The Committee encourages NIMHD to consider a Hispanic/Latino Junior Faculty Research Accelerator program to support efforts related to scientific workforce diversification. A program could help ensure better health outcomes and reduce healthcare disparities affecting the Hispanic/Latino community, as well as the various heritage groups classified as Hispanic/Latino.

Research Centers in Minority Institutions [RCMIs].—This Committee recognizes the important role of the RCMI Program in developing the infrastructure required to enhance biomedical research conducted at historically minority serving institutions. This infrastructure is critical to supporting the development of new investigators and sustaining an established workforce to conduct world-class biomedical research that emphasizes the advancement of minority health and the reduction of health disparities through basic research in disease areas impacting minority communities at abnormally high rates, as well as behavioral and clinical research in these same areas. Therefore, the Committee includes no less than the fiscal year 2020 level for RCMIs. The Committee also recognizes the importance of the RCMI Translational Research Network in ensuring that collectively institutions can engage in multi-site collaborative research.

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

Appropriations, 2020	\$80,827,000
Budget estimate, 2021	73,531,000
Committee recommendation	83,460,000

The Committee recommendation includes \$83,460,000 for the Fogarty International Center [FIC].

NATIONAL LIBRARY OF MEDICINE

Appropriations, 2020	\$456,911,000
Budget estimate, 2021	415,665,000
Committee recommendation	471,789,000

The Committee recommends \$471,789,000 for the National Library of Medicine [NLM]. Of the funds provided, \$4,000,000 is for the improvement of information systems, to remain available until September 30, 2022.

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES

Appropriations, 2020	\$832,888,000
Budget estimate, 2021	787,703,000
Committee recommendation	890,009,000

The Committee recommendation includes \$890,009,000 for the National Center for Advancing Translational Sciences [NCATS]. The Committee includes bill language allowing up to \$60,000,000 of this amount to be used for the Cures Acceleration Network [CAN].

Clinical and Translational Science Awards [CTSA].—The Committee provides \$596,967,000, an increase of \$18,826,000, and encourages NCATS to fund, through the existing CTSA hubs, expanded programs that address the disparities and significant burden of disparities, the significant burden of diseases, and other conditions that disproportionately affect minority and special populations. Accelerating this capacity will reduce the burden of disease and promote health equity. Applying the CTSA model to address long-standing regional health disparities can provide innovative, multi-disciplinary approaches to reducing the burden of disease among vulnerable populations.

Collaboration with Business Incubators.—The Committee urges NCATS to explore potential collaborations or funding opportunities with business incubators that host small to mid-size science, research, and pharmaceutical companies that use service-based approaches to nurture and guide the member companies to success. The Committee believes that such collaborations offer an effective way to advance translational science and meet the NCATS mission to deliver more treatment to more people faster. Priority consideration should be given to nonprofit life science incubators with a track record of success in new drug discovery, biomarker discovery, and translational biotechnology with common research themes.

Full Spectrum of Medical Research.—The Committee applauds NIH efforts to support and advance the full spectrum of medical research, which ensure breakthroughs in basic science are translated into therapies and diagnostic tools that benefit patient care while disseminating cutting-edge information to the professional community. The Committee notes the importance of flagship initiatives, including the CTSA program, to these important efforts.

Gene Vector Initiative.—The Committee recognizes the importance and promise of gene therapy in developing new treatments for a number of diseases and conditions. The Committee provides \$30,000,000 to NCATS to expand ongoing gene vector initiatives by creating a Consortium for Innovation in Large-Scale Gene Vector Production where NCATS, along with other partners, can address specific translational roadblocks to vector production. The proposed Consortium will develop innovative technologies to increase the efficiency of vector production, therapeutic effects, and clinical trial design, with the goal of maximizing the number of patients who benefit from gene therapy.

Rare Cancer Therapeutic Research.—Approximately one in four adult cancers, and all childhood cancers, are considered rare cancers, and account for approximately 25 percent of cancer deaths each year. The Committee encourages both NCATS and NCI to

continue to collaborate and to continue to inform the development of treatments for rare cancers to help patients who often have limited options.

OFFICE OF THE DIRECTOR

Appropriations, 2020	\$2,252,387,000
Budget estimate, 2021	2,099,063,000
Committee recommendation	2,390,659,000

The Committee recommendation includes \$2,390,659,000 for the Office of the Director [OD]. Within this total, \$646,912,000 is provided for the Common Fund and \$12,600,000 is included for the Gabriella Miller Kids First Research Act (Public Law 113–94).

Advanced Collaborative Robots in the Health Care Setting.—The Committee encourages NIH to support research on advanced robotic and automation technologies to help nurses complete remote physical tasks for patients affected by infectious diseases and to limit caregivers’ exposure and/or reduce burden on the healthcare system. Also, this technology could be used for novel neuroadaptive learning control to offer physical assistance for fall prevention, pain assessment, and pain management for patients.

All of Us Precision Medicine Initiative.—The Committee includes \$500,000,000 in fiscal year 2021, making up for the \$40,000,000 decrease in 21st Century Cures Act (Public Law 114–255) funding for the program this year.

Amyotrophic Lateral Sclerosis [ALS].—To leverage the research work done thus far in a meaningful way and make measurable progress towards a cure for ALS patients, the Committee believes it is necessary to bring together researchers to capitalize on recent advancements, augment existing efforts by bringing into the fight against ALS leading researchers from other far more developed disciplines, and expedite the drive towards a cure the ALS community so desperately needs. The Committee encourages NIH to incentivize the continued exploration of novel therapeutic pathways and support additional clinical trials, thereby ensuring that the progress of the last decade can germinate into cures with the next decade.

Artificial Intelligence [AI].—The Committee is encouraged by NIH’s efforts to leverage the revolution in data analysis to maximize the return on the vast amounts of data the agency and its grantees produce. Advancing life sciences is increasingly dependent on data computation and infrastructure, machine learning [ML], and collaborative scientific initiatives. The Committee commends NIH for leveraging the potential of ML to accelerate the pace of biomedical innovation, especially in NCI, NIGMS, NIMH, NIBIB, NHGRI, and NLM. NIH has taken important steps through such efforts as its BRAIN and All of Us initiatives to develop experience and build capacity. The Committee commends the Office of Data Science Strategy [ODSS], for collaborating with NLM to ensure new research datasets meet the international Fast Healthcare Interoperability Resources [FHIR] standard requirements, developing principles for consent, and providing opportunities for data experts to work in the field of biomedicine. Making full use of these opportunities, which rely on scale and collaboration across areas of expertise, presents unique challenges to NIH. The Committee in-

cludes \$25,000,000 in targeted funding to bridge the gap between the biomedical and computer science communities to maximize the promise of AI in fiscal year 2021. The Committee encourages ODSS to coordinate NIH activities on ethics, bias, and training in the context of AI and ML, as well as continue its work to increase the adoption and use of existing data standards and improve data discovery. ODSS is also encouraged to create AI-ready data sets and algorithms, with robust metadata and standards, and with explainable guidelines transparently addressing ethics and bias. There is a growing consensus in the research community that more training is needed for the use of FHIR in clinical and biomedical research, and the Committee encourages expanded training, including for underrepresented and underserved groups. The Committee requests that NIH provide an update to the Committee on its reaction to the ACD's recommendations, and where there is agreement, its plans in fiscal years 2021–2022 to implement those recommendations no later than 90 days after enactment of this act. Further, NIH should closely examine ways it can facilitate participation by more universities in the national AI effort. In particular, should university consortia establish one or more regional supercomputing centers, NIH should seek ways to leverage this investment to augment in-house supercomputing capability and continue to leverage existing cloud computing resources to partially meet its rapidly expanding computational needs. This would allow NIH to have more supercomputing capacity available in the near-term to meet some of its emerging AI computational-intensive requirements and address biomedical research computational requirements not being satisfied today. Finally, the Committee supports AI, modeling, and simulation at supercomputing scale to respond to epidemics to include global disease detection, transmission methods, public health data surveillance and analytical infrastructure, diagnosing the disease, and developing countermeasures for prevention and treatment, infection control and mitigation, faster development and manufacturing of vaccines, therapeutics, and diagnostics to prevent or treat the virus, and combatting antimicrobial resistance and antibiotic resistant bacteria as a result of secondary infections. The Committee encourages CDC, NIH, and BARDA to maximize use of the national supercomputing capabilities in other Federal agencies.

Autism.—The Committee encourages NIH to continue to aggressively invest in research on autism consistent with the recommendations and objectives outlined in the Interagency Autism Coordinating Committee's Strategic Plan. The Committee also encourages NIH to support greater investment in research and collaborations focused on addressing the gaps outlined in the strategic plan, including studies to understand the intersection of biology, behavior, and the environment.

Biomedical Research Facilities.—Much of the Nation's biomedical research infrastructure, including laboratories and research facilities at academic institutions and nonprofit research organizations, is outdated or insufficient. For taxpayers to receive full value from their considerable investments in biomedical research, scientists must have access to appropriate research facilities. Therefore, \$50,000,000 is provided for grants to public, nonprofit, and not-for-

profit entities to expand, remodel, renovate, or alter existing research facilities, or to construct new research facilities as authorized under 42 U.S.C. section 283k. The Committee urges NIH to consider recommendations made by the NIH Working Group on Construction of Research Facilities, including making awards that are large enough to underwrite the cost of a significant portion of newly constructed or renovated facilities.

BRAIN Initiative.—The Committee continues to strongly support the BRAIN initiative and provides \$500,000,000, making up for the \$20,000,000 decrease in NINDS and the \$20,000,000 decrease in NIMH from the reduction in funding from the 21st Century Cures Act (Public Law 114–255). One of the greatest goals of the 21st century is to understand the structure and function of the human brain. As the seat of consciousness and cognition, the brain presents unique challenges to the fields of science and medicine, especially given disorders of the brain such as Alzheimer’s disease, addiction, and depression, which represent an enormous cost to the American people. Because great progress has been made as a direct result of projects funded by the BRAIN Initiative, the recent BRAIN Initiative Advisory Committee 2.0 report noted that “transformative projects” are now possible at a scale and level of completeness that were previously not imaginable. The five transformative projects outlined in the scientific report, including the Cell Type-Specific Armamentarium for Understanding Brain Function and Dysfunction, the Human Brain Cell Atlas, and the Brain Connectivity Map, serve as examples of projects that could generate data that would provide the clearest view possible of the human brain, and be the foundation upon which the future of neuroscience will depend. To be successful, transformative projects will require focused, large-scale efforts with multidisciplinary teams and capabilities spanning biological sciences, engineering, and data storage and computation, with open platforms for dissemination of the tools and knowledge realized through these projects. Therefore, the Committee requests that NIH move forward with plans for transformative projects and report to the Committee within 90 days of enactment specific steps taken to advance each project.

Cannabis Research.—The Committee believes that cannabidiol [CBD] and cannabigerol [CBG], compounds found in cannabis, may provide beneficial medicinal effects. However, there is insufficient scientific information about the long-term effects of these compounds. Additional, coordinated research on a national scale could help determine the toxicology and medicinal effects of CBD and CBG. The Committee encourages NIH to consider additional investment in studying the medicinal effects and toxicology of CBD and CBG including clinical trials.

Chimpanzee Maintenance Care and Transportation.—The Committee is aware that NIH has a statutory duty under the CHIMP Act (Public Law 106–551) to retire eligible chimpanzees to the national sanctuary system. It is important to note that chimpanzees assessed to be terminally ill or exhibiting the symptomatic final stages of life should not be relocated and those chimpanzees should be allowed to age in place, consistent with the Chimpanzee Health Categorization Framework. The Committee encourages NIH to reconsider transport of Alamogordo Primate Facility [APF] eligible

chimpanzees to Chimp Haven, consistent with NIH's responsibility under all Federal animal welfare laws. Movement of government-owned and supported eligible chimpanzees from Southwest National Primate Research Center [SNPRC] and Keeling Center for Comparative Medicine and Research [KCCMR] should follow transport of the APF eligible chimpanzees to Chimp Haven. The Committee also expects NIH to provide a written report to the Committee every 180 days, beginning no later than December 31, 2020, that shall include: (1) the number of chimpanzees transported to the national sanctuary over the last quarter; (2) a census of all government-owned and supported chimpanzees remaining, if any, at APF, SNPRC or KCCMR; and (3) a list of any chimpanzee deaths that have occurred at any time after January 1, 2020, at either APF, SNPRC, KCCMR, or the national sanctuary system.

Chronic Fatigue Syndrome [ME/CFS].—The Committee commends NIH on its ongoing ME/CFS efforts, including the unanimous adoption of the National Advisory Neurological Disorders and Stroke [NANDS] Council Working Group report by the full NANDS Council, the “Thinking the Future: A Workshop for Young/Early Career ME/CFS Investigators” and the continued investment in the Collaborative Research Centers Consortium. The Committee remains concerned that these initiatives are not making progress fast enough to meet the urgent needs of millions of American adults and children suffering with ME/CFS today. The Committee encourages NIH to accelerate and expand efforts for ME/CFS, such as: (1) accelerating the progress of the NIH ME/CFS Intramural Study by publishing and sharing data; (2) issuing new ME/CFS disease specific funding announcements; (3) coordinating an initiative to develop consensus on the selection criteria for study participants involved in ME/CFS research; and (4) implementing mechanisms to incentivize new and early career researchers to enter and contribute data to the ME/CFS scientific field.

Continuous Physiologic Electronic Monitoring.—The Committee directs NIH to conduct research to examine the efficacy and benefits of continuous physiologic electronic monitoring that measures adequacy of respiration of patients taking opioids in the hospital.

Department of Energy [DOE]-NIH Partnership for Radiopharmaceutical Production and Use.—The Committee encourages NIH to explore novel applications for radiopharmaceuticals and leverage next-generation advanced manufacturing techniques for isotope production being made by DOE-funded research universities and National Laboratories.

Dual Purpose/Dual Benefit Research.—The Dual Purpose with Dual Benefit Research Program in Biomedicine and Agriculture Using Agriculturally Important Domestic Species was a recently sunsetted interagency grant program funded by United States Department of Agriculture National Institute of Food and Agriculture [NIFA] and NIH. Both NIFA and NIH are commended for developing this important interagency program that enhanced the use of farm animals as research models and resulted in scientific breakthroughs tangibly benefiting both animal agriculture and human health. As authorized and encouraged in the 2018 Farm Bill (Public Law 115–334, section 7404), the Committee strongly urges a continued partnership between NIH, NIFA, and other relevant

Federal research and development agencies to develop a next generation interagency program using agriculturally important large animal species. Domesticated farm animals are recognized as a strongly relevant dual purpose model that can be employed to understand the complex problems/challenges in both agriculture and biomedicine. Those problems/challenges include, but are not limited to, immunity and infection, nutrition and neonatal health, microbiome and health, assisted reproductive technologies and pregnancy health, developmental origins of adult health and disease, and development and testing of new diagnostic, genetic, and cell based therapies to identify and treat diseases/disorders. The Committee strongly supports continuation of this important cooperative program to further strengthen ties between human medicine, veterinary medicine, and animal sciences, with the goal to improve animal and human health and provide enhanced applicability and return on investment in research.

Duchenne Muscular Dystrophy Research Models.—In recent years, more Duchenne drug trials have failed than succeeded despite promising results from pre-clinical animal models. These results lead to years of inefficient drug development and few approved treatments. The Committee urges NIH to convene a multi-stakeholder workshop to evaluate pre-clinical animal models used frequently in Duchenne treatment research and to consider whether alternative models or strategies may improve therapy development outcomes.

7q11.23 Duplication Syndrome.—Duplication 7 syndrome is a rare chromosomal abnormality and those affected by this chromosomal duplication are likely to experience severe behavioral and developmental disabilities requiring consistent medical treatments and therapies. NIH is strongly encouraged to prioritize funding to expand research on rare genetic and chromosomal abnormalities such as 7q11.23 duplication syndrome. The Committee requests an update on these activities in the fiscal year 2022 CJ.

Eating Disorders.—The Committee commends NIH for supporting multi-Institute research on the chronic, fatal, and serious mental illnesses encompassing eating disorders that affect 30,000,000 Americans during their lifetimes, and its association with other conditions such as diabetes, infertility, heart disease, post-traumatic stress disorder, substance use, polycystic ovary syndrome, and tooth decay. The Committee recognizes that eating disorders are a deadly bio-psycho-social illness and that multiple research topics must be explored to understand, prevent, and treat eating disorders, including psychosocial issues; health disparities and food insecurity; environmental factors such as weight stigma; the complex interplay of metabolic processes; and maternal health. The Committee encourages NIH to continue to support a multi-Institute approach and to report on current research efforts related to the prevention, diagnosis, and treatment of eating disorders in the fiscal year 2022 CJ.

Environmental Influences on Child Health Outcomes [ECHO].—The Committee provides \$180,000,000, the same level as fiscal year 2020, for the ECHO program. The OD is directed to provide an update in the fiscal year 2022 CJ on progress made by ECHO-funded research.

Fetal Tissue.—The Committee directs OD to provide an update in the fiscal year 2022 CJ detailing how alternatives to fetal tissue acquired after an elective abortion can be used in fetal tissue research. Specifically, the CJ should detail how the use of donated tissue from a spontaneous abortion (miscarriage) or stillbirth would impact fetal tissue research.

Firearm Injury and Mortality Prevention Research.—The Committee includes \$12,500,000, the same level as fiscal year 2020, 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 Committee within 30 days of enactment on implementation schedules and procedures for grant awards, which strive to ensure that such awards support ideologically and politically unbiased research projects.

Forecasting and Modeling Partnerships for Countering Infectious Diseases.—The Committee believes that emerging viral threats highlight the need for innovative and real-time forecasting and modeling techniques to ensure the United States is best positioned to respond to emerging public health threats. The Committee encourages NIGMS and FIC to continue to support emerging infectious disease forecasting and modeling methods and monitoring data developed by university and private partners. The Committee encourages NIGMS and FIC to prioritize funding and explore partnerships to improve our ability to respond to public health and national security threats through emerging infectious disease modeling and forecasting.

Foreign Threats to Research.—The Committee remains concerned about foreign threats to the research infrastructure in the United States and supports the efforts by NIH, HHS, and the Inspector General to combat this threat. In particular, the Chinese government continues to recruit NIH-funded researchers to steal intellectual property, cheat the peer-review system, establish shadow laboratories in China, and help the Chinese government obtain confidential information about NIH research grants. As the Federal Bureau of Investigation, HHS, NIH, and the Inspector General continue to investigate the impact the Thousand Talents and other foreign government programs have had on the NIH research community, the Committee expects to be notified quarterly on the progress of the investigation, as well as institutions, scientists, and research affected. NIH reported in June 2020 that of the 189 scientists at 87 institutions investigated by NIH, 93 percent received undisclosed support from the Chinese government. Approximately three-quarters of those under investigation had active NIH grants, and nearly half had at least two grants. Further, approximately 70 percent of the researchers failed to disclose to NIH the receipt of a foreign grant, and 54 percent had failed to disclose participation in a foreign talent program. The Committee appreciates the partnership between NIH and HHS' Office of National Security [ONS] on this

issue and ONS's implementation of a formal NIH CI/Insider Threat program on NIH's behalf. The Committee believes this work should be expanded in fiscal year 2021 and directs NIH to allocate no less than \$5,000,000 for this work that ONS does on behalf of NIH. In addition, the Committee continues to direct NIH, in bill language, to provide \$5,000,000 to the Inspector General to continue additional investigations and review into the issue.

Fragile X.—The Committee commends NIH for completing the Strategic Plan for Research on FMR1-Related Conditions. The Committee notes the importance of expanding the base of researchers and clinicians who are familiar with and trained in the Fragile X-associated disorders and promoting collaboration between basic scientists and clinicians to enable researchers to better understand phenotypes, document variations in how the disorder presents itself, identify potential biomarkers and outcome measures, and develop new interventions. The Committee also commends NIH for recognizing the ethical, legal, and social issues in permutation screening and testing and encourages NIH to look at existing pilot studies that are looking at innovative ways to screen newborns, and to remain in close communication with the CDC about their efforts and research as they look at screening solutions for FMR1-related conditions.

Gabriella Miller Kids First Research Act (Public Law 113-94).—The Committee continues to provide \$12,600,000 to support the seventh year of the 10-year pediatric research initiative.

Generalized Arterial Calcification of Infancy.—The Committee notes the importance of rare disease research and the NIH Clinical Center, including the natural history study on Generalized Arterial Calcification of Infancy.

Governmentwide Collaborations.—NIH, VA, and DOD collaborate frequently and successfully on various research activities. The Committee looks forward to the report in the fiscal year 2022 CJ focusing on the cooperative and strategic approach the agencies take in areas of biomedical research that overlap to maximize the potential of the research.

Headache Disorders.—The Committee recognizes: (1) that migraine is the second leading cause of global disability; and (2) that migraine and other headache disorders are poorly responsive to opioids, but that these drugs are often inappropriately prescribed for these disorders. Under the HEAL Initiative, NIH recently issued funding opportunity announcements for research relevant to all types of pain, including migraine and headache disorders, and a few specific announcements that focus specifically on increasing research on back pain and hemodialysis-related pain. The Committee strongly urges the Director of NIH to consider funding applications on fundamental, translational, and clinical research on headache disorders, including migraine, post-traumatic headache, the trigeminal autonomic cephalalgias, and intracranial hypo/hypertension that align with the HEAL Initiative's goal to achieve rapid and long-lasting solutions to the opioid crisis.

IDeA States Pediatric Clinical Trials Network [ISPCTN].—The Committee recognizes that pediatric research requires focus on the special needs of neonates, infants, children, and adolescents across a wide range of diseases and conditions and appreciates that pedi-

atric research has been and continues to be an NIH priority. The Committee commends NIH for establishing the ISPCTN to provide medically underserved and rural populations with access to state-of-the-art clinical trials, apply findings from relevant pediatric cohort studies to children in IDeA State locations, and enhance pediatric research capacity to address unmet pediatric research needs in underserved areas. The Committee provides no less than the fiscal year 2020 level to continue the ISPCTN program.

Induced Pluripotent Stem Cell [iPSC].—The Committee continues to stress iPSC technology as a critical tool in the realm of personalized medicine. The Committee notes that iPSCs are derived from adults or skin-sourced biopsies, providing increased opportunities to tailor human medicine, reduce clinical trial costs, and pre-screen for patient-specific efficacy. The Committee encourages NIH to support the translation of iPSC research into new therapeutics, diagnostics, and cures. The Committee is especially concerned that a funding gap between basic science and clinical trials may hinder the timely discovery of treatments for a wide range of diseases that currently lack clinical solutions. Accordingly, the Committee urges NIH to support translational research, as well as to promote regional, collaborative consortiums to advance scientific knowledge in the area of iPSC basic research. The Committee further requests that NIH: (1) prioritize efforts to strengthen the connection between basic science and clinical trial research; and (2) identify additional opportunities for translational research. The Committee expects an update regarding these specific areas in the fiscal year 2022 CJ.

Inflammatory Bowel Disease [IBD].—The Committee commends NIH for leading cross-Institute initiatives focused on nutrition, including a Strategic Plan for Nutrition Research and a precision nutrition initiative within the NIH Common Fund. To advance these efforts with a focus on inflammatory bowel disease and related chronic inflammatory autoimmune diseases, the Committee encourages multiple Institutes and Centers to focus on current and emerging IBD disease research priorities, including the impact of diet/nutrition on mucosal immunity, the impact of nutrition on the mind-gut relationship, and the role of the gut in underlying mechanisms of disease.

Intellectual Property.—The Committee encourages the NIH Director to work with the HHS Assistant Deputy Secretary for National Security to improve the security of intellectual property derived from NIH-funded research. In particular, NIH is encouraged to: (1) improve the security of the peer review system; (2) augment the application process to ensure applicants properly identify funding received from foreign government entities (governments, organizations, and components); and (3) assist the HHS Inspector General and appropriate law enforcement agencies to identify and investigate potential violations of U.S. law or policy.

Mitochondrial Disease Research Coordination.—The Committee is aware that NIH has spearheaded a number of initiatives to identify new mitochondrial disorders, discover the linkages between mitochondrial disorders, and translate advances in mitochondrial research to treatments, cures, and other medical interventions for mitochondrial disorders and their secondary diseases, such as Alz-

heimer's disease, Parkinson's disease, and cancer. The Committee is supportive of NIH's efforts through the formation of the North American Mitochondrial Disease Consortium and its associated registry, as well as coordination among NIH Institutes, to support the Mitochondrial Disease Sequence Data Resource Consortium, which serves as a robust central repository for genomic sequencing data for mitochondrial disorders. Given the advancements seen through peer-reviewed research into mitochondrial disorders, the Committee urges NIH to expand its research through available mechanisms. In addition, the Committee is aware that multiple Federal agencies and outside stakeholders are invested in mitochondrial disorder research, including CDC, FDA, DOD, and the patient advocacy and medical research communities, among others, many of which participated in scientific workshops held in 2018 and 2019. The Committee requests that NIH provide an update in the fiscal year 2022 CJ on areas of cooperation and collaboration regarding mitochondrial disorder research.

Mucopolysaccharidosis [MPS].—MPS causes progressive damage to the bones, heart, respiratory system, and brain. The Committee continues to urge NIH, NCATS, and NINDS to put a high priority on better understanding and treating MPS and mucopolipidosis diseases. The Committee commends NIH for funding research to discover, develop, define, and make animal models available for research of human genetic disease. The Committee encourages expanded research of treatments for neurological, inflammatory, cardiovascular, and skeletal manifestations of MPS, with an emphasis on gene therapy. The Committee thanks NINDS, NIDDK, and ORDR for again funding the Lysosomal Disease Network through the Rare Disease Clinical Research Network and for funding lysosomal research meetings. The Committee encourages NIH, specifically NCATS and NINDS, to incentivize MPS research, particularly given the aging and small population of current researchers. Understanding the manifestations and treatments of both the skeletal and neurological disease continues to be the greatest areas of unmet need.

National Commission on Lymphatic Diseases.—The Committee encourages NIH to work with relevant stakeholders to establish a National Commission on Lymphatic Diseases or another appropriate mechanism that will make critical recommendations on coordinating NIH-wide lymphatic disease research. The Committee requests an update in the fiscal year 2022 CJ on efforts to improve the visibility of the lymphatic disease portfolio across the NIH.

Neurodegenerative Disorders in Diverse Populations.—In the context of NIH's robust neurological disease research portfolio, the Committee commends the leadership of NIH in advancing the relevant objectives of the 21st Century Cures Act (Public Law 114–255) and the BRAIN Initiative. The Committee is concerned about and recognizes the need to better understand the interactions between genetic and environmental factors, in particular with older adults and diverse populations of African Americans and Latinos. The Committee encourages NIH to accelerate collaborative research across relevant Institutes and the research community to address the goal of determining the role of the interaction between environmental exposures to toxic chemicals and genetics and their

impact on neurodegenerative disorders in diverse populations of African Americans and Latinos, to allow for earlier diagnosis and subsequent treatment to arrest the progression of these devastating neurodegenerative disorders.

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 significant risk for the development of many forms of cancer; 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. Because NF causes brain and nerve tumors and is associated with cognitive and behavioral problems, the Committee urges NINDS to continue to aggressively fund fundamental basic science research on NF relevant to nerve damage and repair. Based on emerging findings from numerous researchers worldwide demonstrating that children with NF are at significant risk for autism, learning disabilities, motor delays, and attention deficits, the Committee encourages NINDS, NIMH, and NICHD to continue to support their investments in laboratory-based and patient-directed research investigations in these areas. Since NF2 accounts for some genetic forms of deafness, the Committee encourages NIDCD to continue its investment in NF2 basic and clinical research. Since NF1 can cause vision loss due to optic gliomas, the Committee encourages NEI to expand its investment in NF1 basic and clinical research.

Pediatric Clinical Trials Authorized under Best Pharmaceuticals for Children Act.—The Committee directs that funding authorized by the Best Pharmaceuticals for Children Act (Public Law 107–109) include research to prepare for and conduct clinical trials.

Platform Technologies.—The Committee is encouraged by the growing body of evidence demonstrating the critical role that platform technologies play in accelerating the pace of biomedical innovation and improving our ability to prevent disease and disability. The Committee previously directed NIH to consider new approaches and potential for increasing funding mechanisms for development of these crosscutting technologies that impact many NIH Institutes and mission areas.

Post-Research Adoption of Animals in Research.—The Committee commends NIH and other agencies for instituting policies and procedures to facilitate the placement of animals no longer needed for research. However, the Committee is concerned about creating additional regulatory burden and prescriptive requirements for extramural research facilities across the country. While the Committee encourages NIH to develop non-binding guidelines, such as the Research Dogs and Cats Adoption Policy of the American Veterinary Medical Association for extramural research facilities, the Committee remains concerned about the potential financial impact of an unfunded mandate imposed on the facilities with mandatory “one size fits all” adoption policies. The Committee requests that NIH provide a written update on these items in the fiscal year 2022 CJ.

Postural Orthostatic Tachycardia Syndrome [POTS].—The Committee requests an update on the recent NIH report “Postural Orthostatic Tachycardia Syndrome: State of the Science, Clinical Care, and Research,” which was submitted to the House and Senate Appropriations Committees on January 31, 2020. While NIH did convene a distinguished group of POTS experts in July 2019, many critical questions and knowledge gaps remain regarding the causes and mechanisms of POTS and potentially effective treatments. The Committee encourages NIH to continue a dialogue with the POTS experts who attended the June 2019 NIH meeting regarding the evolving state of science on POTS. The Committee directs NIH to: (1) update the January 31, 2020, report after further consultation with POTS experts and submit a revised report to the Committee; (2) implement the research priorities described in the revised report; and (3) provide a progress update to the Committee 90 days after enactment documenting progress towards implementation.

Pre-clinical Research.—The Committee recognizes that pre-clinical research is an essential part of the translational research pathway and drug discovery process. To take full advantage of essential resources that include a state-of-the-art cyclotron located on the premises for translational, pre-clinical research, and infrastructure conducive to developing novel radiopharmaceuticals and imaging markers, the Committee encourages NIH to prioritize pre-clinical research utilizing molecular imaging.

Primate Research.—The Committee recognizes the importance of nonhuman primates in biomedical research in America for developing vaccines and treatments for public health threats. The Committee remains concerned about efforts to mandate the reduction of nonhuman primate models in both intramural and extramural research while Congress has simultaneously mandated research that requires these models. Further, the Committee has concerns about the long-term availability and transportation issues regarding nonhuman primates that is putting American biomedical research in jeopardy. Accordingly, the Committee directs that NIH provide a written update on the critical necessity of nonhuman primates to biomedical research, specific areas of research in which nonhuman primates are used, and how NIH plans to address future availability and transportation of this critical model in the fiscal year 2022 CJ.

Research Transparency.—As demonstrated over the past 6 years, the Committee remains committed to funding NIH research and ensuring that our nation’s researchers, particularly our young 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. Therefore, NIH is directed to justify, in writing and make 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 Workforce Diversity.—The Committee encourages NIH to expand efforts to diversify its scientific workforce. The Com-

mittee urges the Director to increase the participation of underrepresented minority researchers and continue its support of underrepresented junior faculty in research programs.

Spina Bifida.—The Committee encourages NIA, NIDDK, NICHD, and NINDS to study the causes and care of the neurogenic bladder and kidney disease to improve the quality of life of children and adults with Spina Bifida; to support research to address issues related to the treatment and management of Spina Bifida and associated secondary conditions, such as hydrocephalus and sudden death in the adult Spina Bifida population; to invest in understanding the myriad co-morbid conditions experienced by individuals with Spina Bifida, including those associated with both paralysis and developmental delay; and provide an update on research related to Spina Bifida in the fiscal year 2022 CJ. The Committee supports the specific efforts of NICHD to understand early human development; set the foundation for healthy pregnancy, and lifelong wellness of women and children; and promote the gynecological, andrological and reproductive health for people with Spina Bifida. Additionally, NICHD is encouraged to identify sensitive time periods to optimize health interventions; improve health during transition from adolescence to adulthood; and ensure safe and effective therapeutics and devices for adults, as well as children.

Study to Assess Feasibility and Impact of Wound Care Center of Excellence.—Chronic wound care—from common ulcers, bedsores, and related issues to complicated wounds—costs billions of dollars to the U.S. healthcare system every year. These problems are especially problematic in patients whose healing outcomes are complicated or prolonged by other health factors such as diabetes, cardio-vascular disease, obesity, and old age. The cost of chronic wound care to the American taxpayer and healthcare system is high, but often underappreciated—and a study of the issue to eventually reduce costs of care and improve outcomes is needed. Therefore, the Committee urges NIH to examine and consider the feasibility, value, and positive impact of a research facility or center of excellence dedicated to the study of chronic wound care in America.

Swine Research.—The Committee is aware of the growing value of large animal models for use in expediting the translation of basic research to find cures and new therapeutics for many human diseases. Pigs are an ideal animal model for human health and disease research given the similarities to their anatomy and physiology to humans. Additionally, their genomic structure is three times closer to that of humans than is the mouse genome. The Committee strongly encourages NIH to elevate the pig to model organism status. In addition, NIH should identify how Institutes can evaluate the appropriateness of swine as a model for disease or system specific investigation. The Committee directs OD to include an update on the progress of elevating the pig to model organism status in the fiscal year 2022 CJ.

Trisomy 21.—The Committee commends NIH for its continuing support of the Investigation of Co-occurring conditions across the Lifespan to Understand Down Syndrome Initiative. The Committee expects that this multi-year, trans-NIH research initiative may advance scientific discoveries that will dramatically improve the health and quality of life of individuals with Down syndrome, as

well as millions of typical individuals. The Committee requests the Director provide a plan within 60 days of enactment of this act that includes a timeline 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 and increase pipeline research initiatives specific to Down syndrome. In addition, the Committee encourages this project to consider research applications related to complementary and integrative health approaches to address co-occurring conditions in individuals with Down syndrome, such as traditional Chinese medicine on development and Applied Behavioral Analysis and Applied Verbal Analysis on development and language acquisition.

Tuberous Sclerosis Complex [TSC].—The Committee is encouraged by NIH's updated TSC Research Plan published in 2016 and progress advancing the plan with both public and private support. NIH should encourage research opportunities in the five key areas prioritized by workshop participants: (1) understanding phenotypic heterogeneity in TSC; (2) gaining a deeper knowledge of TSC signaling pathways and the cellular consequences of TSC deficiency; (3) improving TSC disease models; (4) developing clinical biomarkers of TSC; and (5) facilitating therapeutics and clinical trials research. Because TSC impacts multiple organ systems, the Committee encourages the Director to coordinate the participation of multiple ICs on a research strategy aimed at addressing the numerous medical and neuropsychological burdens associated with TSC while deciphering the biology underlying phenotypic heterogeneity. Manifestations of TSC are highly variable among affected individuals, and TSC can be a model condition for developing precision medicine approaches to treat each individual's symptoms to maximize the benefit-risk ratio. The Committee encourages NICHD to counsel researchers and other stakeholders to facilitate development of a viable newborn screening assay for TSC. The Committee encourages the Director to apply recommendations from three recent NIH-sponsored workshops: the Neurodevelopmental Disorders Biomarkers Workshop held in December 2017 involving TSC and related neurodevelopmental disorders to take advantage of biomarker expertise and lessons learned across disease groups; the workshop entitled Accelerating the Development of Therapies for Anti-Epileptogenesis and Disease Modification held in August 2018 for which TSC is a model disorder given the ability to diagnose TSC prior to onset of epilepsy; and the January 2021 Curing the Epilepsies workshop, which highlights TSC as one of the best opportunities to prevent epilepsy.

Women's Health Research Priorities.—The Committee believes that more focus on research related to obstetrics and gynecology is required to address the rising maternal morbidity and mortality rates; rising rates of chronic debilitating conditions in women; and stagnant cervical cancer survival rates. The Committee encourages NIH to convene a consensus conference to include representatives from the Office of Research on Women's Health, NICHD, and NCI, as well as any other relevant NIH Institutes and Centers and public stakeholders, to evaluate research currently underway related to women's health. As part of the consensus conference, the Com-

mittee directs NIH to provide an update in the fiscal year 2022 CJ that identifies priority areas for additional study to advance women’s health research, including reproductive sciences.

BUILDINGS AND FACILITIES

Appropriations, 2020	\$425,000,000
Budget estimate, 2021	300,000,000
Committee recommendation	429,000,000

The Committee recommendation includes \$429,000,000 for NIH buildings and facilities, including an increase of \$229,000,000 from HHS’ Nonrecurring Expenses Fund. This funding will remain available for obligation for 5 years.

Last year, the National Academies of Sciences, Engineering, and Medicine [NASEM] released a report that stated there is a \$1,300,000,000 backlog in capital needs at NIH’s Bethesda Campus. In the fiscal year 2020 bill, the Committee provided \$225,000,000 from HHS’ Nonrecurring Expenses Fund for buildings and facilities at NIH. In fiscal year 2021, the Committee provides \$229,000,000 from HHS’ Nonrecurring Expenses Fund to finish the Clinical Center’s Surgery, Radiology, and Laboratory Medicine project. In addition, the Committee has included new bill language to allow the Institutes and Centers of NIH to use up to 1 percent of IC funding for facility maintenance and construction. All 27 IC Directors have agreed to this funding structure.

The Committee directs NIH to provide a report with the fiscal year 2022 CJ describing the steps it has and will take to continue implementation of NASEM’s recommendations. In addition, the Committee directs NIH to provide biannual updates of its Buildings and Facilities maintenance and construction plans, including specific milestones for advancing projects, status of the project, cost, and priorities. These updates should also highlight and explain any potential cost and schedule changes affecting projects.

NIH INNOVATION ACCOUNT, CURES ACT

Appropriations, 2020	\$157,000,000
Budget estimate, 2021	109,000,000
Committee recommendation	109,000,000

The Committee recommendation includes \$109,000,000 to be spent from the NIH Innovation Account for the All of Us program.

The Committee report reflects distribution of the remainder of funding from the NIH Innovation Account to NCI, NINDS, and NIMH, and expects NIH to transfer funding shortly after enactment of this act.

NATIONAL INSTITUTE FOR RESEARCH ON SAFETY AND QUALITY

Appropriations, 2020 .....	.....
Budget estimate, 2021	256,660,000
Committee recommendation .....	.....

The Committee recommendation does not provide funding for the National Institute for Research on Safety and Quality.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

The Committee recommends \$5,999,507,000 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 responsible for supporting mental health programs and alcohol and other drug abuse prevention and treatment services throughout the country, primarily through categorical grants and block grants to States.

Eligible applicants under SAMHSA’s programs of regional and national significance [PRNS] authorities include States, political subdivisions of States, Indian Tribes or tribal organizations, health facilities, or programs operated by or in accordance with a grant or contract with the Indian Health Service, and other public or private nonprofit entities. The Committee strongly encourages SAMHSA to exercise maximum flexibility allowed when developing funding opportunity announcements to ensure that all eligible applicants are included.

The Committee recommendation continues bill language that instructs the Assistant Secretary of SAMHSA and the Secretary to exempt the Mental Health Block Grant [MHBG], the Substance Abuse Prevention and Treatment [SAPT] Block Grant, and the State Opioid Response Grant from being used as a source for the PHS evaluation set-aside in fiscal year 2021.

MENTAL HEALTH

Appropriations, 2020	\$1,676,013,000
Budget estimate, 2021	1,696,145,000
Committee recommendation	1,773,024,000

The Committee recommends \$1,773,024,000 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 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 \$505,785,000 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:

[In thousands of dollars]

Budget activity	Fiscal year 2020 appropriation	Committee recommendation
CAPACITY:		
Seclusion & Restraint	1,147	1,147
Project AWARE State Grants	102,001	121,000
Mental Health Awareness Training	22,963	23,963
Healthy Transitions	28,951	29,951
Children and Family Programs	7,229	7,229
Consumer and Family Network Grants	4,954	4,954
Mental Health System Transformation	3,779	3,779
Project LAUNCH	23,605	23,605
Primary and Behavioral Health Care Integration	49,877	49,877
National Strategy for Suicide Prevention	18,200	23,200
<i>Zero Suicide</i>	18,400	23,400
<i>American Indian and Alaska Native</i>	2,200	2,200
Suicide Lifeline	19,000	24,000
GLS—Youth Suicide Prevention—States	35,427	37,427
GLS—Youth Suicide Prevention—Campus	6,488	6,488
AI/AN Suicide Prevention Initiative	2,931	2,931
Homelessness Prevention Programs	30,696	30,696
Tribal Behavioral Grants	20,000	20,000
Minority AIDS	9,224	9,224
Criminal and Juvenile Justice Programs	6,269	6,269
Assisted Outpatient Treatment	19,000	24,000
Infant and Early Childhood Mental Health	7,000	11,000
Assertive Community Treatment for Ind. with SMI	7,000	9,000
SCIENCE AND SERVICE:		
GLS—Suicide Prevention Resource Center	7,988	9,000
Practice Improvement and Training	7,828	7,828
Primary and Behavioral Health Care Integration TA	1,991	1,991
Consumer & Consumer Support TA Centers	1,918	1,918
Minority Fellowship Program	9,059	11,059
Disaster Response	1,953	1,953
Homelessness	2,296	2,296

Garrett Lee Smith Suicide Prevention Resource Center.—The Committee is encouraged by the significant accomplishments achieved by the center, which provides support to the National Action Alliance for Suicide Prevention, a public-private partnership advancing suicide prevention efforts in the United States. The Committee recommends \$9,000,000, a \$1,012,000 increase, for the center which will support the national efforts to advance implementation of the National Strategy for Suicide Prevention.

Infant and Early Childhood Mental Health.—The Committee provides \$9,000,000, an increase of \$2,000,000, 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. The Committee directs SAMHSA to allow a portion of additional funds provided for technical assistance to existing grantees, to better integrate infant and early childhood mental health into State systems.

Mental Health Awareness Training.—The Committee provides \$23,963,000, an increase of \$1,000,000, to continue existing activities, including Mental Health First Aid. Mental Health First Aid has trained more than 1,000,000 Americans to recognize the signs

and symptoms of common mental disorders. With recent support from the International Association of Fire Chiefs, Mental Health First Aid has also been implemented by first responders including local fire departments and emergency medical units. 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 veterans, armed services personnel, and their family members within the Mental Health Awareness Training program.

Minority Fellowship Program.—The Committee includes \$11,059,000, a \$2,000,000 increase, to support new 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.

National Suicide Prevention Hotline.—The Committee provides \$24,000,000, an increase of \$5,000,000. The Committee recognizes the National Suicide Prevention Lifeline's important role in suicide prevention and encourages SAMHSA to continue its commitment to this program. Further, the Committee requests that SAMHSA update its report to the Committees on Appropriations of the House of Representatives and the Senate within 6 months from the date of enactment on the level of funding required to meet the needs of the hotline, to include updated data to assess how the pandemic has impacted suicide rates and attempts.

Primary and Behavioral Healthcare Integration [PBHCI].—The Committee does not eliminate the program as requested in the President's Budget, but instead provides \$49,877,000 for PBHCI to support communities to coordinate and integrate primary care services into community-based behavioral health settings. PBHCI helps improve the health outcomes of adults with serious mental illness who receive integrated screening for co-occurring illnesses like diabetes, coronary heart disease, and high blood pressure. Over the life of the program, over 200 grantee sites have served more than 114,000 individuals.

Project AWARE.—The Committee provides \$121,000,000, an increase of \$18,999,000, for Project AWARE. This program increases awareness of mental health issues and connects young people that have behavioral health issues 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 2022 CJ. Of the amount provided for Project AWARE, the Committee directs SAMHSA to use \$15,000,000, an increase of \$5,000,000, 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 2020 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 180 days after enactment.

Suicide Lifeline.—The Committee understands SAMHSA has recently added the ability to text to the suicide lifeline. Texting for individuals experiencing a mental health crisis is important, particularly among young people for whom texting is often a preferable means of communication to voice calls. As SAMHSA considers expanding this service, the Committee encourages SAMHSA to leverage existing infrastructure to the extent practicable to provide effective counsel to those using the service. SAMHSA is directed to provide a report to the Committees on Appropriations of the House of Representatives and the Senate within 180 days of enactment detailing call and text volume over the past 3 years as applicable. The report shall also include an assessment of whether other services such as emails, videos, or other digital modes of communications would improve service of the lifeline. The Committee further urges SAMHSA to provide specific training programs for counselors to increase competency in serving at-risk youth through the utilization of existing specialized resources.

Suicide Prevention.—The Committee includes \$23,200,000, an increase of \$5,000,000. The Committee urges SAMHSA to provide specific training programs for National Suicide Prevention Lifeline counselors to increase competency in serving high-risk youth through the utilization of existing specialized resources. The increase is provided for the Zero Suicide initiative, which is a comprehensive, multi-setting approach to suicide prevention that includes applying evidence-based approaches to screening, care protocols, safety planning, treatment, and care continuity during high risk periods.

Community Mental Health Services Block Grant

The Committee recommends \$722,571,000 for the Mental Health Block Grant. The recommendation includes \$21,039,000 in transfers available under section 241 of the PHS Act (Public Law 78-410 as amended).

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 encourages SAMHSA to support State efforts to provide long-acting-injectable medications approved for the treatment of serious mental illness and assistance to those with severe mental health needs who are at risk of recidivism.

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 commends SAMHSA for its collaboration with NIMH on the implementation of this set-aside. The Committee notes that it usually takes 14 to 17 years to translate research findings into practice and hopes that the joint effort between NIMH and SAMHSA may be a model for how to reduce this timeframe. The Committee directs SAMHSA to continue its collaboration with NIMH to ensure that funds from this set-aside are only used for programs showing strong evidence of effectiveness and

that target the first episode of psychosis. SAMHSA shall not expand the use of the set-aside to programs outside of the first episode psychosis. The Committee directs SAMHSA to include in the fiscal year 2022 CJ a detailed table showing at a minimum each State's allotment, name of the program being implemented, and a short description of the program.

Children's Mental Health Services

The Committee recommends \$125,000,000 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. SAMHSA is directed to work with NIMH on the implementation of this set-aside.

Projects for Assistance in Transition From Homelessness

The Committee recommends \$64,635,000 for PATH, which addresses the needs of individuals with serious mental illness who are experiencing homelessness or are at risk of homelessness. Funds are used to provide an array of services, such as screening and diagnostic services, emergency assistance, case management, and referrals to the most appropriate housing environment.

Protection and Advocacy for Individuals With Mental Illness [PAIMI]

The Committee recommends \$36,146,000 for PAIMI. This program helps ensure that the rights of mentally ill individuals are protected while they are patients in all public and private facilities or while they are living in the community, including in their own homes. Funds are allocated to States according to a formula based on population and relative per capita incomes.

National Child Traumatic Stress Initiative

The Committee recommends \$68,887,000 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. The Committee strongly supports the National Child Traumatic Stress Network 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.

Certified Community Behavioral Health Clinics

The Committee includes \$250,000,000, an increase of \$50,000,000. The Committee continues to direct SAMHSA to prioritize resources to entities within States that are able to quickly stand-up a Certified Community Behavioral Health Clinic, in-

cluding those part of the section 223(a) of the Protecting Access to Medicare Act of 2014 (Public Law 113–93) demonstration and to entities within States that were awarded planning grants. SAMHSA is directed to coordinate these resources with its efforts focusing on areas of high incidence of substance use disorders. The Committee requests an updated report on the program 6 months after enactment.

SUBSTANCE ABUSE TREATMENT

Appropriations, 2020	\$3,839,756,000
Budget estimate, 2021	3,807,756,000
Committee recommendation	3,859,756,000

The Committee recommends \$3,859,756,000 for substance abuse treatment programs, including PRNS and the substance abuse prevention and treatment block grant to the States. The recommendation includes \$81,200,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

Programs of Regional and National Significance

The Committee recommends \$501,677,000 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.

The Committee shifts the Comprehensive Opioid Recovery Centers program from Mental Health PRNS to Treatment PRNS.

Within the total provided for PRNS, the Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2020 appropriation	Committee recommendation
CAPACITY:		
Opioid Treatment Programs/Regulatory Activities	8,724	8,724
Screening, Brief Intervention, and Referral to Treatment	30,000	30,000
Target Capacity Expansion	100,192	106,192
<i>Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (non-add)</i>	89,000	95,000
First Responder Training	41,000	44,000
<i>Rural Set-aside</i>	23,000	24,000
Grants to Prevent Prescription Drug/Opioid Overdose	12,000	12,000
Pregnant & Postpartum Women	31,931	33,931
Recovery Community Services Program	2,434	2,434
Children and Families	29,605	29,605
Treatment Systems for Homeless	36,386	36,386
Minority AIDS	65,570	65,570
Criminal Justice Activities	89,000	89,000
<i>Drug Courts</i>	70,000	70,000
Building Communities of Recovery	8,000	10,000
Improving Access to Overdose Treatment	1,000	1,000
Peer Support TA Center	1,000	1,000
Emergency Department Alternatives to Opioids	5,000	7,000
Treatment, Recovery, and Workforce Support	4,000	6,000
Comprehensive Opioid Recovery Centers	2,000	4,000

(In thousands of dollars)

Budget activity	Fiscal year 2020 appropriation	Committee recommendation
SCIENCE AND SERVICE:		
Addiction Technology Transfer Centers	9,046	9,046
Minority Fellowship Program	4,789	5,789

Adolescent 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 a cost-effective strategy in preventing costly 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 abuse, but that many health providers, especially pediatricians, 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 on the adoption of system-level approaches to facilitate the uptake of SBIRT into routine healthcare visits for adults.

Building Communities of Recovery.—The Committee provides \$10,000,000, an increase of \$2,000,000. The Committee appreciates SAMHSA's implementation of new funding for community-based networks assisting individuals with substance use disorder recovery, and encourages SAMHSA to continue supporting recovery support programs principally governed by people in recovery from substance use disorders. The Committee notes that Peer Support Networks focus on long-term, sustainable recovery and incorporate a full range of services such as case management, counseling, and community supports. SAMHSA is encouraged to ensure that grants employing peers comply with the highest standards within their respective States.

Combating Opioid Abuse.—The Committee provides \$12,000,000 within PRNS for grants to prevent opioid overdose related deaths. This program will help States equip and train first responders and other community partners with the use of devices that rapidly reverse the effects of opioids. The Committee also provides \$44,000,000, an increase of \$3,000,000, for First Responder Training grants. Of this amount, \$24,000,000, an increase of \$1,000,000, is set aside for rural communities with high rates of substance abuse. SAMHSA is directed to ensure applicants outline how proposed activities in the grant would work with treatment and recovery communities, in addition to first responders. \$5,000,000 of this funding is to continue 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) as authorized in the Supporting and Improving Rural EMS Needs Act, included in the Agriculture Improvement Act of 2018 (Public Law 115–334).

Comprehensive Opioid Recovery Centers.—The Committee includes \$4,000,000, an increase of \$2,000,000, to help ensure that people with substance use disorders can access proper treatment,

as authorized by section 7121 of the SUPPORT Act (Public Law 115–271).

Drug Courts.—The Committee directs 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 \$7,000,000, an increase of \$2,000,000, to award new 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 (Public Law 115–271).

Hepatitis.—The Committee is concerned that despite the availability of effective hepatitis A and B vaccines, acute cases of both infections are increasing rapidly among people who use drugs, resulting in hospitalizations, deaths, and long-term risk of liver cancer development. The Committee encourages SAMHSA to work with CDC to develop a plan to increase hepatitis A and B vaccinations among people it reaches through overdose prevention and substance use treatment activities. SAMHSA is further encouraged to promote awareness about the importance of hepatitis A and B vaccination among medical and health professionals, communities at high risk, and the general public. The Committee requests an update on these efforts in the fiscal year 2022 CJ.

Maternal Mortality and Neonatal Abstinence Syndrome [NAS].—The Committee recognizes the rising prevalence of maternal mortality and NAS in the United States as a pressing public health issue with significant healthcare costs. The Committee is aware of the need for more information regarding long-term health and developmental outcomes related to NAS, the wide variation in clinical practice and health systems support, as well as the challenges associated with post-discharge care. Further, the Committee supports the continued efforts of expanded implementation of SBIRT and its possible impact on reducing the costs of NAS. The Committee encourages SAMHSA to conduct a study on existing pilot programs on treatment related to maternal mortality and NAS to determine if such programs can be scaled to address this important issue.

Medication-Assisted Treatment.—The Committee includes \$95,000,000, an increase of \$6,000,000, for medication-assisted treatment, of which \$10,000,000 continues to be for grants to Indian Tribes, tribal organizations, or consortia. SAMHSA is directed to give preference in grant awards to treatment regimens that are less susceptible to diversion for illicit purposes. 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 CSAT 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.

Minority Fellowship Program.—The Committee includes \$5,789,000, a \$1,000,000 increase, to support new 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 Abuse in Rural Communities.—The Committee is aware that response to the opioid abuse crisis continues to pose unique challenges for rural America due to limited access to care to identify, diagnose, and treat patients with substance use disorders, as well as assisting individuals in recovery. The Committee encourages SAMHSA to support initiatives to advance opioid abuse prevention, treatment, and recovery objectives, including by improving access through telehealth. SAMHSA is encouraged to focus 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. In addition, the Committee understands that a timely medical response is essential in reversing opioid overdoses and encourages SAMHSA to take into account early interventions, such as co-prescription of overdose medications with opioids, as a way to reduce overdose deaths in rural areas.

Opioid Detoxification.—The Committee is concerned that relapse following opioid detoxification is a contributing factor to the overdose crisis. The Committee appreciates SAMHSA's efforts to address this within the Federal grant population by emphasizing that opioid detoxification should be followed by medication to prevent relapse to opioid dependence and encourages SAMHSA to disseminate and implement this policy in all settings where detoxification is offered, including rehabilitation and criminal justice settings.

Pregnant and Postpartum Women Program.—The Committee continues to recognize SAMHSA for its work managing the Pregnant and Postpartum Women program, which utilizes 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.

State Opioid Response Grants.—The Committee provides \$1,500,000,000 for grants to States to address the opioid crisis. Bill language continues to provide \$50,000,000 for grants to Indian Tribes or Tribal organizations and a 15 percent set-aside for States with the highest age-adjusted mortality rate related to opioid overdose deaths. Activities funded with this grant may include bona fide treatment, prevention, and recovery support services. States receiving these grants should ensure that comprehensive, effective, universal prevention, and recovery strategies are prioritized to account for comprehensive services to individuals. The Committee continues to direct SAMHSA to make prevention and treatment of, and recovery from, stimulant use an allowable use of these funds.

The Committee directs SAMHSA to ensure funds reach communities and counties with the greatest unmet need. Additionally, the Committee urges the Assistant Secretary to ensure the formula avoids a significant cliff between States with similar mortality rates and is concerned that the fiscal year 2020 grant amounts resulted in unusually large changes in certain States when compared to prior year allocation. SAMHSA is also directed to provide State agencies with technical assistance concerning how to enhance outreach and direct support to providers and underserved communities. 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. Such evaluation shall include an accounting of current balances in each State. SAMHSA is directed to make such evaluation publicly available on SAMHSA’s website.

Treatment, Recovery, and Workforce Support.—The Committee includes \$6,000,000, an increase of \$2,000,000, for SAMHSA to continue implementation of section 7183 of the SUPPORT Act (Public Law 115–271). SAMHSA is directed in consultation with the Secretary of Labor to award competitive grants to entities to carry out evidence-based programs to support individuals in substance use disorder treatment and recovery to live independently and participate in the workforce. Eligible grantees include entities that offer treatment or recovery services for individuals with substance use disorders, and partners with one or more local or State stakeholders that support recovery, independent living, and participation in the workforce.

Substance Abuse Prevention and Treatment Block Grant

The Committee recommends \$1,858,079,000 for the Substance Abuse Prevention and Treatment 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 based on their own unique 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. The Committee also recognizes the importance of the block grant’s 20 percent primary prevention set-aside, which represents close to 70 percent of prevention dollars managed by State alcohol and drug agencies. The block grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. Funds are allocated to States according to a formula.

SUBSTANCE ABUSE PREVENTION

Appropriations, 2020	\$206,469,000
Budget estimate, 2021	96,985,000
Committee recommendation	206,469,000

The Committee recommends \$206,469,000 for the Center for Substance Abuse Prevention [CSAP], the sole Federal organization with responsibility for improving accessibility and quality of substance abuse prevention services.

The Committee directs that all of the money appropriated explicitly for Substance Abuse Prevention purposes both in CSAP's PRNS lines, as well as the funding from the 20 percent prevention set-aside in the SABG, be used only for bona fide substance abuse prevention activities and not for any other purpose.

Programs of Regional and National Significance

The Committee provides \$206,469,000 for PRNS within CSAP. Through these programs, CSAP supports: development of new practice knowledge on substance abuse prevention; identification of proven effective models; dissemination of science-based intervention information; State and community capacity building for implementation of proven, effective substance abuse prevention programs; and programs addressing new needs in the prevention system.

Within the total provided for PRNS, the Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2020 appropriation	Committee recommendation
CAPACITY:		
Strategic Prevention Framework/Partnership for Success	109,484	109,484
Strategic Prevention Framework Rx	10,000	10,000
Federal Drug Free Workplace	4,894	4,894
Minority AIDS	41,205	41,205
Sober Truth on Preventing Underage Drinking (STOP Act)	9,000	9,000
National Adult-Oriented Media Public Service Campaign	1,000	1,000
Community-based Coalition Enhancement Grants	7,000	7,000
Intergovernmental Coordinating Committee on the Prevention of Underage Drinking	1,000	1,000
Tribal Behavioral Health Grants	20,000	20,000
SCIENCE AND SERVICE:		
Center for the Application of Prevention Technologies	7,493	7,493
Science and Service Program Coordination	4,072	4,072
Minority Fellowship Program	321	321

Strategic Prevention Framework-Partnerships for Success Program.—The Committee supports this program which is designed to prevent the onset of substance misuse while strengthening prevention capacity and infrastructure at the State, community, and tribal levels. The Committee intends that this program support comprehensive, multi-sector substance use prevention strategies to stop or delay the age of initiation of each State's top three substance use issues for 12 to 18 year old youth as determined by the State's epidemiological data. The Committee directs SAMHSA to ensure that State alcohol and drug agencies remain eligible to apply along with community-based organizations and coalitions.

Tribal Behavioral Health Grants.—SAMHSA has administered Tribal Behavioral Health Grants for mental health and substance abuse 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 urges the Assistant Secretary for SAMHSA to engage with Tribes on ways to maximize participation in this program.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

Appropriations, 2020	\$160,258,000
Budget estimate, 2021	139,457,000
Committee recommendation	160,258,000

The Committee recommends \$160,258,000 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:

(In thousands of dollars)

Budget activity	Fiscal year 2020 appropriation	Committee recommendation
Health Surveillance	47,258	47,258
Program Management	79,000	79,000
Performance & Quality Information Systems	10,000	10,000
Drug Abuse Warning Network	10,000	10,000
Public Awareness and Support	13,000	13,000
Behavioral Health Workforce Data	1,000	1,000

Interagency Task Force on Trauma-Informed Care.—The Committee notes that childhood exposure to trauma, such as witnessing violence or substance abuse, can result in negative health, education, and employment outcomes for which agencies funded in this bill seek to address. The SUPPORT Act (Public Law 115–271) established the Interagency Task Force on Trauma-Informed Care. 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.

Non-Federal Workplace Substance Abuse Prevention.—The Committee recognizes the lack of workplace information designed to support evidence-based substance abuse prevention education and encourages SAMHSA to coordinate with OSHA to disseminate materials for the workplace.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Appropriations, 2020	\$338,000,000
Budget estimate, 2021	
Committee recommendation	256,660,000

The Committee provides \$256,660,000 for the Agency for Healthcare Research and Quality [AHRQ], which is combined with the \$98,400,000 in mandatory funding from the Patient-Centered Outcomes Research Trust Fund. AHRQ was established to enhance the quality, appropriateness, and effectiveness of health services, as well as access to such services. AHRQ conducts, supports, and disseminates scientific and policy-relevant research on topics, such

as promoting high-quality care, eliminating healthcare disparities, using information technology, and evaluating the effectiveness of clinical services.

The Committee does not support the administration's proposal to consolidate AHRQ into NIH and instead continues to fund the agency as an independent operating division within the Department.

HEALTH COSTS, QUALITY, AND OUTCOMES

The Committee provides \$7,400,000 for research on health costs, quality, and outcomes [HCQO]. The HCQO research activity is focused upon improving clinical practice, improving the healthcare system's capacity to deliver quality care, and tracking progress toward health goals through monitoring and evaluation.

Within the total provided for HCQO, the Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2020 appropriation	Committee recommendation
Health Costs, Quality, and Outcomes:		
Prevention/Care Management	11,613,000	7,400,000
Health IT	16,449,000	.....
Patient Safety Research	73,052,000	65,900,000
Health Services Research, Data, and Dissemination	99,985,000	57,918,000
Medical Expenditure Panel Survey	69,991,000	69,991,000
Program Support	71,910,000	55,451,000

Center for Primary Care Research.—The Committee supports primary care clinical research and dissemination as a core function of AHRQ, which includes: translating science into patient care, better organizing healthcare to meet patient and population needs, evaluating innovations to provide the best healthcare to patients, and engaging patients, communities, and practices to improve health. The Committee supports the Center for Primary Care Research and encourages AHRQ to prioritize the work of the Center.

Diagnostic Outcomes Research.—The Committee supports AHRQ's continued work in diagnostics outcomes studies for infectious diseases, including those assessing patient outcomes, lengths of stay, changes in antibiotic use, rates of antibiotic use for certain patient populations, and costs of care. The Committee encourages AHRQ to develop metrics to measure and track the effectiveness and outcomes of diagnostic interventions to improve clinical uptake, enhance stewardship efforts, and reduce the healthcare and economic burden of antimicrobial resistance in the United States as recommended by the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria.

Heart Disease Research.—Heart disease is the leading cause of death for Americans. Understanding how to reduce the rate of cardiac events and to control the metabolic processes that lead to such events is needed. The Committee supports AHRQ studying and assessing the current evidence for lipid control and cardiovascular event reduction, quality measures for the improvement of clinical outcomes, and to develop and disseminate education resources and materials about improving cardiovascular clinical outcomes for cor-

onary heart disease death, myocardial infarction, ischemic stroke, and urgent coronary revascularization procedure.

Opioid Prescribing Research.—The Committee encourages AHRQ to conduct a systematic review of the literature to assess the impact of evidence-based clinical practice opioid prescribing guidelines (not limited to CDC’s Guideline for Prescribing Opioids for Chronic Pain) on the quantity and duration of opioid prescriptions.

Organ Availability.—The Committee has provided \$600,000 for AHRQ to evaluate innovative approaches to enhance the availability of organs, otherwise encourage donation, and further improve the organ transplantation process, including through consultation with other Federal agencies.

Patient Safety.—The Committee continues to support improving diagnosis in medicine, including a multiyear competitive grant program to address diagnostic errors, which may include the establishment of Research Centers of Diagnostic Excellence to develop systems, measures, and new technology solutions to improve diagnostic safety and quality.

Psychosocial Best Practices.—The Committee is encouraged by the progress made by HHS and ARHQ in implementing section 203 of the STAR Act (Public Law 115–180). The Committee encourages ARHQ to include consideration of best practices for psychosocial care in addition to biomedical care in developing recommendations to meet the requirements of section 203.

Rural and Underserved Populations.—The Committee supports the work of AHRQ to better serve the health needs of rural and underserved minorities through such programs as the “Evidence Now” network. The Committee encourages the agency to expand its efforts to include additional health extension program sites connected to public academic health centers in States with high populations of underserved minorities, rural communities, and tribal populations.

MEDICAL EXPENDITURES PANEL SURVEYS

The Committee provides \$69,991,000 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 \$55,451,000 for program support. This activity funds the overall management of AHRQ, including salaries, benefits, and overhead costs, such as rent.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

Appropriations, 2020	\$273,188,478,000
Budget estimate, 2021	313,904,098,000
Committee recommendation	313,904,098,000

The Committee recommends \$313,904,098,000 in mandatory funding for Grants to States for Medicaid.

The fiscal year 2021 recommendation excludes \$139,903,075,000 in fiscal year 2020 advance appropriations for fiscal year 2021. As requested by the administration, \$148,732,315,000 is provided for the first quarter of fiscal year 2022.

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, 2020	\$410,796,100,000
Budget estimate, 2021	439,514,000,000
Committee recommendation	439,514,000,000

The Committee recommends \$439,514,000,000 in mandatory funding for payments to healthcare trust funds.

This entitlement account includes the general fund subsidy to the Federal Supplementary Medical Insurance Trust Fund for Medicare Part B benefits and for Medicare Part D drug benefits and administration, plus other reimbursements to the Federal Hospital Insurance Trust Fund for Part A benefits and related administrative costs that have not been financed by payroll taxes or premium contributions.

The Committee provides \$325,500,000,000 for the Federal payment to the Supplementary Medical Insurance Trust Fund. This payment provides matching funds for premiums paid by Medicare Part B enrollees.

The Committee further provides \$111,800,000,000 for the general fund share of benefits paid under the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (Public Law 108–173). As in previous years, the Committee continues bill language requested by the administration providing indefinite authority for paying the general revenue portion of the Part B premium match and provides resources for the Part D drug benefit program in the event that the annual appropriation is insufficient.

The Committee recommendation also includes \$882,000,000 to be transferred to the Supplementary Insurance Trust Fund as the general fund share of Part D administrative expenses. The Committee recommendation includes \$328,000,000 in reimbursements to the Health Care Fraud and Abuse Control [HCFAC] fund, which reflects the portion of the HCFAC spending to be reimbursed by the General Fund.

PROGRAM MANAGEMENT

Appropriations, 2020	\$3,669,744,000
Budget estimate, 2021	3,693,548,000
Committee recommendation	3,669,744,000

The Committee recommends \$3,669,744,000 for CMS program management, which includes funding for research, program oper-

ations, survey and certification programs, and Federal administration.

Research, Demonstrations and Evaluations.—The Committee recommends \$20,054,000 for research, demonstrations, and evaluation activities.

Program Operations

The Committee recommends \$2,472,356,000 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.

ACA Notifications.—The Committee continues bill language requiring the administration to provide detailed enrollment figures to the Committees on Appropriations of the House of Representatives and the Senate not less than 2 full business days before any public release of the information.

Access to Mental Health Care.—The Committee strongly urges CMS to pursue initiatives that expand access to quality care and increase parity for mental health services.

Adult Immunization.—The Committee is concerned about the underutilization of vaccinations for adults and in particular high-risk adults. The Committee encourages CMS to work towards achievement of the Healthy People 2030 goals aimed at reducing the incidence of vaccine preventable illnesses, such as invasive pneumococcal infections and increase the percentage of adults aged 65 or older who are vaccinated against pneumococcal disease. CMS is encouraged to support development and implementation of strategies, such as reminder and recall programs, and emphasize the importance of adherence to the recommendations to beneficiaries and their providers.

At-risk Youth Medicaid Protection.—The Committee encourages CMS to consider rulemaking related to section 1001 of the SUPPORT for Patients and Communities Act (Public Law 115–271) and include an update on these activities in the fiscal year 2022 CJ.

Autism Treatment and Supportive Services.—The Committee encourages CMS to identify the supportive services that are most beneficial to improved outcomes for autism patients, and to begin reviewing existing coverage policies for these services. CMS is directed to report to the Committees on Appropriations of the House of Representatives and the Senate on its interim findings in the fiscal year 2022 CJ.

Biological and Gene Therapies.—The Committee understands that 1 in 10 Americans is impacted by a rare disease and that the Orphan Drug Act (Public Law 97–414) incentivizes the discovery of diagnostics and treatments that confirm prognosis, prolong life, and realize health system savings. The Committee encourages CMS to support access to biologic and gene therapies, including through pilot programs that eliminate specialty tiers and allow Medicaid to pay for gene therapies over a defined period of time instead of a lump sum payment.

Blue Button.—The Committee is concerned about low participation rates and lack of awareness of the Blue Button program from beneficiaries. The Committee directs CMS to submit a report to the

Committees on Appropriations of the House of Representatives and the Senate not less than 180 days after enactment on the active participant levels in Blue Button since its inception and detailed information about what the agency is doing to promote participation in this patient access and safety program.

Bundled Payment for Care Improvement [BPCI].—The Committee commends CMS for its implementation of the BPCI models, including its work to partner with outside conveners to lower Medicare costs via bundled payments tied to financial and performance accountability requirements. The subcommittee encourages the Center for Medicare and Medicaid Innovation to continue its focus on increasing quality and care coordination in both acute and post-acute settings by continuing to bring in other payers, providers, and patient populations to potentially increase savings to the Medicare program.

Certified Transplant Centers.—The Committee strongly urges CMS to remove the disincentive for Medicare Certified Transplant Centers to transfer their braindead patients to organ recovery centers operated by organ procurement organizations without a financial penalty.

Chief Dental Officer.—The Committee is concerned that CMS has not appointed a permanent the Chief Dental Officer position since October 2017.

Claim Payment Coordination.—The Committee requests updated information in the fiscal year 2022 CJ that provides options to reform the current system for the identification of Medicare beneficiaries enrolled in Medicare Advantage or Part D plans by third party payers in situations where no-fault or liability insurance or workers' compensation is involved.

Committee Requests.—The Committee is concerned that CMS does not provide timely responses to bill and report language directives, Committee staff requests, or Member inquiries. The Committee expects the agency leadership to support CMS staff efforts to respond both to the Committee and to Members of the Senate in a timely and helpful manner.

Continuous Electronic Monitoring.—The Committee encourages CMS to study the potential efficacy and benefits of continuous physiologic electronic monitoring with measure-through motion and low-perfusion pulse oximetry of all patients taking opioids in the hospital.

Creative Ideas to Lower Health Care Costs.—The Committee encourages CMS to develop creative projects to lower the cost of care among older populations, including projects that could leverage international collaborations. CMS is directed to provide a progress update on these efforts in the fiscal year 2022 CJ.

CT Colonography.—Due to the proven life and cost savings of preventive screening for colorectal cancer, the Committee encourages CMS to consider covering CT Colonography as a Medicare-covered colorectal cancer screening test under section 1861(pp)(1) of the Social Security Act.

Data Transparency.—CMS has released unparalleled levels of data to researchers, however the absence of a complete file of available non-institutional provider claims creates blind spots in determining the pattern of care delivery, access to care, and delivery of

care in non-institutional settings. The Committee encourages CMS to make all of the non-institutional provider claims file data available for researchers in accordance with the manner in which CMS made the Medicare fee for service hospital, Medicare Advantage, and Transformed Medicaid Statistical Information System data available.

Detecting Cognitive Impairment.—The Committee remains concerned about the underutilization of the cognitive impairment detection component of the Medicare Annual Wellness Visit, and is aware of multiple efforts to address this challenge. To support this effort, the Committee urges CMS to update educational materials for Medicare beneficiaries as to the availability of this benefit and the importance of regular assessments of cognitive health. The Committee also encourages CMS to develop similarly updated materials for healthcare providers including information on the importance of baseline and regular assessments, as well as tools available to conduct such assessments.

Diabetes Technology.—The Committee is aware that people with diabetes seeking access to new technology face many financial and administrative barriers due to benefit category designations by CMS. The Committee encourages CMS to coordinate with FDA on efforts regarding these technologies that can help prevent a lack of coverage and separate payment. The Committee encourages CMS, in consultation with FDA as appropriate, to provide a report to Congress within 120 days of enactment on CMS' efforts to address these barriers to diabetes technologies and discuss how CMS will ensure that coverage is available for all FDA approved hybrid-closed loop technologies, including separate payment for the software algorithms.

Direct and Indirect Remuneration Fees.—The Committee commends CMS for exploring options to address this issue through administrative rulemaking. The Committee continues to urge administrative action to address this issue through the rulemaking process to the extent current statutory authorities provide.

Evaluation and Management Services.—The Committee recognizes CMS' efforts to reduce unnecessary medical record documentation and reevaluate the adequacy of payments for office-based evaluation and management [E/M] services finalized in the Calendar Year 2020 Medicare Physician Fee Schedule [MPFS] as a way to reduce regulatory burden and ensure continued access to non-procedural services. The Committee encourages CMS to consider how existing budget neutrality requirements will affect access to various sections of the provider community, such as surgery, pathology, radiology, allied health, and other areas projected to receive sizable payment reductions to accommodate the E/M service payment increases. The Committee encourages CMS to consider the impact this will have before the E/M policies take effect on January 1, 2021, as it is important to appropriately value E/M services and to preserve access to the full range of services paid under the MPFS.

Expanding Support for Screening and Diagnostic Testing in Cancer Treatment.—The Committee understands 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 success. The Committee also recognizes that the use of these interventions can reduce unnecessary costs in the current healthcare system by avoiding ineffective treatments, and that awareness of genetic risk factors can encourage preventive care and early diagnosis. The Committee urges CMS to identify ways to expand access to screening and testing that involves appropriate utilization of a companion diagnostic and ensures the upmost protection of Americans' healthcare data.

Federally Qualified Health Centers [FQHC] Billing.—A December 2019 white paper by the National Association of Community Health Centers notes that FQHCs can face significant delays in reimbursement for influenza and pneumococcal vaccines. The Committee encourages CMS to promote the ability of FQHCs to bill Part B directly for these vaccines at the time the service is furnished, with reconciliation of payments at the time of the cost report settlement, as it does for other items and services reimbursed at reasonable cost.

Fire Safety Code.—The Committee encourages CMS to reflect any changes made to fire safety standards in a timely manner to help ensure hospitals have access to products that provide the highest level of safety to their facilities, employees, and patients.

Frontier Communities.—The Committee recognizes the unique challenges of providing care in frontier communities. The Frontier Community Health Integration Project [FCHIP] Demonstration is one example of an important investment to help rural critical access hospitals [CAHs] with low patient volumes continue to test interventions to enhance care in these extremely remote communities and guarantee the sustainability of CAHs. Therefore, the Committee supports the continued extension of the FCHIP program.

Health Insurance Exchange Transparency.—The Committee continues bill language that requires CMS to provide cost information for the following categories: 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 (Public Law 111–148). CMS is also required to include the estimated costs for fiscal year 2022.

Home Visiting.—The Committee directs CMS to build upon its 2016 Joint Informational Bulletin to clearly articulate how Medicaid dollars can be blended and braided appropriately in home visiting programs to reach eligible families, provide streamlined coverage options for home visiting services, and cover specific components of home visiting programs. Additionally, once CMS has finalized its 2018 Managed Care rule, the Committee encourages CMS to update its November 2017 Informational Bulletin on Delivery System and Provider Payment Initiatives under Medicaid Managed

Care Contracts to explain how States can use the revised managed care authority to address priority health issues, including the use of these initiatives to increase the capacity of evidence-based home visiting programs to support State efforts to improve maternal and infant health outcomes.

Hospital-Acquired Pressure Ulcers and Injuries.—In November 2019, the International Pressure Injury Prevention and Treatment Clinical Practice Guidelines were released, which include the Standardized Pressure Injury Prevention Protocol [SPIPP], a checklist that simplifies the guidelines into actionable steps. The Committee urges HHS and CMS to take specific steps to promote and incentivize the use of the SPIPP. The Committee requests an update in the fiscal year 2022 CJ with a timeline and steps taken to promote the use of the SPIPP to reduce the number of hospital-acquired pressure ulcers and injuries among Medicare beneficiaries.

ICD-10 Breakthrough Designation.—To ensure timely access to FDA-designated breakthrough products, the Committee urges CMS to use its existing authority to review ICD-10 diagnosis codes in an expedited manner.

Improving Nuclear Medicine Injection Quality.—Extravasations of diagnostic radiopharmaceuticals may negatively affect the sensitivity and quantification of nuclear medicine scans. The Committee encourages CMS to consider adding required monitoring and reporting of injection quality for providers. The Committee is pleased CMS is engaging with outside stakeholders to consider using a variety of levers, including Joint Commission accreditation, Conditions of Participation, Hospital Compare, incentive payments and penalties, and the Radiation Oncology Alternative Payment Model, to encourage providers to engage in nuclear medicine injection quality control and assurance. The Committee requests an update on this issue in the fiscal year 2022 CJ.

Lowering the Cost of Care.—The Committee encourages CMMI to consider creative pilot projects to lower the cost of care among older populations, specifically involving international collaborations where the quality of care is comparable and less expensive. CMS shall provide an update on this effort in the fiscal year 2022 CJ.

Lymphatic System Failure.—The Committee encourages the Secretary to promulgate rules for covering prescribed compression garments as acknowledged by CMS' 2001 decision memorandum [CAG-00016N] in the treatment of lymphatic system failure.

Malnutrition.—Malnutrition in older adults remains a serious health problem in the United States. One in two older adults is either malnourished or at risk of becoming malnourished. The Committee remains concerned that CMS has declined to include malnutrition quality measurements in the Hospital Inpatient Quality Reporting Program and again encourages CMS to include quality measurements, as well as evaluate, other potential policy levers, such as integrating malnutrition into CMS Innovation Center Pilots, Advanced Payment Models, Population Health Initiatives, and the Oncology Care Model, to address malnutrition in the Medicare population.

Measuring Incidence and Prevalence of Multiple Cognitive Domain.—The Committee remains interested in better understanding

the impact of mild cognitive impairment [MCI], Alzheimer's disease, and other related dementias on Medicare beneficiaries to ensure the Medicare program is able to address current and future needs. To gather such information, the Committee encourages CMS to develop and incorporate a module within the Medicare Current Beneficiary to address questions pertaining to MCI, Alzheimer's, and other related dementias including if beneficiaries have received a diagnosis of either condition, how long it took for them to receive such a diagnosis, whether their providers have used the cognitive detection component of the Annual Wellness Visit, and whether the beneficiaries have been advised about Alzheimer's and dementia care planning services that are covered under Medicare.

Medicare Part D.—The Committee notes that the rising cost of prescription drugs continues to be a critical issue for all Americans, including the millions of seniors enrolled in Medicare. The Committee encourages CMS to take further steps to reduce patients' out-of-pocket costs. The Committee encourages CMS to limit product placement of the proposed lower cost-sharing preferred specialty tier to only generics and biosimilars.

Medicare Physician Fee Schedule.—The Committee has been made aware that a misvalued code associated with vaccine administration reimbursement under Medicare threatens access to vaccinations, particularly in rural and medically underserved areas. The Committee encourages CMS to work with the relative values scale update committee [RUC] to decouple the current procedural terminology [CPT] code for vaccine administration from the practice expense relative value units [RVU] from therapeutic injection. Further, the Committee encourages CMS to utilize the RUC-recommended direct practice expense inputs for practice expense RVUs for CPT immunization administration codes.

Medicare Program Integrity Demonstrations Using Advanced Technology.—The Committee notes that CMS issued a Request for Information in October 2019 to obtain input on how the agency can better use emerging technologies to ensure proper claims payment, reduce provider burden, and generally conduct program integrity activities in a more efficient manner. Given the complexity of healthcare payment oversight, the Committee encourages CMS to consider pilot programs using AI-enabled documentation and coding technology to address CMS' top program integrity priorities and reduce administrative burden.

Mental Health Parity.—The Committee encourages CMS to coordinate with the Department of Labor to ensure compliance with Mental Health Parity and Addiction Equity Act [MHPAEA] (Public Law 110-343) by regularly issuing guidance to insurers, covered healthcare plans, and managed care organizations that outlines how compliance with MHPAEA is to be achieved. Guidance should include recommendations for appropriate training of personnel responsible for benefit authorizations, adverse benefit determinations, and payments. These agencies should ensure that such informational bulletins also provide an appropriate consumer complaint process that alerts agencies, insurers, and health plans when MHPAEA violations are identified and reported, and that helps patients take action when they encounter MHPAEA violations.

National Fire Protection Association's Life Safety Code.—The Committee is aware that CMS previously permitted the use of categorical waivers, including allowances for healthcare organizations to comply with specific sections of the 2012 Life Safety Code before the entire code document was adopted. The Committee encourages CMS to consider reinstating the categorical waivers previously permitted to ensure hospitals have access to products that provide the highest level of safety to their facilities, employees, and patients.

Non-Emergency Medical Transportation [NEMT].—The Committee continues to direct CMS to delay publishing any proposed regulation or other solicitation of information on changes to NEMT benefits until the study requested in MACPAC in Public Law 116–94 has been completed and submitted to the Committee.

Obesity Continuum of Care.—The Committee encourages CMS to provide access to the full continuum of care with obesity, including to anti-obesity medications under Medicare Part D, consistent with regulatory authority. The Committee also encourages CMS to update its Medicare Part B national coverage determination for intensive behavioral therapy [IBT] for obesity to be consistent with current United States Preventive Services Task Force recommendations that IBT for obesity can be provided, through referral, outside of the primary care setting and by a broader range of qualified providers than are currently permitted to bill under Part B for this service.

Osteoporotic Fractures.—The Committee is concerned that 2,000,000 older Americans suffer 2,300,000 bone fractures related to osteoporosis. The Committee encourages CMS to consider options to lower osteoporotic fracture risks by incentivizing greater utilization of model fracture liaison care coordination services by beneficiaries who have suffered an osteoporosis-related fracture and are thus at higher risk for another fracture. Fracture liaison service post-fracture care models reduce fracture risk through a care coordination intervention that improves rates of osteoporosis screening, treatment initiation and adherence, patient and caregiver education and counseling, and comprehensive falls prevention strategies.

Program Integrity Programs.—The Committee encourages CMS to explore expanding programs, such as the Recovery Audit Validation Contractor [RVC] program, to other parts of Medicare and Medicaid. In addition, the Committee supports efforts to ensure accurate physician payments through the National Correcting Coding Initiative [NCCI] and encourages CMS to continue moving away from the pay-and-chase model. The Committee requests an update in the fiscal year 2022 CJ on implementation of the RVC, NCCI, and related integrity programs, data reporting standards around these programs, and the feasibility of expanding these programs to other public payer programs.

Quality Care for Cancer.—The Committee recognizes the importance of voluntary accreditation by the American College of Surgeons Cancer Programs and supports accreditation efforts that improve performance evaluation and inform quality care improvements.

Reimbursement Coding for Reducing Opioid Consumption.—The Committee urges CMS to undertake aggressive efforts to guarantee

reimbursement of FDA-approved devices and therapies for unique post-surgery patient populations that use alternative means for effective pain management. In addition, given the national opioid addiction crisis, CMS should take steps by which healthcare providers should track patient pain scores and reductions in opioid consumption using such alternative means for effective pain management.

Risk Corridor Program.—The Committee continues bill language to prevent the CMS Program Management appropriation account from being used to support risk corridor payments. The agreement directs CMS to provide a report starting with plan year 2014 and continuing through the duration of the program to the Committees on Appropriations of the House of Representatives and the Senate detailing the receipts and transfer of payments for the Risk Corridor Program.

Robotic Stereotactic Radiosurgery.—The Committee remains concerned that payment for robotic stereotactic radiosurgery and robotic stereotactic body radiation therapy may threaten viability of these services in both the hospital and freestanding center setting. The Committee encourages CMS and contractors administering the Medicare Part B program not to make changes to these services in the freestanding or hospital outpatient setting as CMS implements the planned Radiation Oncology Payment Model. The Committee encourages CMS to maintain stable payment for these services performed in Core-Based Statistical Areas that are not randomly selected to participate in the model.

Rural Hospitals.—The Committee notes that more than 120 rural hospitals have closed in the past decade and many others are vulnerable to closure. When hospitals do close, they rarely reopen—rural patients lose access to care, compounding health disparities. The Committee directs CMS to study and propose administrative and legislative solutions that would allow vulnerable, rural hospitals to receive relief in the near-term, as well as explore payment options that can ensure that more hospitals serving rural and underserved populations can operate in a more financially sustainable way. These legislative and administrative recommendations should be provided to the Committees on Appropriations of the House of Representatives and the Senate, the Senate Committee on Finance, the House Committee on Ways and Means, and the House Committee on Energy and Commerce 180 days after enactment.

Sepsis.—The Committee is pleased that CMS and the National Quality Forum plan to update the SEP-1 measure. A CMS study published in February reported an alarming 40 percent increase in the number of Medicare patients hospitalized with sepsis over the past 7 years. The Committee encourages CMS to issue a Request for Information as part of the update to the SEP-1 measure review to collect broad stakeholder input to help ensure the new SEP-1 measure improves health outcomes. The Committee requests an update on these activities in the fiscal year 2022 CJ.

Service Models Utilizing Pharmacist-Provided Patient Care Services.—The Committee encourages CMS to test a model that incentivizes pharmacist involvement across relevant Medicare service lines, including in value-based models such as the Comprehensive Primary Care Plus primary care model. This advanced primary care model integrates pharmacists as part of the care team

to provide medication management services that include evaluating medication regimens, providing medication self-management support for patients to help them adhere to their prescribed therapies, and promoting clinically-sound, cost-effective medication therapies.

Therapeutic Foster Care.—The Committee remains concerned about the lack of a uniform definition within the Medicaid program for therapeutic foster care services. A uniform definition would improve the ability for more consistent care and treatment. The Committee requests an update in the fiscal year 2022 CJ on the study requested in House Report 114–699.

Total Parenteral Nutrition Cancer Access.—The Committee requests that CMS provide the Committees on Appropriations of the House of Representatives and the Senate an update 180 days after enactment on its plans to revise the Durable Medical Equipment local policies to allow for parenteral nutrition as first line therapy for patients with head, neck, and gastrointestinal cancers.

Vaccine Utilization.—The Committee is concerned about the underutilization of vaccinations and strongly encourages CMS to work toward achievement of the Healthy People 2021 goals to increase the percentage of adults aged 65 or older who receive recommended vaccinations. The Committee encourages CMS to explore opportunities to support the implementation of technologies and best practices. Underutilization of the Medicare Annual Wellness Visit may also be addressed via increased focus on such visits in Medicare member materials and further emphasis on preventive interventions, such as vaccines, in provider communications.

State Survey and Certification

The Committee recommends \$407,334,000, an increase of \$10,000,000, for State Survey and Certification activities, which ensure that institutions and agencies providing care to Medicare and Medicaid beneficiaries meet Federal health, safety, and program standards. On-site surveys are conducted by State survey agencies, with a pool of Federal surveyors performing random monitoring surveys.

Federal Administration

The Committee recommends \$770,000,000, an increase of \$37,467,000, for Federal Administration, which funds the majority of CMS’ staff and operating expenses for routine activities, such as planning, implementing, evaluating, and ensuring accountability in the programs administered by CMS. This funding level accounts for the fiscal year 2020 reprogramming to support CMS’ workforce and other administrative functions.

HEALTHCARE FRAUD AND ABUSE CONTROL

Appropriations, 2020	\$786,000,000
Budget estimate, 2021	813,000,000
Committee recommendation	807,000,000

The Committee recommends \$807,000,000, to be transferred from the Medicare trust funds, for Health Care Fraud and Abuse Control [HCFAC] activities. The latest data demonstrate for every \$1.00 spent on fraud and abuse, \$2.00 is recovered by the Treasury.

The Committee recommendation includes a base amount of \$311,000,000 and an additional \$496,000,000 through a budget cap adjustment authorized by section 251(b) of the Balanced Budget and Emergency Deficit Control Act of 1985 (Public Law 99–117).

Healthcare waste, fraud, and abuse costs our Nation nearly \$70,000,000,000 a year, according to some estimates. Proactively identifying these issues continues to be a priority for the Committee. Therefore, CMS is directed to incorporate AI software to examine waste, fraud, and abuse in the healthcare setting. This technology should allow for the rapid interpretation of complex health data and quickly identify patterns associated with waste, fraud, and abuse from the perspective of both the patient and a facility.

Program Integrity.—The Committee is supportive of the ongoing work that the CMS Center for Program Integrity is undergoing to tackle waste, fraud, and abuse. The Committee encourages CMS to continue working with Oak Ridge National Laboratory to leverage Department of Energy’s computational facilities to bring state-of-the-art computational and data analytics capabilities to address complex issues in CMS to reduce waste, fraud, and abuse.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

Appropriations, 2020	\$2,890,000,000
Budget estimate, 2021	3,039,000,000
Committee recommendation	3,039,000,000

The Committee recommendation includes \$3,039,000,000 in fiscal year 2021 mandatory funds for Child Support Enforcement and Family Support programs. In addition, the Committee recommends \$1,400,000,000 in advance funding for the first quarter of fiscal year 2022.

These funds support States’ efforts to promote the self-sufficiency and economic security of low-income families, including administrative expenses matching funds and incentive payments to States for child support enforcement; grants to States to help establish and administer access and visitation programs between noncustodial parents and their children; payments to territories for benefits to certain aged, blind, or disabled individuals; and temporary benefits for certain repatriated citizens.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

Appropriations, 2020	\$3,740,304,000
Budget estimate, 2021	3,740,304,000
Committee recommendation	3,740,304,000

The Committee recommendation includes \$3,740,304,000 for the Low Income Home Energy Assistance Program [LIHEAP], which provides home heating and cooling assistance to low-income households, generally in the form of payments to energy vendors on behalf of the recipient. Within the total, the Committee recommendation includes up to \$2,988,000 for program integrity and oversight efforts, the same as the fiscal year 2020 level.

Sudden, significant, and unexpected decreases in annual funding for States, even when based in large part on changes in home en-

ergy costs, can be difficult for States to manage. Accordingly, the Committee recommendation continues a provision included in the Further Consolidated Appropriations Act, 2020 (Public Law 116–94) that limits year-to-year fluctuations in allocations to States and requires HHS to submit a report evaluating the current LIHEAP formula. The Committee strongly encourages HHS to take steps to further expand transparency over the LIHEAP formula, including formula factors that contribute to changes in State allocations. Further, while some data used in calculating State allocations are not available until late in the year, the Committee strongly encourages HHS to take steps to decrease uncertainty for States related to changes in formula factors. The Committee directs HHS to include recommendations in the fiscal year 2022 CJ for administrative and legislative actions that could be taken to reduce uncertainty while continuing to allocate funding based on need.

REFUGEE AND ENTRANT ASSISTANCE

Appropriations, 2020	\$1,908,201,000
Budget estimate, 2021	2,456,380,000
Committee recommendation	1,832,760,000

The Committee recommends \$1,832,760,000 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 or other law enforcement agencies, who have no lawful immigration status in the U.S. until they can be placed with a parent, guardian, or other sponsor while awaiting adjudication of their immigration status.

The Committee continues the directive to provide monthly updates to the Committees on Appropriations of the House of Representatives and the Senate of arrivals each month by category, including refugees, asylees, Cuban and Haitian Entrants, SIVs, and unaccompanied alien children. Further such updates shall include any changes in estimated funding needs as a result of changing trends.

The U.S. refugee admission program [USRAP] reflects U.S. humanitarian and strategic interests. The USRAP provides for the safe resettlement of some of the most vulnerable refugees and not only saves lives, but also strengthens national and global security by providing support and shared responsibility for strategic allies and regions. The Committee notes that appropriate consultation with Congress is required by statute in advance of the President’s determination on the number of refugees to be admitted during the coming fiscal year.

The Committee affirms the community consultation process embedded in USRAP, which is grounded in its public-private partnerships and thrives on cooperation among local, State, and Federal stakeholders. Changes to USRAP and reductions in domestic resettlement sites may impact Office of Refugee Resettlement [ORR] programming. The Committee 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 others who remain statutorily eligible for integration services, and to ensure future arrivals are adequately served. The Committee directs ORR to submit a report within 180 days of enactment on efforts ORR is taking to ensure that ORR and its grantees are able to continue to serve such populations, prevent barriers to individuals' ability to seek protection and receive services, and ensure ORR is able to carry out its mission.

Transitional and Medical Services

The Committee recommendation includes \$278,559,000 for Transitional and Medical Services. This program provides grants to States and nonprofit organizations to provide up to 8 months of cash and medical assistance to arriving refugees, as well as foster care services to unaccompanied minors.

This program largely reimburses States and nonprofit organizations for providing financial and medical assistance to newly arrived refugees and in recent years HHS has carried over significant unobligated balances. The Committee recommendation is based on HHS estimates and will allow HHS to at least maintain the current level and scope of services provided to eligible arrivals, including maintaining the number of months refugees are eligible for benefits.

The Committee continues to strongly encourage HHS to give matching grant organizations flexibility in administering their programs, including, when justified, carrying over unexpended funding and slots and providing exemptions to the 31 day enrollment period.

Refugee Support Services

The Committee recommendation includes \$207,201,000 for Refugee Support Services. 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 continues to expect that activities previously funded under the Social Services, Targeted Assistance, and Preventive Health programs will continue at the same level as before these programs were consolidated.

Victims of Trafficking

The Committee recommendation includes \$27,755,000 for Victims of Trafficking programs. These programs support a national network of organizations that provide a variety of services-including case management, counseling, benefit coordination, and housing assistance-for victims of commercial sex and forced labor trafficking.

Within the total, the Committee recommendation includes \$19,500,000 for services for foreign national victims and \$8,255,000 to improve services available for U.S. citizens and legal permanent residents. Within these amounts the Committee recommendation includes no less than \$3,500,000 for the national human trafficking resource center.

Unaccompanied Alien Children

The Committee recommendation includes \$1,303,245,000 for the Unaccompanied Alien Children [UAC] program. The UAC program provides temporary shelter and basic services to children who have no lawful immigration status in the United States and who have been apprehended by the Department of Homeland Security [DHS] without a parent or a guardian. HHS takes custody of the children until they can be placed with a parent or other sponsor living in the United States pending resolution of their immigration status, or until their immigration status otherwise changes.

The Committee continues to note that HHS is responsible for the temporary care of UACs specifically to ensure the welfare of such children, many of whom have experienced significant trauma in their home country and in travelling to the United States.

The Committee recommendation combined with supplemental funding provided in fiscal year 2018 helps ensure HHS can maintain sufficient capacity in State-licensed shelters that provide care according to recognized State child welfare standards, and otherwise provide care for children consistent with applicable laws, other requirements, and ORR policies. This, in turn, helps ensure that children can be referred and transferred from DHS to HHS care as soon as possible within 72 hours. The Committee will continue to work closely with HHS on estimated funding needs for this program.

The Committee continues to direct HHS to submit to Congress, and make publicly available online, a report with respect to children who were separated from a parent or legal guardian, including the number and ages of children separated by sector and the documented cause of separation as reported by DHS when each child was referred.

Legal Services, Child Advocates, and Post Release Services.—The Committee directs ORR to continue funding for legal services, child advocates, and post-release services at no less than the levels and for the purposes provided for in fiscal year 2020 and as specified in the fiscal year 2020 explanatory statement. Further, the Committee expects ORR to continue to provide post-release services for children qualifying for such services under the Trafficking Victims Protection Reauthorization Act [TVPRA] (Public Law 110–457) and for children otherwise identified by case managers.

Records Requests.—The Committee continues to expect ORR to maintain records and respond to records requests consistent with the requirements of section 552 of title 5, United States Code, for information related to all UACs in ORR’s custody, regardless of whether such children are housed in Federal facilities or, to the extent possible, non-Federal facilities managed by contractors or other private entities. The Committee further notes that the Department should not withhold records from disclosure unless the Department reasonably foresees that disclosure would harm an interest protected by an exemption described in section 552(b) of title 5, or is otherwise prohibited by law.

Reporting and Notification Requirements.—The Committee appreciates HHS’ work to provide the Committee with timely information and data on the UAC program. The Committee also appreciates the “Latest UAC Data” available on HHS’ website and di-

rects the Department to continue updating those monthly totals with the length of stay by facility type (including influx facilities), in addition to information currently available. The Committee directs ORR to continue to provide reports, data, and notifications as required in fiscal year 2020, but supports any efforts to streamline duplicative or overlapping notification and reporting requirements as long as the level and detail of information is unchanged.

Spend Plan.—The Committee directs ORR to incorporate all funding provided in this act into a comprehensive spend plan that must be submitted to the Committees on Appropriations of the House of Representatives and the Senate every 60 days in accordance with section 410 of the Emergency Supplemental Appropriations for Humanitarian Assistance and Security at the Southern Border Act, 2019 (Public Law 116–26).

State Licensed Shelters.—The Committee continues to direct HHS to prioritize licensed, community-based placements (including foster care and small group homes) over large-scale institutions, and to notify the Committee prior to releasing any funding opportunity announcements grants or contract awards, or plans to lease or acquire real property.

Temporary Influx Shelters.—The Committee notes that HHS did not have to utilize influx facilities in fiscal year 2020 and continues to expect that such facilities are only used as a last resort when there is not sufficient capacity in state-licensed facilities. The Committee continues statutory requirements related to the operation of influx facilities, if needed, included in Public Law 116–94. The Committee continues to direct HHS to submit periodic reports, as applicable, on any operational influx facility, including a detailed cost breakdown, the capacity and number of children at the facility by month, the average length of stay and length of care, the reasons children were at the facility for more than 60 days, the barriers to State-licensing, including any State child welfare laws and regulations that could not be met, and the projected timeline of the contract or cooperative agreement.

Victims of Torture

The Committee recommendation includes \$16,000,000 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, 2020	\$5,826,000,000
Budget estimate, 2021	5,826,000,000
Committee recommendation	5,876,000,000

The Committee recommends \$5,876,000,000, an increase of \$50,000,000, 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.

SOCIAL SERVICES BLOCK GRANT

Appropriations, 2020	\$1,700,000,000
Budget estimate, 2021	
Committee recommendation	1,700,000,000

The Committee recommends \$1,700,000,000 in mandatory funds 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.

The Committee continues to note that SSBG funding can be used for a very wide-range of activities and encourages HHS to ensure that States are aware that funding can be used to support child support programs by providing job training and employment services for non-custodial parents.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Appropriations, 2020	\$12,876,652,000
Budget estimate, 2021	11,856,130,000
Committee recommendation	12,962,269,000

The Committee recommends \$12,962,269,000 for Children and Families Services programs. These funds support a variety of programs for children, youth, and families; Native Americans; victims of child abuse, neglect, and domestic violence; and other vulnerable populations.

Head Start

The Committee recommendation includes \$10,713,095,000, an increase of \$100,000,000, 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 \$100,000,000 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.

Designation Renewal System [DRS].—The Committee continues to encourage HHS to continue 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.

Early Head Start [EHS] Expansion and EHS-Child Care Partnerships.—The Committee continues to expect that any funds used for EHS-Expansion and EHS-Child Care-Partnership grants that are re-competed will continue to be used for such purposes. Finally, the Committee continues to direct HHS to include in future CJs the actual and estimated number of slots in each of Head Start, Early Head Start, and EHS-Child Care Partnerships.

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.

Preschool Development Grants

The Committee recommendation includes \$275,000,000 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.

Consolidated Runaway and Homeless Youth Program

The Committee recommendation includes \$113,780,000 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.

Where allowable, 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.

Family and Youth Homelessness.—The Committee commends ACF for holding regional listening sessions in 2019 on youth and family homelessness. ACF’s programs are uniquely able to support children, youth, and families experiencing homelessness in moving toward the goals of self-sufficiency, health, and wellness. In particular, the Family and Youth Services Bureau, Office of Head Start, Office of Child Care, Office of Family Assistance, and the Children’s Bureau offer critical services to interrupt generational poverty and homelessness, and promote economic mobility. In its summary report on the 2019 listening sessions, ACF noted that it is considering recommendations from local providers on how individual ACF programs might be improved to better serve families and youth experiencing homelessness, and how ACF, as an agency, can support community efforts on family homelessness. The Committee strongly encourages ACF to select and implement promising recommendations that emerged from the listening sessions and to expand its work on family and youth homelessness, including through intra-agency and program-specific Information Memoranda, Program Instructions, data collection, incentives for serving homeless families and youth in requests for applications, conventions, and training and technical assistance.

Education and Prevention Grants To Reduce Sexual Abuse of Runaway Youth

The Committee recommendation includes \$18,641,000 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 \$90,091,000 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 incidence of NAS has increased as the opioid crisis has worsened, and this funding will help States improve their response to infants and families affected by a substance use disorder. The Committee continues to strongly encourage HHS to encourage States to include in their plans specialized services for parents whose children may be at risk of abuse or neglect to reduce the need for child welfare or foster care system involvement. Finally, the Committee continues to direct HHS to provide technical assistance to States on best-practices and evidence-based interventions in this area to help address the health, safety, and substance use disorder treatment needs of the child and family, including guidance on the requirements and key terms in section 106(b)(2)(B) clauses (ii) and (iii), and to evaluate State’s activities on plans of safe care. The Committee also directs the Department to provide an update within 90 days of enactment regarding HHS’ and States’ efforts around plans of safe care.

Child Abuse Discretionary Activities

The Committee recommendation includes \$35,000,000 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.—Within the total, the Committee includes \$1,000,000 to continue support for an innovation grant to develop and research text and online chat-based intervention and education services through a national child abuse hotline for child abuse victims and concerned adults.

Child Advocacy Studies Training.—The Committee recognizes that workforce development is needed to ensure that professionals are trained to respond to incidences of child abuse. Effective responses to child abuse involve a wide array of professionals, including social workers, teachers, law enforcement, prosecutors, healthcare providers, lawyers, and faith-based leaders, among others. All of these individuals need to be trained in how to properly handle the unique circumstances around responding to child abuse and child mistreatment. Therefore, the Committee provides \$2,000,000 to fund the first year of a pilot project to develop best practices for a statewide child advocacy studies training program network to provide training both through institutions of higher

learning and through continuing education. Preference shall be given to States that have both existing infrastructure built to train a large number of individuals and existing partnerships with a high percentage of the State's public and private higher education institutions, including community colleges, 4-year universities, and professional schools. A successful project shall include collaboration among the State's Child Advocacy Centers, the State child welfare agency, and the State's Attorney General's office.

Child Fatalities and Near Fatalities Due to Child Abuse and Neglect.—The Committee directs the Department to provide a report to the Committee within 6 months of enactment of this act assessing the validity and reliability of national and State-level data submitted through the National Child Abuse and Neglect Data System on child fatalities and near-fatalities due to child abuse and neglect. The Committee expects the report to contain the Department's recommendations to improve this data collection to increase the accuracy of national and State-level child abuse and neglect statistics, including examining State variance in whether child fatalities or near-fatalities due to child abuse and neglect records are comprehensively submitted through this data collection. The Committee recognizes the importance of collecting comparable and quality data on child fatalities and near-fatalities and publically disclosing such data, to improve State and local child welfare systems to prevent child abuse deaths from occurring in the first place.

Community-based Child Abuse Prevention

The Committee recommendation includes \$55,660,000 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.

Child Welfare Services

The Committee recommendation includes \$268,735,000 for Child Welfare Services. This formula grant program helps State and Tribal public welfare agencies improve their child welfare services with the goal of keeping families together. These funds help States and Tribes provide a continuum of services that prevent child neglect, abuse or exploitation; allow children to remain with their families, when appropriate; promote the safety and permanence of children in foster care and adoptive families; and provide training and professional development to the child welfare workforce.

Child Welfare Research, Training, and Demonstration

The Committee recommendation includes \$19,984,000 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.

National Survey of Child and Adolescent Well-being.—The Committee recommendation includes funding for HHS to continue the National Survey of Child and Adolescent Well-being.

Adoption Opportunities

The Committee recommends \$46,100,000 for the Adoption Opportunities program, an increase of \$4,000,000. 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 recommendation includes \$1,000,000 to continue the National Adoption Competency Mental Health Training Initiative. This 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.

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.

The Committee recommendation continues to make up a shortfall in funding owed to States. ACF estimates States will earn approximately \$65,000,000 in incentive payments in fiscal years 2020 and 2021. The Committee recommendation will pay for approximately \$21,500,000 of the balance owed to States from fiscal year 2020 and \$43,500,000 of the amount earned in fiscal year 2021. The Committee continues to direct HHS to include in budget justifications an estimate of amounts earned by States per year, and the total estimated amount owed to States for the budget year, including any funding owed from prior fiscal years.

Social Services and Income Maintenance Research

The Committee recommends \$7,012,000 for Social Services and Income Maintenance Research. These funds support research and evaluation of cost-effective programs that increase the stability and economic independence of families and contribute to the healthy development of children and youth.

Native American Programs

The Committee recommends \$56,050,000 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 \$12,500,000 for Native American language preservation activities, including no less than

\$4,500,000 for Native American language nests and survival schools, as authorized by sections 803C(b)(7)(A)-(B) of the Native American Programs Act (Public Law 88–452). The Committee directs HHS to give priority to programs with rigorous immersion programs.

Community Services Block Grant

The Committee recommendation includes \$740,000,000 for the Community Services Block Grant [CSBG]. The CSBG is a formula grant to States and Indian Tribes to provide a wide-range of services to alleviate causes of poverty in communities and to assist low-income individuals in becoming self-sufficient. States are required to pass on at least 90 percent of these funds to local community-based organizations, the vast majority of which are community action agencies.

Supporting Community Action Agencies' Response to Opioid Abuse and Misuse.—Individuals and families in poverty face daunting challenges as they work toward substance use recovery and addressing the opioid epidemic requires a multi-pronged, community-based response. The Committee recognizes that community action agencies are uniquely positioned to help fight the opioid crisis and provide essential support and services for individuals and families who experience poverty, and that these entities deliver a wide range of services to address immediate needs while supporting long-term goals, which make recovery sustainable.

Community Economic Development

Due to budget constraints, the Committee recommendation does not include funding for the Community Economic Development program.

Rural Community Facilities

The Committee recommendation includes \$10,000,000 for the Rural Community Facilities program, which 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 \$12,000,000 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 \$175,000,000 for Family Violence Prevention and Services programs. These funds support programs to prevent family violence and provide immediate

shelter and related assistance for victims of domestic violence and their dependents.

Chafee Education and Training Vouchers

The Committee recommendation includes \$43,257,000 for the Chafee Education and Training Voucher program. This program supports vouchers to foster care youth to help pay for expenses related to postsecondary education and vocational training.

Disaster Human Services Case Management

The Committee recommends \$1,864,000 for Disaster Human Services Case Management. This program assists States in establishing the capacity to provide case management services in a timely manner in the event of a disaster. It ensures that States are able to meet social service needs during disasters by helping disaster victims prepare recovery plans, referring them to service providers and 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 \$206,000,000 for the Federal costs of administering ACF programs.

PROMOTING SAFE AND STABLE FAMILIES

Appropriations, 2020	\$437,515,000
Budget estimate, 2021	404,765,000
Committee recommendation	437,515,000

The Committee recommends \$437,515,000 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 \$92,515,000 in discretionary appropriations.

This program supports activities that can prevent the emergence of family crises that might require the temporary or permanent removal of a child from his or her home. Grants allow States to operate coordinated programs of family preservation services, time-limited family reunification services, community-based family support services, and adoption promotion and support services.

Kinship Navigator Programs.—The Committee recommendation includes \$20,000,000, the same as the fiscal year 2020 funding level, 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 servicing 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). Similar to Regional Partnership Grants and family-focused residential treatment programs, this funding helps build the evidence base in anticipation of mandatory funding being available for similar activities under the Family First Prevention and Services Act.

Regional Partnership Grants [RPGs] and Family-Focused Residential Treatment Programs.—Within the total for discretionary funding, the Committee recommendation includes \$10,000,000 for RPGs that promote coordination and collaboration between local child welfare and substance abuse treatment agencies, and other related organizations, to improve services and outcomes for children and families affected by substance use disorder, particularly opioid use. The Committee strongly encourages ACF to prioritize applicants that will focus on preparing programs to qualify as evidence-based foster care prevention services under the Family First Prevention Services Act (Public Law 115–123), including family-focused residential treatment programs, which help families remain together safely while parents receive treatment. The Committee also recommends priority be given to programs that mitigate the traumatic impact of parental incarceration.

PAYMENTS FOR FOSTER CARE AND PERMANENCY

Appropriations, 2020	\$5,744,000,000
Budget estimate, 2021	7,012,000,000
Committee recommendation	7,012,000,000

The Committee recommends \$7,012,000,000 in mandatory funds for Payments for Foster Care and Permanency. In addition, the Committee recommends \$3,000,000,000 in advance mandatory funding for the first quarter of fiscal year 2022. 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, 2020	\$2,250,815,000
Budget estimate, 2021	2,108,207,000
Committee recommendation	2,262,915,000

The Committee recommends \$2,262,915,000 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.

Home- and Community-Based Supportive Services

The Committee recommends \$390,074,000 for the Home- and Community-Based Supportive Services program. This program provides formula grants to States and territories to fund a wide-range of social services that enable seniors to remain independent and in their homes for as long as possible. State agencies on aging award funds to designated area agencies on aging that, in turn, make awards to local service providers. This activity supports services such as transportation, adult day care, physical fitness programs, and in-home assistance, such as personal care and homemaker assistance.

Preventive Health Services

The Committee recommends \$24,848,000 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 \$22,658,000 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 \$186,036,000 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 notes that the RAISE Family Caregivers Act (Public Law 115—119) requires HHS to establish a Family Caregiving Advisory Council and develop a new national strategy to support family caregivers, including resources, best practices, challenges, and programs to enhance the long-term care caregiving workforce. The Committee includes \$100,000 to continue to support the work of the Council in the development of a national family caregiving strategy.

Native American Caregiver Support Program

The Committee recommends \$10,306,000 to carry out the Native American Caregiver Support program. This program provides grants to tribes for the support of American Indian, Alaskan Native, and Native Hawaiian families caring for older relatives with chronic illness or disability, as well as for grandparents caring for grandchildren.

Congregate and Home-Delivered Nutrition Services

The Committee recommends \$510,342,000 for congregate nutrition services and \$266,342,000 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.

Nutrition Services Incentives Program [NSIP].—The Committee recommends \$160,069,000 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 \$34,708,000 for grants to Native Americans. This program provides grants to eligible tribal organizations for the delivery of nutrition and supportive services to Native Americans.

Aging Network Support Activities

The Committee recommends \$17,461,000 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.

Care Corps Grants.—The Committee recognizes the growing demand for services and supports to help seniors and individuals with disabilities live independently in their homes, and the need to support family caregivers who facilitate that independence. Therefore, the Committee provides \$5,000,000 to continue the grant provided in fiscal year 2019 to support innovative local models in which volunteers assist family caregivers or directly assist older adults or adults with disabilities in maintaining their independence.

Holocaust Survivor Assistance.—The Committee provides \$5,000,000 for the Holocaust Survivor Assistance program.

Alzheimer's Disease Program Demonstration Grants to States

The Committee recommends \$27,500,000, an increase of \$1,000,000, for 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 up to \$2,000,000 to continue the National Alzheimer's Call Center.

Lifespan Respite Care

The Committee recommends \$7,110,000, 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 health care 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 \$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 \$15,874,000 for Elder Rights Support activities, including \$12,000,000 for the Elder Justice Initiative. These activities 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 \$8,119,000 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 \$52,115,000 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 \$9,700,000 for the National Paralysis Resource Center [PRC]. This program has long provided essential, comprehensive information, and referral services that promote independence and quality of life for the nearly 5,400,000 people living with paralysis and their families. The Committee directs ACL to continue support for the national PRC at not less than \$8,700,000.

The Committee is concerned that ACL's PRC State pilot programs may be duplicative of Federal grant making, and requests that ACL assess whether State pilot programs meet additional needs beyond the work of the national PRC and provide a report to the Committee on Appropriations of the House of Representatives and the Senate within 120 days of enactment of this act.

Limb Loss

The Committee recommends \$4,000,000 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 provides \$11,321,000 for the Traumatic Brain Injury program. The program supports implementation and planning grants to States for coordination and improvement of services to individuals and families with traumatic brain injuries. Such services can include pre-hospital care, emergency department care, hospital care, rehabilitation, transitional services, education, employment, long-term support, and protection and advocacy services.

The Committee includes not less than the fiscal year 2020 funding level for protection and advocacy services, as authorized under section 1305 of Public Law 106—310.

Developmental Disabilities State Councils

The Committee recommends \$78,000,000 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 instructs the Department to provide not less than \$700,000 for technical assistance and training for the State Councils on Developmental Disabilities.

Developmental Disabilities Protection and Advocacy

The Committee recommends \$40,784,000 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.

Intermediate Care Facilities.—There is a nationwide trend toward deinstitutionalization of patients with intellectual or developmental disabilities in favor of community-based settings. The Department is strongly urged to consider the needs and desires of patients, their families, caregivers, legal representatives, and other stakeholders, as well as the need to provide proper settings for care, into its enforcement of the Developmental Disabilities Act (Public Law 106—402).

Voting Access for Individuals with Disabilities

The Committee recommends \$7,463,000 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 \$41,619,000 for the University Centers for Excellence in Developmental Disabilities, a network of 67 centers that are interdisciplinary education, research, and public service units of a university system or public or nonprofit entities associated with universities.

Independent Living

The Committee recommends \$116,183,000 for the Independent Living Program. This program 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

The Committee recommends \$114,470,000 for the National Institute on Disability, Independent Living, and Rehabilitation Research [NIDILRR], including an increase of \$2,500,000 for the ADA National Network Centers. NIDILRR supports research and activities that help to maximize the full potential of individuals with disabilities in employment, independent living, and social activities.

The Committee recognizes that there is a significant opportunity over the next decade for the Department to simultaneously lower health care costs and improve quality of life for the older adult and disabled populations by embracing the rapidly growing shift to technology solutions for daily living. These solutions are poised to extend the ability to live independently into advanced age and “age in place,” helping to bridge the “care gap” so that older and disabled adults might avoid nursing homes and other institutionalized care for as long as possible, while also remaining connected to their families and communities.

The Committee maintains funding to support research and activities that help older or disabled adults, including those in rural and tribal communities, to increase, maintain, or improve their functional capabilities. To that end, the Committee directs NIDILRR to maintain investments in university research to harness technological advances that improve health, maximize community engagement, encourage productivity, and preserve independence among older individuals and their families. Special emphasis should be given to research projects that seek to develop technologies that allow for independent living, address aging and disabled populations, and target rural, frontier, and tribal communities, as they stand to benefit the most from home and community-delivered technologies that reduce isolation, increase safety and well-being, prevent falls and related injuries, and maximize mobility.

Assistive Technology

The Committee recommends \$38,500,000, an increase of \$1,500,000, 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.

Program Administration

The Committee recommends \$42,063,000 for program administration at ACL. These funds support salaries and related expenses for program management and oversight activities.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

Appropriations, 2020	\$544,457,000
Budget estimate, 2021	420,945,000
Committee recommendation	554,707,000

The Committee recommends \$554,707,000 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 supports activities that are associated with the Secretary’s role as policy officer and general manager of the Department. It supports health activities performed by the Office of the Assistant Secretary for Health [ASH], including the Office of the Surgeon General. GDM funds also support the Department’s centralized services carried out by several Office of the Secretary staff divisions, including personnel management, administrative and management services, information resources management, intergovernmental relations, legal services, planning and evaluation, finance and accounting, and external affairs.

Appropriate Nurse Staffing.—The Committee directs HHS to provide in its fiscal year 2022 CJ information on the Department’s efforts to integrate violence prevention strategies across its safety and quality oversight activities. The Committee encourages the Secretary to consider such strategies in ongoing Medicare initiatives to safeguard patient safety, improve quality and care, and reward high-performing providers.

Bereavement Care.—The Committee is aware of research indicating that individuals and families suffer severe health, social, and economic declines following the death of a loved one—be it a child, sibling, spouse, parent, or other caregiver. The Committee encourages the Secretary to examine HHS activities to advance bereavement care for families, including prevalence of bereavement events, risk factors and associated health events or outcomes, biological or physiological changes in wellbeing, and policies or programs in place that help or hinder functional coping or adaptive processing.

Best Practices for Cancer Survivorship Care.—The Committee encourages HHS to complete the identification of best practices for childhood and adolescent cancer survivorship care, as directed by the STAR Act (Public Law 115–180). The Committee encourages the Department to consult with individuals who have expertise in

late effects of disease and treatment of childhood and adolescent cancers such as oncologists, primary care providers, childhood and adolescent cancer survivors, parents of survivors, nurses, social workers, mental health professionals, physical and occupational therapists, childhood cancer patient organizations, and other experts.

Cerebral Cavernous Angioma.—The Committee encourages HHS Operating Divisions to work together as a consortium, with at least one patient advocacy organization, to increase the efficiency and effectiveness of the research and clinical drug trials effort.

Chronic Fatigue Syndrome Advisory Committee.—The Committee looks forward to reviewing HHS' plan regarding myalgic encephalomyelitis/chronic fatigue syndrome [ME/CFS]. In the interim, the Committee encourages HHS to foster interagency and stakeholder collaboration in addressing the crisis in ME/CFS clinical care and accelerating drug development for ME/CFS.

Chronic Kidney Disease [CKD].—The Committee is concerned by the significant and growing burden of CKD, which affects an estimated 37,000,000 Americans. Unfortunately, 90 percent of individuals with CKD are unaware they have the illness. The progression of kidney disease and its comorbidities can decrease with timely awareness, diagnosis, and treatment. The Committee encourages the Secretary to use available funds to support a public awareness initiative, building on the Administration's July 2019 Advancing American Kidney Health Initiative, which provides education about kidney disease to providers and at-risk Americans and promotes early detection, treatment, and management of kidney disease to improve patient outcomes.

Clinical Psychological Training for Public Health Service Commissioned Corps.—The Committee supports the review by the Surgeon General's office to update HHS Commissioned Corps regulations to permit the additional graduates in clinical psychology to be employed by the Public Health Service Commissioned Corps. The Committee encourages the Surgeon General's office to finalize and implement these changes as soon as possible.

Data Sharing Agreements.—The Committee directs the Department's National Directory of New Hires, in coordination with the Department of Housing and Urban Development and the Social Security Administration, to update their joint data-sharing agreement to provide public housing authorities with improved up-front income verifications through the Enterprise Income Verification system, and to eliminate the hardship of compiling documents for homeless populations.

Disease X Medical Countermeasures.—The Committee encourages HHS to work with the Department of Defense to implement a dedicated medical countermeasures program focused on achieving seamless development, testing, large scale manufacturing, regulatory approval, distribution, and administration of safe and effective medical countermeasures to address emerging, re-emerging, and previously unknown epidemic pathogens. Achieving these goals would enhance our ability to save lives immediately with classes of medical countermeasures that are broadly applicable or have a delivery mechanism. The Committee requests an update in the fiscal year 2022 CJ.

Disparity Populations.—The Committee recognizes the importance of understanding and addressing the needs of disparity populations. To ensure underserved and disadvantaged populations continue to be best served by programs and offices within the Department, the Committee directs the Secretary to continue the collection of data on disparity populations, as defined by Healthy People 2021, in surveys administered with funding in this act.

Drug-Free Communities.—The Committee urges the Secretary to ensure that fiscal year 2021 Drug-Free Communities Support program funds are administered in a timely manner. The Secretary should also seek to ensure that the funds are not awarded and announced incrementally.

Global Health Research.—The Committee requests an update in the fiscal year 2022 CJ on how CDC, FDA, BARDA, and NIH jointly coordinate global health research activities with specific measurable metrics used to track progress toward agreed upon health goals.

Improving the Health of America's Children.—The Committee encourages the Surgeon General to release a report on improving the health of America's children. Too many children still live in poverty, compromising their ability to be healthy, to succeed in school, and to raise healthy families themselves. A current report by the Surgeon General on improving the health of children could increase awareness and generate additional effort on ameliorating this public health problem.

Lung Cancer in Women.—The Committee understands that lung cancer has a disparate impact on women, particularly those who have never smoked. The Committee encourages the Secretary, in consultation with the Secretary of Defense and the Secretary of Veterans Affairs, to conduct an interagency study to evaluate the status of research on women and lung cancer and make recommendations for additional research on the disparate impact of lung cancer in women who have never smoked. The study should also make recommendations regarding increased access to lung cancer preventive services, and strategic public awareness and education campaigns related to lung cancer. The Committee requests an update on these activities in the fiscal year 2022 CJ.

Nonrecurring Expenses Fund.—The Committee directs HHS to continue implementing previously notified projects and prioritize obligations for the following projects: Indian Health Service facilities, Cybersecurity, FDA laboratory renovations, and a CDC NIOSH facility.

Obligation Reports.—The Committee directs the Secretary to submit electronically to the Committee 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.

One Health Approach to Infectious Diseases.—The Committee recognizes the interconnection of human health, animal health, and environmental health, and the threat of novel and emerging zoonotic diseases. The Committee encourages the Secretary to continue coordination with other Federal agency partners to support collaboration of research and other actions to prepare for and pre-

vent emerging infectious disease pandemics and provide a progress report to the Committee in the fiscal year 2022 CJ.

Operation Warp Speed [OWS].—The Committee strongly supports the OWS initiative to speed innovation and development of medical countermeasures. The Committee expects the Secretary to take best practices from OWS and use them to accelerate other areas of medical countermeasures research. The Committee directs the Secretary to provide an update on OWS in the fiscal year 2022 CJ and the Secretary to provide a broader update in the CJ on efforts to expand methods and lessons learned through OWS into other areas of medical countermeasures research.

Opioid Response Resources.—The Committee continues to be concerned by the number of deaths and hospitalizations caused by the opioid epidemic. As such, the Committee encourages the Secretary to consider data regarding the burden of opioid overdose such as fatality and hospitalization rates caused by the misuse of opioids and stimulants when considering applications for grant opportunities addressing this crisis.

Organ Availability and Donation Innovation.—The Committee directs the Secretary to coordinate with relevant divisions of HHS to evaluate innovative approaches to enhance the availability of organs, otherwise encourage donation, and further improve the organ transplantation process. The Secretary is directed to provide a report, including any authorizing changes that may be necessary, to the Committees on Appropriations of the House of Representatives and the Senate 90 days after enactment.

Pain Management Taskforce Report.—The Committee is pleased with the Department's release of the HHS Pain Management Best Practices Inter-Agency Task Force Report and encourages the Secretary to widely disseminate the report to public health stakeholders, especially primary care clinicians, and update relevant pain management policies and educational tools to reflect Task Force recommended best practices across all relevant HHS Operating Divisions. The Committee requests an update on dissemination of these materials in the fiscal year 2022 CJ.

Prematurity and Maternal Mortality.—Preterm birth and its complications continue to be the leading cause of death for infants in the United States and around the world. The Committee is aware that the PREEMIE Reauthorization Act of 2018 (Public Law 115–328) enables the Secretary to establish an interagency working group to improve coordination of programs and activities within the Department to prevent preterm birth, infant mortality, and related adverse birth outcomes. The Committee requests an update in the fiscal year 2022 CJ regarding activities to create the interagency workgroup and activities to-date to accomplish the duties outlined in the PREEMIE Reauthorization Act of 2018 (Public Law 115–328). Additionally, the Committee recognizes the disparities in outcomes by race, ethnicity, geography, and income related to maternal mortality and prematurity, and appreciates the work of many agencies in addressing these disparities.

Public Health in Indian Country.—The Committee recommends that the Secretary examine current public health initiatives within the Department that address public health crises such as viral hepatitis, HIV/AIDS, and opioids that impact Indian Country. The

Committee requests that HHS provide an update on these efforts in the fiscal year 2022 CJ.

Rapid HIV Self-Test.—The Committee notes the important role that rapid HIV self-testing can play towards meeting the public health objectives outlined by the Ending the HIV Epidemic initiative, particularly in regards to rural and otherwise hard to reach populations. HHS is encouraged to incorporate rapid HIV self-testing into emerging efforts.

Rural Communities.—The Committee encourages the Secretary to ensure that rural concerns and challenges are adequately represented in the Department’s policies, programs, and activities, including policies related to the opioid epidemic. The Committee requests that the Secretary include a status of these activities in the fiscal year 2022 CJ.

Safety in Health Care Facilities.—The Committee remains concerned about safety in health care facilities and looks forward to continued conversations with HHS on this important matter.

Screening Framework for Providers of Synthetic Double-stranded DNA.—The Committee is pleased that the Department is working to update its 2010 Screening Framework Guidance for Providers of Synthetic Double-stranded DNA. Given the scientific advancements that have been made with producing synthetic genetic material in recent years, coupled with its potential to be used as a threat to national security, the Committee urges HHS to prioritize its work with other relevant Federal departments and agencies to update this document, factoring in ways to secure the bioeconomy and to prevent illicit DNA synthesis and misuse. The Committee requests that the Department provide a progress report on these efforts to the Committees on Appropriations of the House of Representatives and the Senate 180 days after enactment.

Sexually Transmitted Infections [STIs].—The Committee is aware of the recent statistics regarding the rise in STIs across the nation and is pleased that the ASH is creating a National STD Action Plan to address increasing rates in these diseases. The Department is directed to provide a report to the Committees on Appropriations of the House of Representatives and the Senate 180 days after enactment of this act on such an Action Plan.

Staffing Reports.—The Committee includes a general provision requiring the Department to submit a biannual staffing report to the Committee. The Excel table will 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 month.

Study on Impact of Wildlife Markets on the Emergence of Novel Viral Pathogens.—The Committee directs GAO to conduct a study to evaluate the impact Chinese wildlife and wet-markets have on the emergence of novel viral and microbial pathogens. Such report shall examine the impact Chinese wildlife and wet-markets have on the transmission of novel viral and microbial pathogens and evaluate the role close contacts between human and food animals have in the transmission of microbes from animals to humans.

Travel Reports.—The Committee includes a general provision requiring the Department to submit an upcoming travel report to the Committees on Appropriations of the House of Representatives and

the Senate by the 1st and 15th day of each month. The report should be a compilation of upcoming travel for the head of HRSA, CDC, NIH, SAMHSA, AHRQ, CMS, ACF, ASPR, as well as for the Secretary, Deputy Secretary, and Assistant Secretary. The report shall include upcoming travel for the following two weeks, with details specifying location (city and state), event, and partners where the event will be held.

Teen Pregnancy Prevention

The Committee recommendation includes \$107,800,000 for the Teen Pregnancy Prevention program. This program supports competitive grants to public and private entities to replicate evidence-based teen pregnancy prevention approaches. The recommendation includes \$6,800,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

Office of Minority Health [OMH]

The Committee recommends \$58,670,000 for the Office of Minority Health. 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 improving health outcomes for disadvantaged and minority individuals.

Center for Indigenous Innovation and Health Equity.—The Committee recognizes the health and socioeconomic disparities facing Indigenous communities in the United States and the need to support Indigenous innovation to draw on deeply-rooted values and practices to address these challenges. The Committee encourages the Office of Minority Health to support efforts including research, education, service, and policy development related to advancing Indigenous solutions. The Committee directs HHS to submit information in the fiscal year 2022 CJ on how the Department is supporting these efforts.

Lupus Initiative.—The Committee continues to support the OMH National Lupus Outreach and Clinical Trial Education program and the goal of increasing minority participation in lupus clinical trials, and provides an additional \$250,000, and not less than \$2,000,000, for these efforts. The program has developed multiple resources that can be used by the broader lupus community to enhance trial enrollment. The Committee encourages OMH to continue to develop public-private partnerships with organizations representing lupus patients, implement action plans, and engage the lupus community to increase participation in clinical trials for all minority populations at highest risk of lupus.

Sexual Risk Avoidance

The Committee recommends \$45,000,000, an increase of \$10,000,000, for sexual risk avoidance education. This is a competitive grant program that funds evidence-based abstinence models for adolescents.

Funding for competitive grants for sexual risk avoidance shall use medically accurate information referenced in peer-reviewed publications by educational, scientific, governmental, or health organizations; implement an evidence-based approach; and teach the

benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors.

Office of Women’s Health

The Committee recommends \$33,640,000 for the Office of Women’s Health. This office develops, stimulates, and coordinates women’s health research, health care services, and public and health care 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 \$4,100,000 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 health care providers’ ability to help victims of violence and improve prevention programs.

OFFICE OF MEDICARE HEARINGS AND APPEALS

Appropriations, 2020	\$191,881,000
Budget estimate, 2021	196,381,000
Committee recommendation	191,881,000

The Committee provides \$191,881,000 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.

Appeals Backlog.—The Committee commends OMHA for making progress on the cases that are still pending before ALJs at OMHA, including the improvements to work flow by implementing electronic claims processing. The Committee remains concerned about the backlog of just over 200,000 appeals. OMHA shall provide an update to the Committee 180 days after enactment on the progress and continued challenges with reducing the caseload backlog.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

Appropriations, 2020	\$60,367,000
Budget estimate, 2021	50,717,000
Committee recommendation	60,367,000

The Committee makes available \$60,367,000 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.

Standards for Interoperability.—The Committee includes \$5,000,000 within existing resources to support HL7 fast healthcare interoperable resource standards-related activities needed to successfully achieve interoperability and information sharing for better health and health care.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2020	\$80,000,000
Budget estimate, 2021	90,000,000
Committee recommendation	80,000,000

The Committee recommends \$80,000,000 for the HHS Office of Inspector General [OIG]. In addition to discretionary funds provided in this act, the Health Insurance Portability and Accountability Act of 1996 (Public Law 104–191) provides a permanent appropriation of \$334,097,000 for OIG.

OIG conducts audits, investigations, and evaluations of the programs administered by the Department’s operating and staff divisions, including the recipients of the Department’s grant and contract funds. In doing so, OIG addresses issues of waste, fraud, and abuse and makes recommendations to improve the efficiency and effectiveness of the Department’s programs and operations.

OFFICE FOR CIVIL RIGHTS

Appropriations, 2020	\$38,798,000
Budget estimate, 2021	30,286,000
Committee recommendation	38,798,000

The Committee recommends \$38,798,000 for the Office for Civil Rights [OCR] in budget authority. OCR is responsible for enforcing civil rights-related statutes in health care and human services programs. To enforce these statutes, OCR investigates complaints of discrimination, conducts program reviews to correct discriminatory practices, and implements programs to generate voluntary compliance among providers and constituency groups of health and human services.

Office for Civil Rights [OCR].—The Committee requests a report 180 days after enactment detailing what actions the OCR Conscience and Religious Freedom Division has taken to protect conscience rights. Specifically, the report should include the number of complaints made to HHS in regard to violations of conscience as well as the current status or outcome of those complaints.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

Appropriations, 2020	\$623,591,000
Budget estimate, 2021	653,023,000
Committee recommendation	653,023,000

The Committee provides an estimated \$653,023,000 in mandatory funds for Retirement Pay and Medical Benefits for Commissioned Officers of the U.S. Public Health Service [PHS]. This account provides for retirement payments to PHS officers who are retired due to age, disability, or length of service; payments to survivors of deceased officers; and medical care to Active Duty and retired officers, as well as their dependents.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

Appropriations, 2020	\$2,737,458,000
Budget estimate, 2021	2,641,465,000
Committee recommendation	2,739,458,000

The Committee recommends \$2,739,458,000 for the Public Health and Social Services Emergency Fund which includes \$174,000,000 from the Nonrecurring Expenses Fund. This appropriation supports the activities of the Assistant Secretary for Preparedness and Response [ASPR] and other components within the Office of the Secretary to prepare for the health consequences of bioterrorism and other public health emergencies, including pandemic influenza. It also provides funding for the Department's cybersecurity efforts.

Office of the Assistant Secretary for Preparedness and Response

The Committee recommendation includes \$2,537,128,000 for activities administered by ASPR. This level includes \$124,000,000 from the Nonrecurring Expenses Fund. This Office was created to lead the Department's activities regarding preventing, preparing for, and responding to public health emergencies, including disasters and acts of terrorism.

Development of Health Technologies.—The Committee provides an increase of \$2,000,000 to establish a bilateral cooperative program with the Government of Israel for the development of health technologies, including but not limited to the following: artificial intelligence, biofeedback, sensors, monitoring devices, and kidney care. The program should also emphasize collaboratively advancing the use of technology, personalized medicine, and data in relation to aging.

Medical Innovation for Disaster Response.—The Committee supports the development of a federally funded research and development center, led by an academic medical center, to improve medical response, training, and innovation, specifically utilizing health information technology, unmanned aerial systems, countermeasure delivery, and remote patient assessment and triage. ASPR shall evaluate the potential for this mechanism to increase innovation and report findings to the Committees on Appropriations of the House of Representatives and the Senate within 180 days of enactment.

Hospital Preparedness Program

The Committee's recommendation includes \$299,555,000, an increase of \$24,000,000, from the Nonrecurring Expenses Fund for the Hospital Preparedness Program [HPP]. This program provides grants to States to build health care coalitions that enhance regional and local hospital preparedness and improve overall surge capacity in public health emergencies. The Committee recognizes the vital importance of this program in helping communities respond to tragic events. 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 these and other public health emergencies that are inevitable in our Nation's communities.

National Emerging Special Pathogens Training and Education Centers.—The Committee maintains \$11,000,000 to support the continued efforts of these centers and recognizes their contributions

to preventing, preparing for, and responding to Ebola and other special pathogen incidents.

Notification Requirements.—The Committee directs the Assistant Secretary to notify the Committees on Appropriations of the House of Representatives and the Senate 30 days in advance of any announcement of a modification to the HPP formula. In addition, the Committee notes that funding for HPP is provided for HPP cooperative agreements and administrative activities that directly support the mission of the program. The Committee directs the Assistant Secretary to notify the Committees on Appropriations of the House of Representatives and the Senate 30 days in advance of funding any new activity or pilot program.

Biomedical Advanced Research and Development Authority [BARDA]

The Committee recommendation includes \$611,700,000, an increase of \$50,000,000, from the Nonrecurring Expenses Fund, for advanced research and development. BARDA is directed to notify the Committees on Appropriations of the House of Representatives and Senate no later than 2 days after any obligation of contracts or interagency agreements in excess of \$20,000,000.

Infectious Diseases.—The Committee commends BARDA for supporting advanced efforts to develop vaccines, diagnostics, drugs, and therapeutics to minimize serious threats of infectious diseases. BARDA is encouraged to continue to proactively prepare for emerging infectious disease outbreaks, including investing in rapid screening technology. The Committee encourages ASPR to delineate information on emerging infectious diseases, pandemic influenza, and antimicrobial resistance investments in its annual 5 year budget plan for medical countermeasure [MCM] development to clarify how ASPR is considering such naturally occurring threats in relation to other priority areas of MCM development.

Public Health Emergency Preparedness.—The Committee encourages the Secretary to explore opportunities to prioritize funding multi-use diagnostic testing platforms for the purpose of public health and biodefense. The Secretary is encouraged to review platforms that can 1) perform multiple types of testing, including the ability to identify the source of the infection, the type of pathogen (bacterial and/or fungal), and/or antimicrobial drug susceptibility profile; 2) profile multiple clinical specimen types such as urine, blood, respiratory, and wound fluid; 3) provide high accuracy vs. current testing methods; and 4) deliver expedited and actionable results at the point-of-care, in advance of antibiotic prescription. The Committee directs the Secretary to provide an update on these efforts, including an assessment of the effectiveness of current technologies, in the fiscal year 2022 CJ.

Tuberculosis.—The National Strategy for CARB identified drug resistant TB as a serious threat level pathogen and called for new diagnostic, treatment, and prevention tools to address this global health threat. The Committee encourages BARDA to support the development of new TB diagnostic tests, drugs, and vaccines, and directs the Assistant Secretary to submit a report to the Committees on Appropriations of the House of Representatives and the Senate 180 days after enactment of this act.

Project BioShield Special Reserve Fund

The Committee recommendation includes \$785,000,000, an increase of \$50,000,000 from the Nonrecurring Expenses Fund, for the Project BioShield Special Reserve Fund. The Committee is committed to ensuring the Nation is adequately prepared against chemical, biological, radiological, and nuclear attacks. The Committee recognizes a public-private partnership to develop MCMs is required to successfully prepare and defend the Nation against these threats. Where there is little or no commercial market, the Committee supports the goal of Government financing providing a market guarantee.

Strategic National Stockpile

The Committee includes \$705,000,000 for the Strategic National Stockpile.

Report on Strategic National Stockpile [SNS].—The June 2017 OIG report on the readiness of the SNS found that “systemic issues could place at risk approximately \$7,000,000,000 of Stockpile inventory and negatively affect Stockpile readiness during a national emergency.” The Committee notes recent events have exposed shortcomings in the SNS, including inventory and distribution concerns. The Committee requests the OIG to conduct a comprehensive audit of the SNS, including performance of the automated inventory system, distribution to States, and availability of needed supplies. The Committee requests that such audit include recommendations on preventing future shortfalls in the SNS and its response to a national emergency, as well as recommendations on preventing future mistakes and oversights in the Department’s larger response. The Committee also notes that the Department has not provided the report requested in Public Law 116–94 regarding maintaining appropriate coordination and support for State and local public health departments. The Committee directs the Secretary to report to Congress within 30 days of enactment.

SNS Inventory Management.—The Committee is committed to improving and modernizing our Nation’s pandemic influenza preparedness and ensuring first responders are protected. The Committee encourages ASPR to work toward novel stockpiling concepts, such as Vendor Managed Inventory, which will reduce the overhead required to maintain the pandemic stockpile, and will ensure that a safe, reliable supply of pandemic countermeasures are available from vaccine manufacturers.

Other Activities

The Committee recommendation includes the following amounts for the following activities within ASPR:

- Operations.—\$30,938,000;
- Preparedness and Emergency Operations.—\$24,654,000;
- National Disaster Medical System.—\$57,404,000; and
- Policy and Planning.—\$14,877,000.

Office of the Assistant Secretary for Administration

The Committee recommends \$58,860,000 for information technology cybersecurity in the Office of the Assistant Secretary for Administration. These funds provide for continuous monitoring and

security incident response coordination for the Department's computer systems and networks.

Office of the Assistant Secretary for Health/Medical Reserve Corps

The Committee recommendation includes \$6,000,000 for the Medical Reserve Corps [MRC] program in ASH. This program is a national network of local volunteers who work to strengthen the public health infrastructure and preparedness capabilities of their communities.

The Committee maintains funding at last year's level for the MRC, which is composed of volunteer doctors, dentists, nurses, pharmacists, and other community members. The Committee notes that the MRC provides an important community service, assisting in emergency response during a natural disaster, terrorist attack, or disease outbreak, and conducting staffing exercises to test local capacity to quickly dispense medicines and vaccines in an emergency.

Office of the Secretary

The Committee recommendation includes \$267,470,000 for activities within the Office of the Secretary.

Pandemic Influenza Preparedness

The Committee recommendation includes \$310,000,000, an increase of \$50,000,000 from the Nonrecurring Expenses Fund, for Pandemic Influenza Preparedness. Of the total, \$35,000,000 is provided in annual funding and \$275,000,000 in no-year funding, including \$50,000,000 from the Nonrecurring Expenses Fund.

T Cell-mediated Immunity.—T cell-mediated immunity plays a central role in controlling viral infections. To create a universal influenza vaccine it is necessary that HHS prioritize research, development, and rapid manufacturing technologies that enable application of T cell vaccines as a complementary yet alternative approach to the use of vaccines containing live attenuated or killed microorganisms.

Office of Security and Strategic Information

The Committee includes \$7,470,000 for the Office of Security and Strategic Information to maintain the security of the Department's personnel, systems, and critical infrastructure.

PREVENTION AND PUBLIC HEALTH FUND

In fiscal year 2021, the level transferred from the PPH Fund after accounting for sequestration is \$895,850,000. 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:

(In thousands of dollars)

Account	Program	Committee recommendation
Aging and Disability Services Programs	Alzheimer's Disease Prevention Education and Outreach.	14,700
Aging and Disability Services Programs	Chronic Disease Self Management	8,000
Aging and Disability Services Programs	Falls Prevention	5,000
Immunization and Respiratory Diseases	Section 317 Immunization Grants	360,200
Emerging and Zoonotic Infectious Diseases	Epidemiology and Laboratory Capacity Grants	52,000
Emerging and Zoonotic Infectious Diseases	Healthcare Associated Infections	12,000
Chronic Disease Prevention and Health Promotion ..	Office of Smoking and Health (Tobacco Prevention/ Media & Quit Lines).	128,600
Chronic Disease Prevention and Health Promotion ..	Breast Feeding Grants (Hospitals Promoting Breastfeeding).	9,000
Chronic Disease Prevention and Health Promotion ..	Million Hearts Program	4,000
Chronic Disease Prevention and Health Promotion ..	Heart Disease & Stroke Prevention Program	57,075
Chronic Disease Prevention and Health Promotion ..	Diabetes	52,275
Chronic Disease Prevention and Health Promotion ..	Early Care Collaboratives	4,000
Environmental Health	Lead Poisoning Prevention	17,000
CDC-Wide Activities	Preventive Health and Health Services Block Grants	160,000
Mental Health	Suicide Prevention (Garrett Lee Smith)	12,000

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 modifies a provision authorizing the transfer of up to 3 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 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 which 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 which 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 which requires that the use of AIDS research funds be determined jointly by the Director of NIH and the Director of the Office of AIDS Research and that those funds be allocated directly to the Office of AIDS Research for distribution to the 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 modifies a provision permitting NIH to use up to 1 percent 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.

Section 219. The bill continues a provision requiring CJs 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 modifies a provision related to breast cancer screening recommendations.

Section 224. The bill continues a provision on NIH indirect costs.

Section 225. The bill modifies 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 for Medicare and Medicaid expenses.

Section 228. The bill continues a provision on 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 alien children.

Section 231. The bill continues a provision limiting the use of funds for changes to policy directives related to the unaccompanied alien children program.

Section 232. The bill continues a provision limiting the use of funds for unlicensed shelters for unaccompanied alien children.

Section 233. The bill continues a provision requiring Congressional notification prior to the use of influx facilities as shelters for unaccompanied alien children.

Section 234. The bill continues a provision regarding Member access to unaccompanied alien children facilities.

Section 235. The bill continues a provision requiring monthly reporting of unaccompanied alien children.

Section 236. The bill continues a provision for CDC employees dependents' schooling of CDC employees stationed in a U.S. territory.

Section 237. The bill modifies a provision allocating the Non-recurring Expenses Fund.

Section 238. The bill includes a new provision related to travel.

Section 239. The bill includes a new provision naming a building on CDC's Chamblee Campus and amends the purpose of Non-recurring Expenses Fund resources made available in Public Law 116-94.

TITLE III

DEPARTMENT OF EDUCATION

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

IMPROVING ELEMENTARY AND SECONDARY EDUCATION

Appropriations, 2020	
Budget estimate, 2021	\$19,363,430,000
Committee recommendation	

The Committee recommendation does not include funding for the administration’s proposal for a new Elementary and Secondary Education for the Disadvantaged Block Grant.

EDUCATION FOR THE DISADVANTAGED

Appropriations, 2020	\$16,996,790,000
Budget estimate, 2021	
Committee recommendation	17,121,790,000

The Committee recommends \$17,121,790,000 for programs in the Education for the Disadvantaged account. Funds appropriated in this account primarily support activities in the 2021—2022 school year.

Grants to Local Educational Agencies

The Committee recommends \$16,434,802,000 for the title I grants to local educational agencies [LEAs] program. Title I grants to LEAs provide supplemental education funding, especially in high-poverty areas, for local programs that provide extra academic support to help raise the achievement of eligible students or, in the case of school-wide programs, help all students in high-poverty schools meet challenging State academic standards. Title I grants are distributed through four formulas as prescribed by this act: basic, concentration, targeted, and education finance incentive grant.

Of the funds available for title I grants to LEAs, up to \$5,000,000 shall be available on October 1, 2020, for transfer to the Census Bureau for poverty updates; \$5,588,625,000 will become available on July 1, 2021; and \$10,841,177,000 will become available on October 1, 2021. The funds that become available on July 1, 2021, and October 1, 2021, will remain available for obligation through September 30, 2022.

Comprehensive Literacy State Development Grants

The Committee recommendation includes \$192,000,000 for the Comprehensive Literacy State Development Grants program. This program provides competitive grants to State educational agencies [SEAs] that then subgrant at least 95 percent of such funds to eligible entities to support efforts to improve literacy instruction in high-need schools and early education programs in a State for each of several age bands ranging from birth through 12th grade.

Innovative Approaches to Literacy

The Committee recommendation includes \$27,000,000 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. Further, the Committee continues to direct the Department to ensure that grants are distributed among eligible entities that will serve geographically diverse areas, including rural areas.

Migrant Education Program

The Committee recommends \$374,751,000 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.

Neglected and Delinquent

The Committee recommends \$47,614,000 for the title I Neglected and Delinquent program. This program provides financial assistance to SEAs for education services to neglected and delinquent children and youth in State-run institutions and for juveniles in adult correctional institutions. States are authorized to set aside at least 15 percent, but not more than 30 percent, of their Neglected and Delinquent funds to help students in State-operated institutions make the transition into locally operated programs, and to support the successful reentry of youth offenders who are age 20 or younger and have received a secondary school diploma or its recognized equivalent.

Special Programs for Migrant Students

The Committee recommends \$45,623,000 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 certificate and subsequently gain employment, attain admission to a postsecondary institution or a job training program, or join the military. CAMP projects are 5-year grants to institutions of higher education and nonprofit organizations to provide tutoring, counseling, and financial assistance to migrant students during their first year of postsecondary education.

IMPACT AID

Appropriations, 2020	\$1,486,112,000
Budget estimate, 2021	1,410,799,000
Committee recommendation	1,506,112,000

The Committee recommends \$1,506,112,000, an increase of \$20,000,000, for the Impact Aid program. Impact Aid provides financial assistance to school districts affected by the presence of Federal activities and federally owned land. These school districts 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 local school districts.

Basic Support Payments

The Committee recommends \$1,359,242,000 for the Basic Support Payments program. Under this statutory formula, payments are made on behalf of all categories of federally-connected children, with a priority placed on making payments first to heavily impacted school districts and providing any remaining funds for regular basic support payments.

Payments for Children With Disabilities

The Committee bill includes \$48,316,000 for Payments for Children With Disabilities. Under this program, additional payments are made for certain federally connected children eligible for services under the Individuals with Disabilities Education Act [IDEA] (Public Law 101-476).

Facilities Maintenance

The Committee recommends \$4,835,000 for Facilities Maintenance. This activity provides funding for emergency repairs and comprehensive capital improvements to certain school facilities owned by the Department and used by LEAs to serve federally connected military dependent students. Funds appropriated for this purpose are available until expended.

Construction

The Committee recommends \$17,406,000 for eligible LEAs for school construction activities allocated competitively under section 7007(b) of the Elementary and Secondary Education Act [ESEA] (Public Law 89–10).

Payments for Federal Property

The Committee recommends \$76,313,000 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 district. The budget request proposed eliminating this program. The Committee recommendation again rejects this elimination and continues to note that this funding represents a key component of fulfilling the Federal Government’s commitment to school districts impacted by the presence of federally-owned land.

SCHOOL IMPROVEMENT PROGRAMS

Appropriations, 2020	\$5,404,967,000
Budget estimate, 2021	392,374,000
Committee recommendation	5,449,967,000

The Committee recommendation includes \$5,449,967,000 for the School Improvement Programs account.

Supporting Effective Instruction State Grants

The Committee recommends \$2,131,830,000 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 districts to hire teachers to reduce class sizes.

The appropriation for this program primarily supports activities associated with the 2021–2022 academic year. Of the funds provided, \$450,389,000 will become available on July 1, 2021, and \$1,681,441,000 will become available on October 1, 2021. These funds will remain available for obligation through September 30, 2022.

Supplemental Education Grants

The Committee recommendation includes \$16,699,000 for supplemental education grants to the Republic of Marshall Islands [RMI] and the Federated States of Micronesia [FSM]. This grant program was authorized by the Compact of Free Association Amendments Act of 2003 (Public Law 99–239). These funds will be transferred from the Department to the Secretary of the Interior for grants to these entities. The Committee bill includes language requested in the budget that allows the Secretary of Education to reserve 5 per-

cent of these funds to provide FSM and RMI with technical assistance.

21st Century Community Learning Centers

The Committee recommends an appropriation of \$1,249,673,000 for the 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 \$378,000,000 for the State Assessments Grants program. This program provides formula grants to States for developing and implementing standards and assessments required by the ESEA and helping States and LEAs carry 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.

Education for Homeless Children and Youth

The Committee recommends \$101,500,000 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 homeless children, and to make subgrants to LEAs to support the education of those children. Grants are made to States based on the total that each State receives in title I grants to LEAs. Under the McKinney-Vento Homeless Children and Youth Program, SEAs must ensure that homeless children and youth have equal access to the same free public education, including a public preschool education, as is provided to other children and youth.

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 school districts upon request. Activities include disseminating information on successful practices and legal requirements related to nondiscrimination on the basis of race, color, sex, or national origin in education programs.

The Committee directs the Department to brief House and Senate authorizing and appropriations committees not later than 30

days prior to publishing a notice inviting applications for new awards. Further, the Committee encourages the Department to expand its outcome reporting in next year's and future CJs on how EACs are supporting measurable outcomes in changed policies and practices by EACs' customers.

Native Hawaiian Education

The Committee recommendation includes \$36,897,000 for Native Hawaiian Education.

The Committee bill continues a provision that allows funding provided by this program to be used for construction. The Committee recommendation includes sufficient funding for the Native Hawaiian Education Council.

Alaska Native Education

The Committee recommends \$36,953,000 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.

The Committee continues language that allows funding provided by this program to be used for construction and overriding the authorizing statute's requirement to make noncompetitive awards to certain organizations.

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 nonprofits, and Alaska Native corporations 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 encourages the Department to include as many peer reviewers as possible who have experience with Alaska Native education and Alaska generally on each peer review panel.

Rural Education

The Committee recommends \$189,840,000, an increase of \$4,000,000, 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.

Earlier this year, the Department announced that some LEAs were erroneously using alternative poverty measure data to demonstrate their eligibility for the Rural Education Achievement Program in place of U.S. Census Bureau's Small Area Income and Poverty Estimates, as required by section 5221(b)(1)(A)(i) of the ESEA. However, the Department had routinely accepted this data without

question prior to this year. Because of this longstanding practice, the Department allowed this alternative poverty data to continue to be used in fiscal year 2020 as it was in prior years but announced it would not allow it beginning in fiscal year 2021. The Committee understands this creates very significant challenges for a small number of LEAs and States, at no fault of their own, and will continue discussions with the relevant authorizing committees in an effort to address this issue going forward.

Comprehensive Centers

The Committee recommends \$52,000,000 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, and provide training and technical assistance on various issues to States, LEAs, and schools as identified through needs assessments undertaken in each region.

Student Support and Academic Enrichment Grants

The Committee recommendation includes \$1,250,000,000, an increase of \$40,000,000, for Student Support and Academic Enrichment [SSAE] Grants. This program provides formula grants to States, 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.

Report on Use of Funds.—The Committee continues to encourage the Department to examine State and local expenditures, outlined by specific authorized activities, and provide detailed information about the most common uses of funds, as well as information about how LEAs plan to evaluate the effectiveness of their activities. Additionally, the Committee encourages the Department to periodically study how SEAs are collecting data from LEAs, including how States are verifying that funds are being used in an authorized manner and, as applicable, in accordance with required comprehensive needs assessments, and that LEAs agencies are meeting the objectives and outcomes described in their applications.

Technical Assistance and Capacity Building.—The Committee continues to expect funds reserved for technical assistance and capacity building to be used strictly to support SEAs and LEAs in carrying out authorized activities under this program. The Committee directs the Department to include in its fiscal year 2022 CJ and each subsequent CJ information on current and planned expenditures for the 2 percent set-aside for technical assistance and capacity building, including how resources will be spent helping SEAs and LEAs vet evidence, implement evidence-based interventions, and incorporate evidence-based SSAE activities into school improvement strategies.

INDIAN EDUCATION

Appropriations, 2020	\$180,739,000
Budget estimate, 2021	180,739,000
Committee recommendation	180,739,000

The Committee recommends \$180,739,000 for Indian education programs.

Grants to Local Educational Agencies

For grants to LEAs, the Committee recommends \$105,381,000. 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 \$67,993,000 for special programs for Indian children. Funds are used for demonstration grants to improve Indian student achievement from early childhood education through college preparation programs, and for professional development grants for training Indians who are preparing to begin careers in teaching and school administration.

National Activities

The Committee recommends \$7,365,000 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 Committee continues to note that there are significant cognitive, psychological, and academic benefits that result from Native American language immersion programs, and that language education programs are essential for tribal self-determination. Within the total, the Committee recommendation includes no less than \$2,811,000 for Native American language immersion programs authorized under section 6133 of ESEA. The Committee intends that these funds be allocated to all types of eligible entities, including both new and existing language immersion programs and schools, to support the most extensive possible geographical distribution and language diversity. Further, the Committee directs the Department to give the same consideration to applicants that propose to provide partial immersion schools and full immersion schools, as the local tribes, schools, and other applicants know best what type of program will most effectively assist their youth to succeed.

INNOVATION AND IMPROVEMENT

Appropriations, 2020	\$1,103,815,000
Budget estimate, 2021	
Committee recommendation	1,058,815,000

The Committee recommends \$1,058,815,000 for programs within the Innovation and Improvement account.

Education Innovation and Research

The Committee recommendation includes \$130,000,000 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 multiple rigorous evaluations.

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 directs the Department to brief the Committees on Appropriations of the House of Representatives and the Senate on the fiscal year 2021 funding opportunities available under this program, including any specified priorities, not less than 30 days prior to releasing a notice inviting applications.

Publicly Releasing and Disseminating Findings.—The Committee strongly encourages the Department to take stronger steps to publicly release and widely publicize the research findings from this critical program, and its predecessor the Investing in Innovation program, to stakeholders at the Federal, State, and local level. Specifically, the Committee strongly encourages the Department to publicly release evaluation findings within 6 months of the conclusion of a grant. The Committee believes results from the EIR program, with its focus on rigorous evaluation, can be better leveraged by other Federal programs, including by widely publicizing results and prioritizing interventions with rigorously evaluated and proven effective results.

Rural Set-Aside.—The Committee supports the 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.

Science, Technology, Education and Math [STEM] and Computer Science Education.—The Committee recommendation includes \$75,000,000, an increase of \$10,000,000, for STEM and computer science education. Within this amount, the Committee directs the Department to prioritize funding for computer science education and applicants seeking to improve diversity and address disparities in access to participation in high-quality STEM education programs.

In addition, the Committee encourages the Department to fund activities that will help inspire the next generation of STEM professionals, including engaging students in space exploration.

Charter School Program

The Committee recommends \$450,000,000, an increase of \$10,000,000, for the Charter School Program [CSP]. This program supports the start-up, replication, and expansion of high-quality charter schools.

Within the total, the Committee recommendation includes \$215,000,000 for State Entity Grants to support high-quality charter schools under section 4303 of ESEA; not less than \$150,000,000

for Charter Management Organization Grants for the replication and expansion of high-quality charter schools under section 4305(b); not less than \$70,000,000 for Facilities Grants under section 4304, of which not less than \$60,000,000 shall be for the Credit Enhancement program; and \$15,000,000 for national activities to provide technical assistance, disseminate best practices, and evaluate the impact of the charter school program. In addition to standard reprogramming requirements, the Committee directs the Department to notify and brief the Committees on Appropriations of the House of Representatives and the Senate as soon as possible of any need to reprogram funds between the activities specified above.

The Committee appreciates information included in the fiscal year 2021 CJ on activities to strengthen charter school authorizing and oversight practices, including through monitoring of and technical assistance on the use of State entity set-aside funds. The Committee requests that the Department effectively review the extent to which State entities are using such funds to ensure that charter schools receiving CSP grants are equipped to appropriately serve all students, including students with disabilities, and include a summary of findings of such reviews in the fiscal year 2022 CJ. In addition, the Committee encourages the Department to ensure that technical assistance and dissemination activities funded elsewhere at the Department, as appropriate, support the provision and oversight of special education services in charter schools.

Magnet Schools Assistance

The Committee recommends \$107,000,000 for the Magnet Schools Assistance program [MSAP]. 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.

The Committee strongly encourages the Department to include a priority for a portion of new grant funds in fiscal year 2021 for Magnet Schools Assistance applications that are connected to a nearby public housing redevelopment project, including developments funded through the HUD Choice Neighborhoods Initiative and the HUD Rental Assistance Demonstration. The notice inviting applications [NIA] shall prioritize MSAP applications that seek to provide an opportunity for children in the public housing redevelopment to attend a racially and economically integrated school in or near their neighborhood. The Department of Education is, to the extent feasible, directed to coordinate with HUD and the HUD Choice Neighborhoods Initiative, and to issue any 2021 MSAP NIA on or about the same date as the HUD Choice Neighborhoods notice of funding availability.

Arts in Education

The Committee recommendation includes \$29,000,000 for the Arts in Education program. The funding is used for competitive awards for national nonprofit organizations engaged in arts education, professional development activities, and model arts education programs. Funds also are used for evaluation and dissemination activities.

The Committee recommendation includes funding for each activity within this program at no less than the fiscal year 2020 level.

Javits Gifted and Talented Students

The Committee recommendation includes \$13,000,000 for the Javits Gifted and Talented Students Education program. Funds are used for awards to State and local educational agencies, institutions of higher education, and other public and private agencies for research, demonstration, and technical assistance activities designed to enhance the capability of elementary and secondary schools to meet the special educational needs of gifted and talented students, including those from disadvantaged and underrepresented populations.

American History and Civics Education

The Committee recommendation includes \$4,815,000 for American History and Civics Education, including \$1,815,000 for Presidential and Congressional Academies for American History and Civics and \$3,000,000 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.

Teacher and School Leader Incentive Grants

The Committee recommendation includes \$200,000,000 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 \$29,000,000 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 for preschool and elementary school children and their parents, caregivers, and teachers.

Supporting Effective Educator Development

The Committee recommendation includes \$80,000,000 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 principals and other school leaders on student achievement and other student outcomes. The SEED program is an ideal vehicle for helping ensure that more highly trained school leaders are available to serve in traditionally underserved LEAs and directs the Secretary to use a portion of funds made available for SEED to support the preparation of principals and other school leaders.

Programs of National Significance.—The Committee directs the Department to ensure grants are awarded to a diverse set of eligible entities operating programs of national significance, consistent with Congressional intent. The Committee strongly encourages the Department to include National non-profits and institutes of higher education that implement high evidence-based activities (as defined in section 8101(21)(A)(i) of the ESEA) that support a significant number of educators in multiple States and a number of sites to help bring to scale evidence-based programs of National significance and ensure a significant number of educators and students across the country are served by this program.

Statewide Family Engagement Centers

The Committee recommendation includes \$15,000,000, an increase of \$5,000,000, 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.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

Appropriations, 2020	\$210,000,000
Budget estimate, 2021	
Committee recommendation	210,000,000

The Committee recommends a total of \$210,000,000 for activities to promote safe schools, healthy students, and citizenship education.

Promise Neighborhoods

The Committee recommendation includes \$80,000,000 for the Promise Neighborhoods program. This program awards competitive grants to not-for-profit, community-based organizations for the de-

velopment 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.

School Safety National Activities

The Committee recommendation includes \$105,000,000 for the School Safety National Activities, including up to \$5,000,000 for Project SERV. This funding supports activities to improve student safety and well-being, including improving school climates, access to mental healthcare, and emergency management response; preventing school violence; and addressing the consequences of school violence or other traumatic events such as natural disasters.

Mental Health Services Professional Development and School-based Mental Health Services.—The Committee recommendation includes sufficient funding to continue current grants awarded to carry out these activities.

Opioid Abuse and Prevention.—The Committee notes the continued need for mental health counseling for students and their families affected by opioid abuse. School transformation grants supported under this program have supported strategies for preventing or mitigating the effects of opioid abuse. The Committee supports a continued focus on funding to help SEAs and LEAs implement evidence-based opioid use prevention strategies for schools in communities impacted by the opioid crisis.

Social Emotional Learning.— The Committee directs the Department to prioritize SEAs and LEAs whose applications describe how they will develop, adopt, and teach social and emotional skills in awarding grants pertaining to school safety.

Trauma-informed Care.—The Committee directs the Department to ensure activities within this account support the implementation of trauma-informed practices and other mental health supports in schools. Fostering trauma-informed cultures in schools helps both students and staff succeed by addressing the impacts of trauma; improves schools’ capacity to identify, refer, and provide services to students; improves staff retention and helps keep kids in school; and supports learning environments where students feel safe, supported, and ready to learn.

Full Service Community Schools

The Committee recommendation includes \$25,000,000 for Full-Service Community Schools. This programs 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.

ENGLISH LANGUAGE ACQUISITION

Appropriations, 2020	\$787,400,000
Budget estimate, 2021	
Committee recommendation	787,400,000

The Committee recommends an appropriation of \$787,400,000 for the English Language Acquisition 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. National activities funds shall be available for 2 years.

SPECIAL EDUCATION

Appropriations, 2020	\$13,885,228,000
Budget estimate, 2021	13,985,228,000
Committee recommendation	14,012,728,000

The Committee recommends an appropriation of \$14,012,728,000 for special education programs.

Grants to States

The Committee recommendation includes \$12,874,392,000 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 2021—2022 academic year. Of the funds available for this program, \$3,591,009,000 will become available on July 1, 2021, and \$9,283,383,000 will become available on October 1, 2021. These funds will remain available for obligation through September 30, 2022.

Preschool Grants

The Committee recommends \$401,620,000 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 \$484,500,000 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.

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. The bill includes language in the budget request that continues to allow funds under the program to be used for program evaluation.

Technical Assistance and Dissemination

The Committee recommends \$66,928,000 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 \$22,583,000, an increase of \$2,500,000, to support activities authorized by the Special Olympics Sport and Empowerment Act, including Project UNIFY. 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 \$89,700,000 for the Personnel Preparation program. Funds support competitive awards to help address State-identified needs for personnel who are qualified to work with children with disabilities, including special education teachers and related services personnel. The program is required to fund several other broad areas, including training leadership personnel and personnel who work with children with low-incidence disabilities, and providing enhanced support for beginning special educators.

The Committee recognizes that children of all ages who have been affected by the opioid crisis often face difficult challenges that can include neurodevelopmental effects of intrauterine exposure, toxic stress from the heavy toll of addiction on family dynamics, and trauma from the devastation of losing parents and caregivers to incarceration and death. Special education personnel, including those with expertise in early childhood, would benefit from additional evidence-based training to support children with developmental delays, trauma informed care, and positive behavior interventions and supports. Therefore, within the funds provided for this program, the Committee strongly urges the Department to prioritize such training and support related to addressing the challenges presented by the opioid crisis.

Parent Information Centers

The Committee recommends \$27,411,000 for Parent Information Centers. This program makes awards to parent organizations to support parent training and information centers, including community parent resource centers. These centers provide training and information to meet the needs of parents of children with disabilities living in the areas served by the centers, particularly underserved parents, and parents of children who may be inappropriately identified.

Technology and Media Services

The Committee recommends \$29,547,000 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.

Education Materials in Accessible Formats for Students with Visual Impairments.—The Committee continues to recognize the ongoing progress made with the tools and services provided under this program that have allowed more than 705,000 students with disabilities free access to more than 700,000 books in digitally accessible formats. The Committee strongly encourages continued effort to expand this program’s reach to K–12 students in underserved areas.

REHABILITATION SERVICES

Appropriations, 2020	\$3,747,739,000
Budget estimate, 2021	3,782,952,000
Committee recommendation	3,805,500,000

Vocational Rehabilitation State Grants

The Committee recommends \$3,667,801,000 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.

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 2020 level for parent information and training programs.

Protection and Advocacy of Individual Rights

The Committee recommends \$17,650,000 for the Protection and Advocacy of Individual Rights program. This program provides grants to agencies to protect and advocate for the legal and human rights of persons with disabilities who are ineligible for the protection and advocacy services available through the Developmental Disabilities Assistance and Bill of Rights Act (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 \$16,000,000 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, 2020	\$32,431,000
Budget estimate, 2021	32,431,000
Committee recommendation	34,431,000

The Committee recommends \$34,431,000 to help support American Printing House for the Blind [APH].

APH provides educational materials to students who are legally blind and enrolled in programs below the college level. 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 textbooks and

other educational aids in Braille, large type, recorded form, and computer applications. Appropriated funds may be used for staff salaries and expenses, as well as equipment purchases and other acquisitions, consistent with the purpose of the Act to Promote the Education of the Blind (Public Law 45–186).

Center for Assistive Technology Training.—Within the total, the Committee recommendation includes \$3,000,000, an increase of \$1,000,000, to continue and expand the Center for Assistive Technology Training regional partnership established in fiscal year 2019. APH is continually developing new products and technologies to help ensure students who are blind and visually impaired have access to the education materials they need to succeed in school. This partnership pairs the provision of assistive technology with training for students, families, and teachers to help them fully utilize available products and technology.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Appropriations, 2020	\$79,500,000
Budget estimate, 2021	79,500,000
Committee recommendation	81,500,000

The Committee recommends \$81,500,000 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 \$6,500,000, an increase of \$1,000,000, for NTID’s Regional STEM Center [NRSC]. The NRSC, first established with fiscal year 2016 funds, 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. The Committee recommendation supports the expansion of the current NRSC.

GALLAUDET UNIVERSITY

Appropriations, 2020	\$137,361,000
Budget estimate, 2021	137,361,000
Committee recommendation	140,361,000

The Committee recommends \$140,361,000 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 \$3,500,000, an increase of \$500,000, to expand the current regional partnership through the ELAP. The ELAP supports early language acquisition for children from birth through age three who are deaf or hard of hearing. The existing partnership includes activities to improve early language acquisition training for early educators, caretakers, and other professionals. This partnership 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, 2020	\$1,960,686,000
Budget estimate, 2021	2,723,265,000
Committee recommendation	2,035,686,000

Career and Technical Education

The Committee recommends \$2,035,686,000 for the Career and Technical Education [CTE] account.

State Grants.—The Committee recommends \$1,357,598,000 for CTE State grants. Funds provided under the State grant program assist States, localities, and outlying areas to expand and improve their CTE program and help ensure equal access to CTE for populations with special needs. Persons assisted range from secondary students in 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 109–270).

Of the funds available for this program, \$566,598,000 will become available July 1, 2021, and \$791,000,000 will become available on October 1, 2021. These funds will remain available for obligation until September 30, 2022.

National Activities.—The Committee recommends \$7,421,000 to support research, development, demonstration, dissemination, evaluation, and assessment of activities aimed at improving the quality and effectiveness of CTE.

Adult Education

The Committee recommends \$670,667,000 for Adult Education programs.

Adult Education State Grants.—The Committee recommendation includes \$656,955,000 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.

STUDENT FINANCIAL ASSISTANCE

Appropriations, 2020	\$24,520,352,000
Budget estimate, 2021	22,975,352,000
Committee recommendation	24,520,352,000

The Committee recommends an appropriation of \$24,520,352,000 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. Pell grants provide need-based financial assistance that helps undergraduate students and their families defray a portion of the costs of postsecondary education. Awards are determined according to a statutory need-analysis formula that takes into account a student's family income and assets, household size, and the number of family members, excluding parents, attending postsecondary institutions.

The Committee recommendation includes \$5,435 for the discretionary portion of the maximum Pell grant award, an increase of \$150. Combined with mandatory funding, this would provide a total maximum award of \$6,495 for the 2021–2022 award year, an increase of 2.4 percent.

Federal Supplemental Educational Opportunity Grant Program

The Committee recommends \$865,000,000 for the Supplemental Educational Opportunity Grant [SEOG] program. The SEOG program provides funds to approximately 3,600 postsecondary institutions for need-based grants to more than 1,500,000 undergraduate students. Institutions must contribute at least 25 percent toward SEOG awards. Students qualify for grants of up to \$4,000 by demonstrating financial need. Priority is given to Pell grant recipients with exceptional need.

Federal Work-Study Program

The Committee bill provides \$1,180,000,000 for the Federal Work-Study [FWS] program. This program provides grants to approximately 3,200 institutions and helps over 600,000 undergraduate, graduate, and professional students meet the costs of postsecondary education through part-time employment. Institutions must provide at least 25 percent of student earnings.

Within the total for FWS, the Committee recommendation includes \$10,051,000, level with fiscal year 2020, for the Work Col-

leges program authorized under section 448 of the Higher Education Act (Public Law 89–329), as amended.

FEDERAL DIRECT STUDENT LOAN PROGRAM ACCOUNT

Appropriations, 2020	\$50,000,000
Budget estimate, 2021	
Committee recommendation	

The Committee recommendation does not include additional discretionary funding for the Federal Direct Student Loan Program Account. Since fiscal year 2018, \$750,000,000 has been appropriated for this account, which provides for student loan borrower loan forgiveness under Temporary Expanded Public Service Loan Forgiveness Program [TEPSLF]. As of the end of fiscal year 2020, approximately \$675,000,000 of that amount remains available, which is more than sufficient funding to forgive loans for borrowers that become eligible under the TEPSLF program in fiscal year 2021 and in coming years.

The Committee directs the Department to provide quarterly updates beginning no later than 30 days after enactment to the Committees on Appropriations of the House of Representatives and the Senate; the Senate Committee on Health, Education, Labor, and Pensions; and the House Committee on Education and Labor, on actions taken to implement GAO’s recommendations and to comply with other requirements in this and prior appropriations acts establishing this program.

STUDENT AID ADMINISTRATION

Appropriations, 2020	\$1,768,943,000
Budget estimate, 2021	1,883,309,000
Committee recommendation	1,868,943,000

The Committee recommends \$1,868,943,000 for the Student Aid Administration account. These funds are available until September 30, 2022, 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, predominantly because the number of Federal Direct Loans continues to increase, enhance IT and cyber security, and support the continued transition to the Next Generation Processing and Servicing Environment [NextGen].

The Committee directs the Department to continue to provide quarterly reports detailing its obligation plan by quarter for student aid administrative activities, broken out by servicer and activity, and detailing performance metrics, total loan volume, and number of accounts, broken out by servicer and for each private collection agency.

Ability to Benefit.—The Committee reiterates the directive included in the fiscal year 2020 explanatory statement and directs the Department to issue guidance within 60 days of enactment that serves as a simple and clear resource for implementing Ability to Benefit at institutions of higher education [IHE].

Free Application for Federal Student Aid [FAFSA] and Opioid Crisis.—The Committee encourages the Department to provide support for students who, due to substance use disorders, are unable

to include parental information in the FAFSA. This could include further efforts to ensure students and financial aid administrators are aware of current options for students, providing specific information and examples of how students whose parents have substance use disorders can utilize current options, and exploring other administrative changes to help address the unique needs of such students.

FAFSA Simplification.—The Committee supports efforts to simplify and streamline the FAFSA. The FUTURE Act (Public Law 116–91) was an important step toward this goal and the Committee looks forward to working with the Department and authorizing Committees on its implementation and other efforts to simplify and modernize the FAFSA and Federal Student Aid.

Monitoring and Oversight.—The Committee directs the Department to include information in the fiscal year 2022 budget justification on its efforts to improve effective monitoring and oversight of FSA contractors.

Return of Title IV Funds.—The Committee continues to strongly encourage the Department to pursue efforts to simplify and streamline the Return of Title IV Funds process for institutions of higher education and students.

State-based and Non-profit Servicing Organizations.—The Committee strongly encourages the Department to ensure a role for State-based and non-profit servicing organizations in the NextGen Financial Services Environment. Many such organizations have demonstrated expertise in helping struggling borrowers avoid default and may be uniquely positioned to assist borrowers who reside in or attend school in the same State or region. The Committee encourages the Department to consider such factors in the current performance-based allocation system and in developing student loan servicing partnerships as part of Next Gen.

Student Loan Servicing.—The Committee recommendation continues all requirements from the Further Consolidated Appropriations Act, 2020 (Public Law 116–94). The Committee notes there are significant concerns with the Department’s current plan and contract solicitation for an Interim Servicing Solution [ISS] that was released on October 28, 2020. The Committee appreciates the Department’s periodic briefings on NextGen, including specifically on ISS. However, there are significant concerns ISS limits competition; could result in two vendors servicing all Federal student loans for an indefinite period of time during the ISS initial state; and is an interim step to an eventual Optimal Processing Solution [OPS] that would require transferring Federal student loan accounts multiple times. The Committee expects the Department to thoroughly consider options to move more quickly to OPS, including extending current contracts to avoid the need for this interim step. The Committee expects to work with the Department to address bipartisan concerns with ISS as part of a final fiscal year 2021 appropriations bill. The Committee recommendation includes an increase for Student Aid Administration Servicing Activities to address increased student loan servicing costs, which are expected to continue to increase as the number of Federal Direct Loans continues to increase.

HIGHER EDUCATION

Appropriations, 2020	\$2,475,792,000
Budget estimate, 2021	1,788,634,000
Committee recommendation	2,488,157,000

The Committee recommends an appropriation of \$2,488,157,000 for higher education programs.

Aid for Institutional Development

The Committee recommends \$774,359,000, an increase of \$14,805,000 in discretionary funding for Aid for Institutional Development. These totals do not include separately authorized and appropriated mandatory funding.

Strengthening Institutions.—The Committee recommends \$109,956,000 to provide competitive, 1-year planning and 5-year development grants for institutions with a significant percentage of financially needy students and low educational and general expenditures per student in comparison with similar institutions. Applicants may use these funds to develop faculty, strengthen academic programs, improve institutional management, and expand student services.

Hispanic-Serving Institutions [HSIs].—The Committee recommends \$145,870,000 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.

Promoting Postbaccalaureate Opportunities for Hispanic Americans.—The Committee recommends \$13,088,000 for competitive, 5-year grants to HSIs to help Hispanic Americans gain entry into and succeed in graduate study. Institutions may use funding to support low-income students through outreach programs; academic support services; mentoring and financial assistance; acquisition, rental, or lease of scientific or laboratory equipment; construction and other facilities improvements; and purchase of educational materials.

Strengthening Historically Black Colleges and Universities [HBCUs].—The Committee recommends \$331,123,000 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 \$85,632,000 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 Predominately Black Institutions [PBIs].—The Committee recommends \$13,454,000 for the Strengthening PBIs program. This program provides 5-year grants to PBIs to plan and implement programs to enhance the institutions' capacities to serve more low- and middle-income students. Funding may be used for establishing or enhancing a program of teacher education designed to qualify students to teach in a public elementary school or secondary school in the State that shall include, as part of such program, preparation for teacher certification or licensure.

Strengthening Asian American and Native American Pacific Islander-Serving Institutions [AANAPISIs].—The Committee recommends \$4,531,000 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 \$18,677,000 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.

Strengthening Native American-Serving Non-Tribal Institutions.—The Committee recommends \$4,531,000 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.

Strengthening Tribally Controlled Colleges and Universities.—The Committee recommends \$37,347,000 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.

The Committee recognizes the importance of this investment which is a lifeline for the development of Tribal Colleges and Universities. The Committee also is aware that title III, part F of HEA mandatory funding supports nearly half of the funding available to Tribal Colleges and Universities and has been used for critical investments, including the development and implementation of career training programs, vitally needed facilities and laboratory modernization, information and technology maintenance and expansion, and student support services.

Strengthening Master's Degree Programs at Historically Black Colleges and Universities.—The Committee recommends

\$10,150,000 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 \$76,164,000 for International Education and Foreign Language Studies programs. Funds are used to increase the number of experts in foreign languages and area or international studies to meet national security needs through visits and study in foreign countries.

Domestic Programs.—The Committee recommends \$68,103,000 for domestic program activities related to international education and foreign language studies under title VI of the HEA. Funds are used to support centers, programs, and fellowships. The Committee urges the Secretary to preserve the program's longstanding focus on activities and institutions that address the Nation's need for a strong training and research capacity in foreign languages and international studies, including increasing the pool of international experts in areas that are essential to national security and economic competitiveness.

Overseas Programs.—The Committee recommends \$8,061,000 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.

Model Comprehensive Transition and Postsecondary Programs for Students With Intellectual Disabilities

The Committee recommendation includes \$13,800,000 for the Transition Programs for Students with Intellectual Disability [TPSID] Model Demonstrations and TPSID National Coordinating Center [NCC]. The Department awards 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 program also supports an NCC.

The Committee recommendation includes \$2,000,000 to establish a technical assistance center to translate and disseminate research and best practices for all institutions of higher education, including those not participating in the TPSID program, for improving inclusive postsecondary education for students with intellectual disabilities. This center will help ensure that knowledge and products gained through research and development, including through the TPSID program, will reach more IHEs and more students and improve postsecondary opportunities for students with intellectual disabilities.

Minority Science and Engineering Improvement

The Committee recommends \$15,000,000, an increase of \$2,365,000, 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 \$10,195,000 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 \$1,090,000,000 for Federal TRIO programs, which provide a variety of services to improve postsecondary education opportunities for low-income individuals and first-generation college students.

Upward Bound offers disadvantaged high school students academic services to develop the skills and motivation needed to pursue and complete a postsecondary education; Student Support Services provides developmental instruction, counseling, summer programs, and grant aid to disadvantaged college students to help them complete their postsecondary education; Talent Search identifies and counsels individuals between ages 11 and 27 regarding opportunities for completing high school and enrolling in postsecondary education; Educational Opportunity Centers provide information and counseling on available financial and academic assistance to low-income adults who are first-generation college students; and the Ronald E. McNair Postbaccalaureate Achievement Program supports research internships, seminars, tutoring, and other activities to encourage disadvantaged college students to enroll in doctoral programs.

The Committee directs the Department to allocate any grant funding not needed for non-competitive continuation awards or for programs up for re-competition in fiscal year 2021 to provide inflationary increases for current grantees, and to increase the number and size of new awards in the fiscal year 2021 Talent Search and Educational Opportunity Centers grant competitions. The Committee directs the Department to include proposed funding levels for each of the TRIO programs in the operating plan required under section 516 of this act, and to brief the Committees on Appropriations of the House of Representatives and the Senate prior to issuing a Notice Inviting Applications.

The Committee continues to not support the budget proposal to transform TRIO into a single State formula grant, which is an issue that is more appropriately considered as part of the reauthorization of HEA.

Gaining Early Awareness and Readiness for Undergraduate Programs [GEAR UP]

The Committee recommends \$365,000,000 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 long-standing 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, 2021, will be eligible to receive a new State GEAR UP award funded in whole or in part by this appropriation. 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 Sec. 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 and Javits Fellowships

The Committee recommends \$23,047,000 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 \$50,092,000 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 creating model teacher preparation and residency programs.

Child Care Access Means Parents in Schools

The Committee recommendation includes \$53,000,000 for the Child Care Access Means Parents in Schools 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 postsecondary education.

Fund for the Improvement of Post-Secondary Education

The Committee recommendation includes \$17,500,000 for the Fund for the Improvement of Post-Secondary Education.

National Center for Information and Technical Support for Postsecondary Students with Disabilities.—The bill includes \$500,000 for the operation of the National Center for Information and Technical Support for Postsecondary Students with Disabilities authorized under section 777(a) of the HEA.

Open Textbook Pilot.—The recommendation includes \$7,000,000 to continue the Open Textbook Pilot and support a new grant competition in fiscal year 2021. The Committee directs the Department to issue a notice inviting applications and allow for a 60-day application period. This funding should support a significant number of grant awards under the same terms and conditions as specified for this activity in fiscal year 2020.

Rural Postsecondary and Economic Development Grant Program.—The Committee recommendation includes \$10,000,000 for competitive grants to institutions of higher education and other public and private non-profit organizations and agencies for innovative approaches to improve rates of postsecondary enrollment and completion among rural students. Programs that provide academic and career counseling and exposure to post-secondary opportunities to students as early as 8th grade and continuing through secondary and post-secondary education, have been shown to significantly increase rates of post-secondary enrollment and completion among rural students. In awarding grants, the Department should give priority to applications that include partnerships with regional economic development or workforce agencies, regional employers, or other relevant nonprofit organizations. Further, the Department should prioritize applications that include strategies for developing and maintaining long-term college and career advising relationships with middle and high school students to support them through their transition to postsecondary education, including potential transitions from 2- to 4-year programs; support alignment of academic programs with, and development of, career pathways to high-need occupations in the region; and include a sustainability plan to maintain programs and services after completion of the grant.

HOWARD UNIVERSITY

Appropriations, 2020	\$240,018,000
Budget estimate, 2021	240,018,000
Committee recommendation	244,018,000

The Committee recommends an appropriation of \$244,018,000, an increase of \$4,000,000, for Howard University. Located in the District of Columbia, Howard offers undergraduate, graduate, and professional degrees through 12 schools and colleges. The university also administers the Howard University Hospital. Federal funds from this account support approximately 38 percent of the university’s operating costs. The Committee recommends, within the funds provided, not less than \$3,405,000 for the endowment program.

Howard University Hospital.—Within the funds provided, the Committee recommends \$27,325,000 for Howard University Hospital. The hospital provides inpatient and outpatient care, as well as training in the health professions. It also serves as a major acute and ambulatory care center for the District of Columbia and functions as a major teaching facility attached to the university. The Federal appropriation provides partial funding for the hospital’s operations.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM

Appropriations, 2020	\$435,000
Budget estimate, 2021	435,000
Committee recommendation	435,000

Federal Administration.—The Committee bill includes \$435,000 for Federal administration of the CHAFL, College Housing Loans, and Higher Education Facilities Loans programs. Prior to fiscal year 1994, these programs provided financing for the construction, reconstruction, and renovation of housing, academic, and other educational facilities. While no new loans have been awarded since fiscal year 1993, costs for administering the outstanding loans will continue through 2030. These funds will be used to reimburse the Department for administrative expenses incurred in managing the existing loan portfolio.

HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING PROGRAM ACCOUNT

Appropriations, 2020	46,484,000
Budget estimate, 2021	40,484,000
Committee recommendation	46,484,000

The Committee recommends \$46,484,000 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 (not including subsidy costs related to specific funding available for loan deferments described below). This will support an estimated \$220,000,000 in new loan volume in fiscal year 2021. In addition, the Committee recommendation includes \$16,000,000 and \$10,000,000 respectively for the costs of deferring loans made under this program for private and public HBCUs with demonstrated financial need. Finally, the Committee recommendations includes \$334,000 for administrative expenses.

INSTITUTE OF EDUCATION SCIENCES

Appropriations, 2020	\$623,462,000
Budget estimate, 2021	565,440,000
Committee recommendation	635,462,000

The Committee recommends \$635,462,000 for the Institute of Education Sciences [IES]. This account supports education re-

search, development, dissemination, and evaluation; data collection and analysis activities; and the assessment of student progress.

Under the Education Sciences Reform Act of 2002 (Public Law 107–279), Congress established IES to provide objective and valid research-driven knowledge that was free of political influence or bias so as to better inform effective education practices at the State and local levels. The act required IES, in carrying out its mission, “to compile statistics, develop products, and conduct research, evaluations, and wide dissemination activities in areas of demonstrated national need and ensure that such activities conform to high standards of quality, integrity, and accuracy and are objective, secular, neutral, and nonideological and are free of partisan political influence.”

The Committee directs the Director to submit an operating plan within 90 days of enactment to the Committees on Appropriations of the House of Representatives and the Senate detailing how IES plans to allocate funding available to the Institute for research, evaluation, and other activities authorized under law.

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.

RESEARCH, DEVELOPMENT, AND DISSEMINATION

The Committee recommends \$195,877,000 for education research, development, and national dissemination activities. Funds are available for obligation for 2 fiscal years. These funds support activities that are aimed at expanding fundamental knowledge of education and promoting the use of research and development findings in the design of efforts to improve education.

Student Financial Aid.—The Committee encourages IES to conduct a study on whether cost of living is accurately reflected in IHE’s costs of attendance, and a study on how family income affects students’ application rates and participation in Federal student financial aid programs.

STATISTICS

The Committee recommends \$110,500,000 for data gathering and statistical analysis activities at the National Center for Education Statistics [NCES].

NCES collects, analyzes, and reports statistics on education in the United States. Activities are carried out directly and through grants and contracts. The Center collects data on educational institutions at all levels, longitudinal data on student progress, and data relevant to public policy. NCES also provides technical assistance to SEAs, LEAs, and postsecondary institutions.

REGIONAL EDUCATIONAL LABORATORIES

The Committee recommends \$56,022,000 to continue support for the Regional Educational Laboratories program. Funds available in this bill will continue to support a network of 10 laboratories. The laboratories are responsible for promoting the use and development

of knowledge and evidence in broad-based systemic strategies to increase student learning and further school improvement efforts. The Committee 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.

RESEARCH AND INNOVATION IN SPECIAL EDUCATION

The Committee recommends \$56,500,000 for research and innovation in special education conducted by the National Center for Special Education Research [NCSE].

The Center addresses gaps in scientific knowledge to improve special education and early intervention services and outcomes for infants, toddlers, and children with disabilities. Funds provided to the Center are available for obligation for 2 fiscal years.

The Committee continues to believe that NCSE should manage its appropriation to be able to conduct research and training grant competitions annually.

SPECIAL EDUCATION STUDIES AND EVALUATIONS

The Committee recommends \$10,818,000 for special education studies and evaluations.

This program supports competitive grants, contracts, and cooperative agreements to assess the implementation of IDEA. Funds are also used to evaluate the effectiveness of State and local efforts to deliver special education services and early intervention programs. Funds are available for obligation for 2 fiscal years.

STATEWIDE DATA SYSTEMS

The Committee recommendation includes \$33,000,000 for the Statewide Data Systems program.

This program supports competitive grants to SEAs to enable such agencies to design, develop, and implement Statewide, longitudinal data systems to manage, analyze, disaggregate, and use individual data for students of all ages. Early childhood, postsecondary, and workforce information systems may be linked to such systems or developed with program funds. The Committee believes the Department should continue its efforts to ensure every State has the base support necessary to develop effective systems. Funds are available for obligation for 2 fiscal years.

ASSESSMENT

The Committee recommends \$172,745,000 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 \$7,745,000 for the National Assessment Governing Board, which is responsible for formulating policy for NAEP.

DEPARTMENTAL MANAGEMENT
PROGRAM ADMINISTRATION

Appropriations, 2020	\$430,000,000
Budget estimate, 2021	448,723,000
Committee recommendation	430,000,000

The Committee recommends \$430,000,000 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.

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.

Disclosures of Foreign Gifts and Contracts.—The Committee appreciates the Department's report on Intentional Compliance with Section 117 of the HEA. The Committee directs the Department to provide periodic updates to this report to the Committees on Appropriations of the House of Representatives and the Senate to help ensure IHEs are complying with their requirements under the law, and to work with IHEs to ensure they are aware of such requirements.

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.

Integrated Postsecondary Education Data System [IPEDS] Finance Survey.—Inconsistencies in how institutions report certain expenditure data to IPEDS can make it difficult to compare across institutions. The Committee encourages the Department to explore options for improving this data collection, including specifically whether better definitions of key expenditure categories including instruction, academic support, and student services, could lead to more accurate and consistent reporting of institutional expenditures.

Performance Partnerships.—The Committee recommendation continues authority for Performance Partnerships as included in prior appropriations acts. Performance Partnerships allow States and localities to demonstrate better ways of improving outcomes for disconnected youth by giving them additional flexibility in using discretionary funds across multiple Federal programs. The Committee also continues to encourage the administration to enhance its efforts working with existing and potential sites on the full

range of flexibilities that could be employed to help better serve disconnected youth.

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 colleges and universities can play an important role in promoting access, affordability, and completion in higher education. The Committee encourages the Department to gather input from States to develop and disseminate best practices on implementing and scaling up comprehensive statewide systems on articulation agreements.

Reorganization Plans.—The Committee recommendation continues all directives included in the Consolidated Appropriations Act, 2020 (Public Law 116–94) and the accompanying explanatory statement.

Spatial Computing.—According to BLS, technology-related industries are projected to be among the fastest growing industries within the United States over the next 10 years. However, due to the lack of qualified individuals within the labor pool, many of these jobs result in outsourcing to foreign nationals. Not only does this present a threat to this Nation's economy, it also poses a threat to our national security. Therefore, it is imperative to further policies ensuring the United States continues to be unsurpassed as the world's leader in technological innovation. Presently, the United States is the leader in spatial computing, the next step in the evolution of computing. Therefore, the Committee directs the Department to conduct a feasibility report on the establishment of a Center of Excellence designation for spatial computing. This designation would assist higher education institutions in their efforts to teach and train students within the field of spatial computing. The Department is directed to include within this report a timeline, cost, and recommendations in the creation of this Center of Excellence designation. The Committee encourages the Department to work with the Departments of Labor and Commerce for their input and recommendations. Within 180 days of enactment the Department is directed to provide a report with its recommendations to the Committees of Appropriations of the House of Representatives and the Senate.

Staffing Reports.—The Committee requests the Department continue to provide a report not later than 30 days after the conclusion of each quarter detailing the number of full time equivalent employees and attrition by principal office and appropriations account.

Travel Notifications.—The Committee includes a general provision requiring the Department to submit an upcoming travel report to the Committees on Appropriations of the House of Representatives and the Senate by the 1st and 15th day of each month. The report shall include upcoming official travel by the Secretary, Under Secretary, Assistant Secretary for the Office of Elementary and Secondary Education, Assistant Secretary for the Office of Postsecondary Education, and Assistant Secretary for the Office of

Career, Technical, and Adult Education for the following two weeks, with details specifying location (city and state), event, and partners where the event will be held.

Work-based Learning.—The Committee notes that quality work-based learning opportunities in high school can play a critical role in preparing students for future careers. The Committee supports efforts in the Every Student Succeeds Act (Public Law 114–95) and Strengthening Career and Technical Education for the 21st Century Act (Public Law 115–224) that allow States to include work-based learning indicators as part of their statewide accountability systems.

OFFICE FOR CIVIL RIGHTS

Appropriations, 2020	\$130,000,000
Budget estimate, 2021	130,000,000
Committee recommendation	130,000,000

The Committee recommends \$130,000,000 for the Office of 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.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2020	\$63,000,000
Budget estimate, 2021	68,019,000
Committee recommendation	63,000,000

The Committee recommends \$63,000,000 for OIG.

OIG has the authority to investigate all departmental programs and administrative activities, including those under contract or grant, to prevent and detect fraud and abuse, and to ensure the quality and integrity of those programs. The Office investigates alleged misuse of Federal funds and conducts audits to determine compliance with laws and regulations, efficiency of operations, and effectiveness in achieving program goals.

GENERAL PROVISIONS

Section 301. The bill continues a provision prohibiting the use of funds 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 from July 1, 2021, through September 30, 2022.

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 modifies a provision rescinding fiscal year 2021 mandatory funding to pay for mandatory costs of increasing the maximum discretionary Pell award.

Section 309. The bill modifies a provision rescinding prior year unobligated Pell grant discretionary funding.

Section. 310. The bill continues a provision regarding administrative costs for Public Service Loan Forgiveness.

Section. 311. The bill includes a new provision establishing a Nonrecurring Expenses Fund for the Department of Education.

Section. 312. The bill includes a new provision related to travel.

TITLE IV

RELATED AGENCIES

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

SALARIES AND EXPENSES

Appropriations, 2020	\$10,000,000
Budget estimate, 2021	13,930,000
Committee recommendation	12,000,000

The Committee recommends \$12,000,000, an increase of \$2,000,000, for the Committee for Purchase from People Who Are Blind or Severely Disabled, of which no less than \$2,500,000 shall be made available for the Office of Inspector General.

The Commission provides approximately 45,000 blind or severely disabled Americans with employment opportunities 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 more than \$3,600,000,000 in contracts, it is the Federal Government's largest employment program for the severely disabled. The Committee is encouraged by the steps the Commission has taken to address concerns regarding the oversight of the central nonprofit agencies [CNA], the independent contracted organizations which administer the program.

The Committee for Purchase From People Who Are Blind or Severely Disabled shall submit in an electronic format quarterly reports on CNA Fees and CNA Expenditures, due no later than 60 days after the end of the fiscal quarter, to the Committees on Oversight and Government Reform and Education and the Workforce of the House of Representatives, Committees on Homeland Security and Governmental Affairs and Health, Education, Labor, and Pensions of the Senate, and Committees on Appropriations of the House of Representatives and the Senate.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

The Corporation for National and Community Service [CNCS], a corporation owned by the Federal Government, was established to enhance opportunities for national and community service. CNCS administers programs authorized under the Domestic Volunteer Service Act (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 \$1,154,358,000.

OPERATING EXPENSES

Appropriations, 2020	\$806,529,000
Budget estimate, 2021	30,105,000
Committee recommendation	848,529,000

The Committee recommends \$848,529,000 for the operating expenses of CNCS.

Volunteers in Service to America [VISTA]

The Committee recommends \$93,364,000 for VISTA. This program provides capacity building for small, community-based organizations with a mission of combating poverty. VISTA members raise resources, recruit and organize volunteers, and establish and expand programs in housing, employment, health, and economic development activities.

National Senior Volunteer Corps

The Committee recommends \$229,017,000, an increase of \$8,000,000, 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 \$460,510,000, an increase of \$32,000,000, 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.

Commission Investment Fund [CIF].—The Committee recommendation includes no less than \$8,500,000, the same as the fiscal year 2020 level, for 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 Amount Grants.—The Committee continues to encourage CNCS to expand opportunities for AmeriCorps programs to utilize fixed amount grants, which could reduce unnecessary administrative burdens on current and potential AmeriCorps programs. The Committee encourages CNCS to increase the current maximum cost per member service year of fixed amount grants to make it more comparable to cost reimbursement grant levels and allow new AmeriCorps programs to be eligible to apply for full-time fixed amount grants, while also ensuring that fixed amount grantees provide a comparable amount of matching funds and that there is sufficient oversight and accountability of fixed amount grantees.

Professional Corps.—The Committee continues to direct CNCS to include a determination of need by the local community among the factors that a professional corps program may use to demonstrate an inadequate number of professional in a community. Further, the Committee continues to strongly encourage CNCS to increase the maximum amount of operating funds per member service year that a professional corps program may request as part of their grant application. The Committee continues to direct CNCS to provide professional corps programs flexibility in justifying the need for operating funds to ensure that these programs are able to provide high-quality services in all communities.

Transformation and Sustainability Plan [TSP].—The Committee continues to direct CNCS to ensure that TSP does not create any degradation in services, technical assistance, or support for local community service programs, particularly those operating in underserved and rural areas, and to provide periodic briefings to the Committees on Appropriations of the House of Representatives and the Senate on steps taken to ensure that.

National Civilian Community Corps [NCCC]

The Committee recommendation includes \$33,500,000 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 \$9,600,000 for innovation, demonstration, and assistance activities.

Volunteer Generation Fund.—Within the total, the Committee recommendation includes \$6,400,000 for the Volunteer Generation Fund authorized under section 198P of the SERVE America Act (Public Law 111–13), the same as the comparable fiscal year 2020 funding level.

National Days of Service.—The Committee recommendation includes \$3,200,000 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.

Evaluation

The Committee recommendation includes \$4,000,000 for CNCS evaluation activities.

State Commission Grants

The Committee recommendation includes \$18,538,000 for State Commission Grants.

PAYMENT TO THE NATIONAL SERVICE TRUST

Appropriations, 2020	\$208,342,000
Budget estimate, 2021	10,000,000
Committee recommendation	213,342,000

The Committee recommends an appropriation of \$213,342,000 for making payments to the National Service Trust.

The National Service Trust makes payments of Segal education awards, pays interest that accrues on qualified student loans for

AmeriCorps participants during terms of service in approved national service positions, and makes other payments entitled to members who serve in the programs of CNCS.

SALARIES AND EXPENSES

Appropriations, 2020	\$83,737,000
Budget estimate, 2021	47,333,000
Committee recommendation	86,237,000

The Committee recommends an appropriation of \$86,237,000 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, 2020	\$5,750,000
Budget estimate, 2021	4,258,000
Committee recommendation	6,250,000

The Committee recommends an appropriation of \$6,250,000 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); and allowing CNCS to fund 1,200 hour member service positions (section 406).

CORPORATION FOR PUBLIC BROADCASTING

Appropriations, 2022	\$465,000,000
Budget estimate, 2023 .....	.....
Committee recommendation	465,000,000

The Committee recommends \$465,000,000 for the Corporation for Public Broadcasting [CPB] as an advance appropriation for fiscal year 2023.

The majority of these funds go directly to local public television and radio stations to support their programming. CPB funds also support the creation of content for radio, television, and other platforms; system support activities that benefit the entire public broadcasting community; and CPB’s administrative costs. 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.

Technology and distribution systems have greatly evolved since Congress established the practice of funding public broadcasting interconnection. Recognizing technology's power in creating further cost efficiencies across the public media system, the Committee recommendation includes \$20,000,000 for continued support of CPB in replacing and upgrading the public broadcasting interconnection system and further investing in system-wide infrastructure and services that benefit the American people.

FEDERAL MEDIATION AND CONCILIATION SERVICE

SALARIES AND EXPENSES

Appropriations, 2020	\$47,200,000
Budget estimate, 2021	48,600,000
Committee recommendation	47,200,000

The Committee recommends \$47,200,000 for the Federal Mediation and Conciliation Service [FMCS]. FMCS provides mediation, conciliation, and arbitration services to labor and management organizations to prevent and minimize work stoppages and promote stable labor-management relationships. FMCS is also authorized to provide dispute resolution consultation and training to all Federal agencies.

Within the total, FMCS may utilize up to \$900,000 for labor-management partnership grants. These grants support innovative approaches to collaborative labor-management relationships to resolve potential problems, explore ways to improve productivity, and avert serious work stoppages.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriations, 2020	\$17,184,000
Budget estimate, 2021	17,184,000
Committee recommendation	17,184,000

The Committee recommends \$17,184,000 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.

The Committee continues to direct FMSHRC to prioritize the allocation of resources and assignment of staff to reducing the time substantive cases on appeal are awaiting a decision.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

OFFICE OF MUSEUM AND LIBRARIES: GRANTS AND ADMINISTRATION

Appropriations, 2020	\$252,000,000
Budget estimate, 2021	23,000,000
Committee recommendation	257,000,000

The Committee recommends \$257,000,000, an increase of \$5,000,000, 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.

The Committee reiterates its support for IMLS to provide assistance to entities whose sole focus is promoting women in the arts.

Reopening Archives, Libraries, and Museums [REALM].—The Committee provides \$1,000,000 for the REALM project.

Within the total for IMLS, the Committee recommendation includes the amounts below:

[In thousands of dollars]

Budget activity	Fiscal year 2020 appropriation	Fiscal year 2021 request	Committee recommendation
Library Services Technology Act (LSTA):			
Grants to States	166,803,000	.....	169,803,000
Native American Library Services	5,263,000	.....	5,263,000
National Leadership: Libraries	13,406,000	.....	13,406,000
Laura Bush 21st Century Librarian	10,000,000	.....	10,000,000
Subtotal, LSTA	195,472,000	.....	198,472,000
Museum Services Act:			
Museums for America	25,899,000	.....	26,899,000
Native American/Hawaiian Museum Services	1,772,000	.....	1,772,000
National Leadership: Museums	8,113,000	.....	8,113,000
Subtotal, MSA	35,784,000	.....	36,784,000
African American History and Culture Act	2,731,000	.....	2,731,000
Administration	15,000,000	.....	15,000,000
Research, Analysis and Data Collection	3,013,000	.....	4,013,000
IMLS, Total	252,000,000	.....	257,000,000

MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION

SALARIES AND EXPENSES

Appropriations, 2020	\$8,780,000
Budget estimate, 2021	9,265,000
Committee recommendation	8,780,000

The Committee recommends \$8,780,000 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, 2020	\$12,545,000
Budget estimate, 2021	13,575,000
Committee recommendation	12,545,000

The Committee recommends \$12,545,000 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, 2020	\$3,350,000
Budget estimate, 2021	3,350,000
Committee recommendation	3,350,000

The Committee recommends \$3,350,000 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 and Rehabilitation Research on issues of concern to individuals with disabilities. The Council gathers information on the implementation, 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, 2020	\$274,224,000
Budget estimate, 2021	246,876,000
Committee recommendation	264,224,000

The Committee recommends \$264,224,000, a decrease of \$10,000,000, 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 notes that total caseload for the NLRB has steadily declined. Case intake is down in fiscal year 2020 by more than 15 percent through the third quarter for the same period in fiscal year 2019; 14,684 total cases in July 2020 compared to 17,344 in July 2019. As such, the Committee instructs NLRB to ensure staffing levels are commensurate with the agency’s workload.

ADMINISTRATIVE PROVISIONS

The Committee maintains language restricting the use of electronic voting (section 407).

NATIONAL MEDIATION BOARD

SALARIES AND EXPENSES

Appropriations, 2020	\$14,050,000
Budget estimate, 2021	13,900,000
Committee recommendation	14,050,000

The Committee recommends \$14,050,000 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 bar-

gaining representatives, and administers arbitration of employee grievances.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriations, 2020	\$13,225,000
Budget estimate, 2021	13,721,000
Committee recommendation	13,225,000

The Committee recommends \$13,225,000 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, 2020	\$16,000,000
Budget estimate, 2021	13,000,000
Committee recommendation	13,000,000

The Committee recommends \$13,000,000 for the Dual Benefits Payments Account. This amount includes an estimated \$1,000,000 derived from income taxes on vested dual benefits. This appropriation provides for vested dual benefit payments to beneficiaries covered under both the railroad retirement and Social Security systems.

FEDERAL PAYMENTS TO THE RAILROAD RETIREMENT ACCOUNTS

Appropriations, 2020	\$150,000
Budget estimate, 2021	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, 2020	\$123,500,000
Budget estimate, 2021	120,225,000
Committee recommendation	120,225,000

The Committee recommends \$120,225,000 for RRB's costs associated with the administration of railroad retirement/survivor and unemployment/sickness benefit programs, including \$5,725,000 for information technology modernization. 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.

Since fiscal year 2018, the Committee has provided \$35,725,000 within the Limitation on Administration account for the implementation of information technology systems modernization efforts. The Committee directs RRB to provide a comprehensive update on the project status, including timelines to completion, total anticipated cost of development, funding obligations, and contracts no later than 60 days after enactment and quarterly updates thereafter.

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, 2020	\$11,000,000
Budget estimate, 2021	11,499,000
Committee recommendation	11,000,000

The Committee recommends \$11,000,000 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, 2020	\$11,000,000
Budget estimate, 2021	11,000,000
Committee recommendation	11,000,000

The Committee recommends \$11,000,000 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 negotiated. This appropriation restores the trust funds to the same financial position they would have been in had they not borne these costs and they were properly charged to general revenues.

SUPPLEMENTAL SECURITY INCOME PROGRAM

Appropriations, 2020	\$41,714,889,000
Budget estimate, 2021	40,308,177,000
Committee recommendation	40,136,324,000

The Committee recommends \$40,136,324,000 in fiscal year 2021 mandatory funds for the SSI program. This is in addition to the \$19,900,000,000 provided in the fiscal year 2020 appropriations act for the first quarter of fiscal year 2021. In addition, the Committee recommends \$19,600,000,000 in advance funding for the first quarter of fiscal year 2022. 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 2021 program level of \$55,451,434,000 for Federal benefit payments. This will support an average monthly benefit of approximately \$602 for 7,875,000 recipients.

Beneficiary Services

The Committee recommendation includes \$45,000,000 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 \$86,000,000 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 \$4,453,890,000 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, 2020	\$12,869,945,000
Budget estimate, 2021	13,349,473,000
Committee recommendation	12,866,945,000

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 \$1,575,000,000 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 \$1,302,000,000 in cap adjustment funding. Combined, these activities are estimated to save approximately \$9,000,000,000 over 10

years for the Social Security, Medicare, and Medicaid programs by preventing waste, fraud, abuse, and improper payments.

Continuing Disability Reviews.—The Committee notes that after years of sustained funding, SSA eliminated its CDR backlog in fiscal year 2018 and expects to remain current on CDRs going forward. The Committee continues to direct SSA to include in its annual CDR Report to Congress an evaluation of its CDR prioritization models and a detailed cost-benefit analysis of how it uses estimated savings in determining which beneficiaries receive a full-medical CDR.

Disability Case Processing System.—The Committee continues to note cost overruns in efforts to modernize the Disability Case Processing System [DCPS]. The Committee continues to encourage SSA to engage with States to explore all possible options for modernization of the case processing system, to align with the needs of each State. The Committee continues to request regular updates on the effort to upgrade DCPS, the cost and anticipated timeline of the project, and efforts by SSA to engage stakeholders, including any barriers to implementation.

Disability Hearings Backlog.—The Committee continues to strongly encourage SSA to work with ALJs and other stakeholders to evaluate and implement changes, as appropriate, to streamline and improve the efficiency of the disability adjudication process while maintaining the integrity of disability programs. The Committee continues to direct SSA to include comprehensive information in its existing reports to Congress on the specific policies SSA has implemented or considered to streamline the disability determination and adjudication process.

Medical Evidence.—The Committee strongly encourages SSA to evaluate implementation of a national shared service model for medical evidence data collection. Standardizing and centralizing medical evidence data collection could make it more secure and efficient while improving the disability determination process from initial claim through appeal.

Muscular Dystrophy.—The Committee continues to note that SSA is included in the Muscular Dystrophy Coordinating Committee under the Muscular Dystrophy CARE Act (Public Law 107–84) and continues to expect SSA make data available on the rate at which persons with Duchenne and Becker Muscular Dystrophy utilize SSA programs, particularly those focused on promoting employment and community independence such as the Ticket to Work program.

Occupational Information System [OIS] and Medical Vocational Guidelines.—The Committee appreciates SSA's progress in implementing OIS and continues to direct SSA to include in its annual report on OIS sufficient details on plans to fully implement OIS in coming years. Similarly, the Committee supports SSA's efforts to update medical vocational guidelines through the rulemaking process, which are used to decide more than half of adult disability claims. Implementing OIS and updating medical vocational guidelines represents significant steps forward in modernizing the disability determination process.

Social Security Advisory Board.—The Committee recommendation includes not less than \$2,500,000 for the Social Security Advi-

sory Board. This board advises the Commissioner of Social Security and makes recommendations to Congress and the President on policies relating to the OASI, DI, and SSI programs.

User Fees.—Within the total for LAE, the Committee recommendation includes up to \$136,000,000 for administrative activities funded from user fees. This includes up to \$135,000,000 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.

Vocational Experts.—The Committee directs SSA to provide an update within 90 days of enactment on its plan to ensure that vocational experts have the necessary qualifications and expertise.

Work Incentives Planning and Assistance [WIPA] and Protection and Advocacy for Beneficiaries of Social Security [PABSS].—The Committee recommendation includes \$23,000,000 for WIPA and \$7,000,000 for PABSS, the same as the comparable fiscal year 2020 levels, respectively. These programs provide valuable services to help Social Security disability beneficiaries return to work.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2020	\$105,500,000
Budget estimate, 2021	116,000,000
Committee recommendation	105,500,000

The Committee recommends \$105,500,000 for SSA’s OIG. This includes \$75,500,000 funded from the OASI and DI trust funds for those programs’ share of OIG’s expenses and \$30,000,000 funded from general revenues for the SSI program’s share of expenses.

Combating Social Security Impersonation Scams.—There has been a significant increase in Social Security impersonation scams in recent years. According to the SSA OIG, reports of this scam increased tenfold between August 2018 and August 2019. The Committee commends the work that the SSA OIG has done thus far to combat these scams, and encourages the SSA OIG to continue to prioritize working 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 continues a provision limiting official representation expenses.

Section 505. The bill continues a provision clarifying Federal funding as a component of State and local grant funds.

Sections 506 and 507. The bill continues provisions limiting the use of funds for abortion.

Section 508. The bill continues a provision restricting human embryo research.

Section 509. The bill continues a provision limiting the use of funds for promotion of legalization of controlled substances.

Section 510. The bill continues a provision prohibiting the use of funds to promulgate regulations regarding the individual health identifier.

Section 511. The bill continues a provision limiting the use of funds to enter into or review contracts with entities subject to the requirement in section 4212(d) of title 38, United States Code, if the report required by that section has not been submitted.

Section 512. The bill continues a provision prohibiting the transfer of funds made available in this act to any department, agency, or instrumentality of the U.S. Government, except as otherwise provided by this or any other act.

Section 513. The bill continues a provision prohibiting Federal funding in this act for libraries unless they are in compliance with the Children's Internet Protection Act (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 prohibiting funding from going to the Association of Community Organizations for Reform Now [ACORN], or any of its affiliates, subsidiaries, allied organizations, or successors.

Section 522. The bill continues a provision related to reporting requirements for conference spending.

Section 523. The bill continues a provision related to advertisement costs.

Section 524. The bill continues a provision on Performance Partnerships.

Section 525. The bill continues a provision regarding reporting status of balances of appropriations.

Section 526. The bill continues a provision on grant notifications.

Section 527. The bill continues a provision regarding funding for programs that carry out distribution of sterile needles or syringes.

Section 528. The bill continues a provision requiring agencies to respond to Questions for the Record within 45 business days.

Section 529. The bill modifies a provision rescinding funds from the Children's Health Insurance Program child enrollment contingency fund.

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: Institute of Education Sciences; parts C and D of the Individuals with Disabilities Education Act; Nurse Education Loan Repayment; Education and Training Related to Geriatrics; Mental and Behavioral Health Training; Children’s Hospital Graduate Medical Education; Title XVII of the PHS Act; Ryan White CARE Act; Universal Newborn Hearing Screening; Organ Transplantation; Family Planning; Rural Health programs; Traumatic Brain Injury programs; Autism Collaboration, Accountability, Research, Education, and Support Act; Public Health Improvement Act; Healthy Start; Telehealth; Health Professions Education Partnership Act; Children’s Health Act; Women’s Health Research and Prevention Amendments of 1998; Birth Defects Prevention, Preventive Health Amendments of 1993; Substance Abuse and Mental Health Services programs; Low Income Home Energy Assistance Program; Refugee and Entrant Assistance programs (except for Victims of Trafficking); Head Start; Runaway and Homeless Youth programs; Adoption Incentives; Developmental Disabilities programs; Voting Access for Individuals with Disabilities; Native American Programs; Community Services Block Grant Act programs; National Institutes of Health; Assets for Independence; Alzheimer’s Disease Demonstration Grants; Office of Disease Prevention and Health Promotion; YouthBuild Transfer Act; Assistive Technology Act; Carl D. Perkins Career and Technical Education Improvement Act; Corporation for Public Broadcasting; National Council on Disability; Older Americans Act; Second Chance Act; Work Incentive Planning and Assistance; and Protection and Advocacy for Beneficiaries of Social Security.

COMPLIANCE WITH PARAGRAPH 7(c), RULE XXVI OF THE
STANDING RULES OF THE SENATE

Pursuant to paragraph 7(c) of rule XXVI, on September 00, 2020, the Committee ordered favorably reported an original bill (S. 0000) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2021, 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 Chairman of the Committee or his 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 00-00, a quorum being present. The vote was as follows:

COMPLIANCE WITH PARAGRAPH 12, RULE XXVI OF THE
STANDING RULES OF THE SENATE

Paragraph 12 of rule XXVI requires that Committee reports on a bill or a joint resolution repealing or amending any statute include "(a) the text of the statute or part thereof which is proposed to be repealed; and (b) a comparative print of that part of the bill or joint resolution making the amendment and of the statute or part thereof proposed to be amended, showing by stricken through type and italics, parallel columns, or other appropriate typographical devices the omissions and insertions which would be made by the bill or joint resolution if enacted in the form recommended by the committee."

The Committee bill as recommended contains no such provisions.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2020 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2021
 [In thousands of dollars]

Item	2020 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2020 appropriation	Budget estimate
TITLE I—DEPARTMENT OF LABOR					
EMPLOYMENT AND TRAINING ADMINISTRATION					
Training and Employment Services					
Grants to States:					
Adult Training, current year appropriations	142,649	142,649	142,649		
Available from prior year appropriations	712,000	712,000	712,000		
Subtotal, available this fiscal year	854,649	854,649	854,649		
Advance appropriation, fiscal year 2022	712,000	712,000	712,000		
Less prior year appropriations	-712,000	-712,000	-712,000		
Subtotal, appropriated in this bill	854,649	854,649	854,649		
Youth Training	913,130	913,130	913,130		
Dislocated Worker Assistance, current year appropriations	192,053	192,053	192,053		
Available from prior year appropriations	860,000	860,000	860,000		
Subtotal, available this fiscal year	1,052,053	1,052,053	1,052,053		
Advance appropriation, fiscal year 2022	860,000	860,000	860,000		
Less prior year appropriations	-860,000	-860,000	-860,000		
Subtotal, appropriated in this bill	1,052,053	1,052,053	1,052,053		
Total, Grants to States	2,819,832	2,819,832	2,819,832		
Current year appropriations	(1,247,832)	(1,247,832)	(1,247,832)		
Advance appropriations	(1,572,000)	(1,572,000)	(1,572,000)		

National Programs:					
Dislocated Worker Assistance National Reserve:					
Current year appropriations	70,859	20,859	30,859	-40,000	+10,000
Available from prior year appropriations	200,000	200,000	200,000	.....	.....
Subtotal, available this fiscal year	270,859	220,859	230,859	-40,000	+10,000
Advance appropriations, fiscal year 2022	200,000	140,000	200,000	.....	+60,000
Less prior year appropriations	-200,000	-200,000	-200,000	.....	.....
Subtotal, appropriated in this bill	270,859	160,859	230,859	-40,000	+70,000
Total, Dislocated Worker Assistance	1,322,912	1,212,912	1,282,912	-40,000	+70,000
Native American programs	55,000	.....	55,000	.....	+55,000
Migrant and Seasonal Farmworker programs	91,896	.....	91,896	.....	+91,896
YouthBuild activities	94,534	84,534	94,534	.....	+10,000
Reintegration of Ex-Offenders	98,079	93,079	98,079	.....	+5,000
Workforce Data Quality Initiative	6,000	.....	.....	-6,000	.....
Apprenticeship programs	175,000	200,000	195,000	+20,000	-5,000
Total, National Programs	791,368	538,472	765,368	-26,000	+226,896
Current year appropriations	591,368	398,472	565,368	-26,000	+166,896
Advance appropriations	200,000	140,000	200,000	.....	+60,000
Total, Training and Employment Services	3,611,200	3,358,304	3,585,200	-26,000	+226,896
Current year appropriations	(1,839,200)	(1,646,304)	(1,813,200)	(-26,000)	(+166,896)
Advance appropriations	(1,772,000)	(1,712,000)	(1,772,000)	.....	(+60,000)
Job Corps					
Operations	1,603,325	883,334	1,603,325	.....	+719,991
Construction, Rehabilitation and Acquisition	108,000	100,016	108,000	.....	+7,984
Administration	32,330	32,547	32,330	.....	-217
Total, Job Corps	1,743,655	1,015,897	1,743,655	.....	+727,758
Community Service Employment For Older Americans	405,000	.....	305,000	-100,000	+305,000
Federal Unemployment Benefits and Allowances (indefinite)	680,000	633,600	633,600	-46,400	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2020 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2021—Continued
 [In thousands of dollars]

Item	2020 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2020 appropriation	Budget estimate
State Unemployment Insurance and Employment Service Operations					
Unemployment Compensation (trust fund):					
State Operations	2,356,816	2,440,686	2,356,816		- 83,870
Reemployment eligibility assessments—UI integrity	117,000	117,000	117,000		
Program integrity cap adjustment	58,000	83,000	83,000	+ 25,000	
UI Integrity Center of Excellence	9,000	6,000	9,000		+ 3,000
Subtotal, Unemployment Compensation	2,540,816	2,646,686	2,565,816	+ 25,000	- 80,870
Federal—State UI National Activities (trust fund)	12,000	18,000	18,000	+ 6,000	
Grants to States:					
Federal Funds	21,413	21,413	21,413		
Trust Funds	646,639	646,639	646,639		
Subtotal, Grants to States	668,052	668,052	668,052		
ES National Activities (trust fund)	22,318	19,818	22,318		+ 2,500
Subtotal, Employment Service	690,370	687,870	690,370		+ 2,500
Federal Funds	(21,413)	(21,413)	(21,413)		
Trust Funds	(668,957)	(666,457)	(668,957)		(+ 2,500)
Foreign Labor Certifications:					
Federal Administration	54,528	56,616	54,528		- 2,088
Federal Funds		6,000			- 6,000
Grants to States	14,282	14,282	14,282		
Federal Funds		3,000			- 3,000
Subtotal, Foreign Labor Certification	68,810	79,898	68,810		- 11,088

One-Stop Career Centers/Labor Market Information	62,653	64,826	62,653	.....	-2,173
Total, State Unemployment Insurance and Employment Service Operations	3,374,649	3,497,280	3,405,649	+ 31,000	-91,631
Federal Funds	(84,066)	(95,239)	(84,066)	.....	(-11,173)
Trust Funds	(3,290,583)	(3,402,041)	(3,321,583)	(+ 31,000)	(-80,458)
Program Administration					
Training and Employment	62,040	74,377	62,040	.....	-12,337
Trust Funds	8,639	8,693	8,639	.....	-54
Employment Security	3,440	3,461	3,440	.....	-21
Trust Funds	39,264	39,507	39,264	.....	-243
Apprenticeship Services	36,160	36,390	36,160	.....	-230
Executive Direction	7,034	7,079	7,034	.....	-45
Trust Funds	2,079	2,093	2,079	.....	-14
Total, Program Administration	158,656	171,600	158,656	.....	-12,944
Federal Funds	(108,674)	(121,307)	(108,674)	.....	(-12,633)
Trust Funds	(49,982)	(50,293)	(49,982)	.....	(-311)
Total, Employment and Training Administration	9,973,160	8,676,681	9,831,760	-141,400	+1,155,079
Federal Funds	6,690,595	5,307,347	6,543,195	-147,400	+1,235,848
Current year appropriations	(4,918,595)	(3,595,347)	(4,771,195)	(-147,400)	(+1,175,848)
Advance appropriations	(1,772,000)	(1,712,000)	(1,772,000)	.....	(+60,000)
Trust Funds	3,340,565	3,452,334	3,371,565	+ 31,000	-80,769
Employee Benefits Security Administration (EBSA)					
Salaries and Expenses					
Enforcement and Participant Assistance	147,400	156,748	147,400	.....	-9,348
Policy and Compliance Assistance	26,901	26,641	26,901	.....	+260
Executive Leadership, Program Oversight and Administration	6,699	9,349	6,699	.....	-2,650
Total, Employee Benefits Security Administration	181,000	192,738	181,000	.....	-11,738
Pension Benefit Guaranty Corporation (PBGC)					
Pension Benefit Guaranty Corporation Fund					
Consolidated Administrative budget	(452,858)	(465,289)	(465,289)	(+ 12,431)	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2020 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2021—Continued

[In thousands of dollars]

Item	2020 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2020 appropriation	Budget estimate
Wage and Hour Division					
Salaries and Expenses	242,000	244,283	242,000		-2,283
Office of Labor-Management Standard					
Salaries and Expenses	43,187	50,410	48,187	+ 5,000	-2,223
Office of Federal Contract Compliance Programs					
Salaries and Expenses	105,976	106,412	105,976		-436
Office of Workers' Compensation Programs					
Salaries and Expenses	115,424	114,962	115,424		+462
Trust Funds	2,177	4,350	2,177		-2,173
Total, Salaries and Expenses	117,601	119,312	117,601		-1,711
Federal Funds	(115,424)	(114,962)	(115,424)		(+462)
Trust Funds	(2,177)	(4,350)	(2,177)		(-2,173)
Special Benefits					
Federal Employees' Compensation Benefits	232,600	237,000	237,000	+ 4,400	
Longshore and Harbor Workers' Benefits	2,000	2,000	2,000		
Total, Special Benefits	234,600	239,000	239,000	+ 4,400	
Special Benefits for Disabled Coal Miners					
Benefit Payments	16,000	36,000	36,000	+ 20,000	
Administration	4,970	4,970	4,970		
Subtotal, Direct appropriation	20,970	40,970	40,970	+ 20,000	

Advance from prior year appropriations	14,000	14,000	14,000	14,000	.....
Subtotal, available this fiscal year	34,970	54,970	54,970	+ 20,000	.....
Advance appropriations, fiscal year 2022, 1st quarter	14,000	14,000	14,000	.....	.....
Less prior year advance appropriations	- 14,000	- 14,000	- 14,000	.....	.....
Total, appropriated in this bill	34,970	54,970	54,970	+ 20,000	.....
Energy Employees Occupational Illness Compensation Fund					
Administrative Expenses	59,846	62,507	62,507	+ 2,661	.....
Black Lung Disability Trust Fund					
Benefit Payments and Interest on Advances	293,464	308,626	308,626	+ 15,162	.....
Workers' Compensation Programs, Salaries and Expenses	38,246	40,643	40,643	+ 2,397	.....
Departmental Management, Salaries and Expenses	32,844	33,033	33,033	+ 189	.....
Departmental Management, Inspector General	330	333	333	+ 3	.....
Subtotal, Black Lung Disability Trust Fund	364,884	382,635	382,635	+ 17,751	.....
Treasury Department Administrative Costs	356	356	356	.....	.....
Total, Black Lung Disability Trust Fund	365,240	382,991	382,991	+ 17,751	.....
Total, Workers' Compensation Programs					
Federal Funds	812,257	858,780	857,069	+ 44,812	- 1,711
Current year appropriations	810,080	854,430	854,892	+ 44,812	+ 462
Advance appropriations	(796,080)	(840,430)	(840,892)	(+ 44,812)	(+ 462)
Trust Funds	(14,000)	(14,000)	(14,000)	.....	.....
Total	2,177	4,350	2,177	.....	- 2,173
Occupational Safety and Health Administration (OSHA)					
Salaries and Expenses					
Safety and Health Standards	18,000	18,133	18,000	.....	- 133
Federal Enforcement	221,711	223,848	221,711	.....	- 2,137
Whistleblower enforcement	18,564	20,231	18,564	.....	- 1,667
State Programs	108,575	108,575	108,575	.....	.....
Technical Support	24,469	24,622	24,469	.....	- 153
Compliance Assistance	74,481	75,410	74,481	.....	- 929

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2020 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2021—Continued
 (In thousands of dollars)

Item	2020 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2020 appropriation	Budget estimate
State Consultation Grants	61,500	61,500	61,500		
Training Grants	11,537			- 11,537	
Subtotal, Compliance Assistance	147,518	136,910	135,981	- 11,537	- 929
Safety and Health Statistics	32,900	34,950	32,900		- 2,050
Executive Direction and Administration	10,050	9,544	10,050		+ 506
Floor Amendment unspecified					
Total, Occupational Safety and Health Administration	581,787	576,813	570,250	- 11,537	- 6,563
Mine Safety and Health Administration					
Salaries and Expenses					
Mine Safety and Health Enforcement	260,500	256,988	260,500		+ 3,512
Standards Development	4,500	5,416	4,500		- 916
Assessments	6,627	7,555	6,627		- 928
Educational Policy and Development	39,320	38,834	39,320		+ 486
Technical Support	35,041	34,548	35,041		+ 493
Program Evaluation and Information Resources [PEIR]	17,990	21,693	17,990		- 3,703
Program Administration	15,838	16,553	15,838		- 715
Total, Mine Safety and Health Administration	379,816	381,587	379,816		- 1,771
Total, Worker Protection Agencies					
Federal Funds	1,651,367	1,671,555	1,644,830	- 6,537	- 26,725
Trust Funds	(1,649,190)	(1,667,205)	(1,642,653)	(- 6,537)	(- 24,552)
	(2,177)	(4,350)	(2,177)		(- 2,173)

Bureau of Labor Statistics						
Salaries and Expenses						
Employment and Unemployment Statistics	221,000	228,261	221,000			-7,261
Labor Market Information (trust fund)	68,000	68,000	68,000			
Prices and Cost of Living	210,000	218,503	210,000			-8,503
Compensation and Working Conditions	83,500	84,031	83,500			-531
Productivity and Technology	10,500	11,295	10,500			-795
Executive Direction and Staff Services	62,000	48,228	48,000			-228
Total, Bureau of Labor Statistics	655,000	658,318	641,000			-17,318
Federal Funds	587,000	590,318	573,000			-17,318
Trust Funds	68,000	68,000	68,000			
Office of Disability Employment Policy						
Salaries and Expenses	38,500	27,100	38,500			+11,400
Department Management						
Salaries and Expenses						
Executive Direction	30,250	32,342	32,250			-92
Departmental Program Evaluation	8,040	8,040	8,040			
Legal Services	123,745	130,371	123,745			-6,626
Trust Funds	308	308	308			
International Labor Affairs	96,125	18,660	96,125			+77,465
Administration and Management	28,450	29,158	28,450			-708
Adjudication	35,000	37,081	35,000			-2,081
Women's Bureau	14,050	3,525	14,050			+10,525
Civil Rights Activities	6,880	6,927	6,880			-47
Chief Financial Officer	5,516	5,540	5,516			-24
Total, Salaries and Expenses	348,364	271,952	350,364			+78,412
Federal Funds	(348,056)	(271,644)	(350,056)			(+78,412)
Trust Funds	(308)	(308)	(308)			
Veterans' Employment and Training						
State Administration, Grants	180,000	180,000	180,000			
Transition Assistance Program	29,379	29,379	33,679			+4,300
Federal Administration	43,548	44,207	44,248			+700

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2020 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2021—Continued
 [In thousands of dollars]

Item	2020 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2020 appropriation	Budget estimate
National Veterans' Employment and Training Services Institute	3,414	3,414	3,414		
Homeless Veterans Programs (trust fund)	55,000	55,000	55,000		
Total, Veterans' Employment and Training	311,341	312,000	316,341	+ 5,000	+ 4,341
Federal Funds	55,000	55,000	55,000		
Trust Funds	256,341	257,000	261,341	+ 5,000	+ 4,341
IT Modernization					
Departmental support systems	4,889	4,889	4,889		
Infrastructure technology modernization	20,380	32,111	22,380	+ 2,000	- 9,731
Total, IT Modernization	25,269	37,000	27,269	+ 2,000	- 9,731
Office of Inspector General					
Program Activities	85,187	87,833	85,187		- 2,646
Trust Funds	5,660	5,660	5,660		
Total, Office of Inspector General	90,847	93,493	90,847		- 2,646
Trust funds	5,660	5,660	5,660		
Total, Departmental Management					
Federal Funds	775,821	714,445	784,821	+ 9,000	+ 70,376
Trust Funds	513,512	451,477	517,512	+ 4,000	+ 66,035
Total, Workforce Investment Act Programs	262,309	262,968	267,309	+ 5,000	+ 4,341
Current year appropriations	5,354,855	4,374,201	5,328,855	- 26,000	+ 954,654
Advance appropriations	(3,582,855)	(2,662,201)	(3,556,855)	(- 26,000)	(+ 894,654)
	(1,772,000)	(1,712,000)	(1,772,000)		(+ 60,000)

Total, Title I, Department of Labor	13,788,504	12,487,567	13,680,379	-108,125	+1,192,812
Federal Funds	10,115,453	8,699,915	9,971,328	-144,125	+1,271,413
Current year appropriations	(8,329,453)	(6,973,915)	(8,185,328)	(-144,125)	(+1,211,413)
Advance appropriations	(1,786,000)	(1,726,000)	(1,786,000)	.....	(+60,000)
Trust Funds	3,673,051	3,787,652	3,709,051	+36,000	-78,601
TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES					
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
Primary Health Care					
Community Health Centers	1,625,522	1,727,522	1,625,522	.....	-102,000
Mandatory budget authority (Public Law 115-123)	(4,000,000)	(4,000,000)	(4,000,000)	.....	.....
Transfers from Nonrecurring Expenses Fund .....	.....	.....	(87,000)	(+87,000)	.....
Total, Community Health Centers	5,625,522	5,727,522	5,712,522	+87,000	-15,000
Free Clinics Medical Malpractice	1,000	1,000	1,000	.....	.....
Total, Primary Health Care	1,626,522	1,728,522	1,626,522	.....	-102,000
Health Workforce					
National Health Service Corps	120,000	120,000	120,000	.....	.....
Training for Diversity:	.....	.....	.....	.....	.....
Centers of Excellence	23,711	23,711	23,711	.....	.....
Health Careers Opportunity Program	15,000	.....	.....	-15,000	.....
Faculty Loan Repayment	1,190	.....	4,190	+3,000	+4,190
Scholarships for Disadvantaged Students	51,470	.....	65,470	+14,000	+65,470
Total, Training for Diversity	91,371	23,711	93,371	+2,000	+69,660
Primary Care Training and Enhancement	48,924	.....	48,924	.....	+48,924
Oral Health Training	40,673	.....	40,673	.....	+40,673
Interdisciplinary Community-Based Linkages:	.....	.....	.....	.....	.....
Area Health Education Centers	41,250	.....	45,250	+4,000	+45,250
Geriatric Programs	40,737	.....	44,737	+4,000	+44,737
Mental and Behavioral Health	36,916	36,916	.....	-36,916	-36,916
Behavioral Health Workforce Education and Training	102,000	102,000	138,916	+36,916	+36,916

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2020 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2021—Continued
[In thousands of dollars]

Item	2020 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2020 appropriation	Budget estimate
Total, Interdisciplinary Community Linkages	220,903	138,916	228,903	+ 8,000	+ 89,987
Workforce Assessment	5,663	4,663	5,663		+ 1,000
Public Health and Preventive Medicine programs	17,000		17,000		+ 17,000
Subtotal, Health Professions Education and Training	424,534	167,290	434,534	+ 10,000	+ 267,244
Nursing Programs:					
Advanced Education Nursing	75,581		75,581		+ 75,581
Nurse Education, Practice, and Retention	43,913		49,913	+ 6,000	+ 49,913
Nurse Practitioner Optional Fellowship Program	5,000			- 5,000	
Nursing Workforce Diversity	18,343		23,503	+ 5,160	+ 23,503
Nurse Corps Scholarship and Loan Repayment Program	88,635	83,135	88,635		+ 5,500
Nursing Faculty Loan Program	28,500		28,500		+ 28,500
Total, Nursing programs	259,972	83,135	266,132	+ 6,160	+ 182,997
Children's Hospitals Graduate Medical Education	340,000		355,000	+ 15,000	+ 355,000
Medical Student Education	50,000		50,000		+ 50,000
National Practitioner Data Bank	18,814	18,814	18,814		
User Fees	- 18,814	- 18,814	- 18,814		
Total, Health Workforce	1,194,506	370,425	1,225,666	+ 31,160	+ 855,241
Maternal and Child Health					
Maternal and Child Health Block Grant	687,700	760,700	707,700	+ 20,000	- 53,000
Sickle Cell Disease Treatment Program	5,205		5,205		+ 5,205
Autism and Other Developmental Disabilities	52,344		52,344		+ 52,344
Heritable Disorders in Newborns and Children	17,883		17,883		+ 17,883
Healthy Start	125,500	125,500	125,500		
Universal Newborn Hearing Screening	17,818	17,818	17,818		

Emergency Medical Services for Children	22,334	.....	22,334	.....	.....	+ 22,334
Screening and Treatment for Maternal Depression	5,000	5,000	5,000	.....	.....	.....
Pediatric Mental Health Care Access	10,000	10,000	10,000	.....	.....	.....
Total, Maternal and Child Health	943,784	919,018	963,784	+ 20,000	+ 44,766	
Ryan White HIV/AIDS Program						
Emergency Assistance (Part A)	655,876	655,876	655,876	.....	.....	.....
Comprehensive Care Programs (Part B)	1,315,005	1,315,005	1,315,005	.....	.....	.....
AIDS Drug Assistance Program (ADAP) (NA)	(900,313)	(900,313)	(900,313)	.....	.....	.....
Early Intervention Program (Part C)	201,079	201,079	201,079	.....	.....	.....
Children, Youth, Women, and Families (Part D)	75,088	75,088	75,088	.....	.....	.....
AIDS Dental Services (Part F)	13,122	13,122	13,122	.....	.....	.....
Education and Training Centers (Part F)	33,611	33,611	33,611	.....	.....	.....
Special Projects of Regional and National Significance (SPRNS)	25,000	25,000	25,000	.....	.....	.....
Domestic HIV/AIDS Initiative	70,000	165,000	70,000	.....	.....	.....
Transfers from Nonrecurring Expenses Fund .....	.....	.....	(50,000)	(+ 50,000)	.....	- 95,000 (+ 50,000)
Total, Ryan White HIV/AIDS program	2,388,781	2,483,781	2,388,781	.....	.....	- 95,000
Total, Ryan White HIV/AIDS program level	2,388,781	2,483,781	2,438,781	+ 50,000	- 45,000	
Health Care Systems						
Organ Transplantation	27,549	17,164	28,549	+ 1,000	.....	+ 11,385 (- 13,385)
PHS Eval .....	.....	(13,385)	.....	.....	.....	.....
Total, Organ Transplantation	27,549	30,549	28,549	+ 1,000	- 2,000	
National Cord Blood Inventory	17,266	8,266	19,266	+ 2,000	.....	+ 11,000
CW Bill Young Cell Transplantation	30,009	30,009	31,009	+ 1,000	.....	+ 1,000
340B Drug Pricing program/Office of Pharmacy Affairs	10,238	10,238	10,238	.....	.....	.....
304B Drug Pricing .....	.....	24,000	.....	.....	.....	.....
User Fees .....	.....	- 24,000	.....	.....	.....	- 24,000
Poison Control Centers	22,846	22,846	25,846	+ 3,000	.....	+ 3,000
Hansen's Disease Program	13,706	11,653	13,706	.....	.....	+ 2,053
Hansen's Disease Program—Buildings and Facilities	122	.....	122	.....	.....	.....
Payment to Hawaii, Treatment of Hansen's	1,857	1,857	1,857	.....	.....	+ 122
Subtotal, Health Care Systems Bureau, appropriation	123,593	102,033	130,593	+ 7,000	+ 28,560	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2020 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2021—Continued
[In thousands of dollars]

Item	2020 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2020 appropriation	Budget estimate
PHS Eval Funding		(13,385)			(- 13,385)
Subtotal, Health Care Systems, program level	123,593	115,418	130,593	+ 7,000	+ 15,175
Rural Health					
Rural Outreach Grants	79,500	89,500	84,500	+ 5,000	- 5,000
Rural Health Research/Policy Development	10,351	5,000	11,076	+ 725	+ 6,076
Rural Hospital Flexibility Grants	53,609		54,000	+ 391	+ 54,000
State Offices of Rural Health	12,500		13,000	+ 500	+ 13,000
Black Lung Clinics	11,500	11,500	12,000	+ 500	+ 500
Radiation Exposure Screening and Education Program	1,834	1,834	1,834		
Telehealth	29,000	29,000			
Rural Communities Opioid Response	110,000	110,000			
Rural Residency Program	10,000		10,000		+ 10,000
Total, Rural Health	318,294	246,834	325,410	+ 7,116	+ 78,576
Family Planning	286,479	286,479	286,479		
Program Management	155,300	151,993	157,300	+ 2,000	+ 5,307
Total, Health resources and services (HRS)	7,037,259	6,289,085	7,104,535	+ 67,276	+ 815,450
Vaccine Injury Compensation Program Trust Fund					
Post-FY 1988 Claims	285,600	265,600	265,600	- 20,000	
HRSA Administrative expenses	10,200	16,200	10,200		- 6,000
Total, Vaccine Injury Compensation Trust Fund	295,800	281,800	275,800	- 20,000	- 6,000
Total, Health Resources and Services Administration	7,333,059	6,570,885	7,380,335	+ 47,276	+ 809,450

(Evaluation Tap Funding)	(13,385)		(- 13,385)
CENTERS FOR DISEASE CONTROL AND PREVENTION			
Immunization and Respiratory Diseases	433,105	577,160	+ 36,700
Administrative transfer to Emerging and Zoonotic Infectious Diseases	(- 13,400)		(+ 13,400)
Subtotal	419,705	577,160	+ 50,100
Prevention and Public Health Fund ¹	(370,300)	(302,845)	(- 10,100)
Subtotal	790,005	880,005	+ 40,000
HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention	1,273,556	1,552,556	+ 5,000
Transfers from Nonrecurring Expenses Fund		(60,000)	(+ 60,000)
Subtotal (including transfers)	1,273,556	1,338,556	+ 65,000
Emerging and Zoonotic Infectious Diseases	570,372	598,772	+ 20,400
Administrative transfer from Immunization and Respiratory Diseases	(13,400)		(- 13,400)
Subtotal	583,772	598,772	+ 7,000
Prevention and Public Health Fund ¹	(52,000)	(137,000)	(+ 12,000)
Subtotal (including transfers)	635,772	735,772	+ 19,000
Chronic Disease Prevention and Health Promotion	984,964	962,145	+ 5,000
Prevention and Public Health Fund ¹	(254,950)	(454,105)	+ 9,750
Subtotal	1,239,914	1,416,250	+ 9,750
Birth Defects, Developmental Disabilities, Disabilities and Health	160,810	112,250	+ 4,150
Subtotal	160,810	112,250	+ 4,150
Public Health Scientific Services	555,497	115,497	+ 33,500
Evaluation Tap Funding	(23,000)	(463,000)	(- 463,000)
Administrative Transfer from Public Health Preparedness and Response			(- 23,000)
Subtotal (including transfers)	578,497	588,997	+ 10,500
Environmental Health	196,850	182,000	+ 4,850
Prevention and Public Health Fund ¹	(17,000)		(- 10,000)
			(+ 17,000)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2020 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2021—Continued
 [In thousands of dollars]

Item	2020 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2020 appropriation	Budget estimate
Subtotal	213,850	182,000	203,850	-10,000	+21,850
Injury Prevention and Control	677,379	730,159	678,379	+1,000	-51,780
Subtotal	677,379	730,159	678,379	+1,000	-51,780
National Institute for Occupational Safety and Health	342,800	111,362	343,800	+1,000	+232,438
EvaluationTap Funding .....	.....	(78,638)	.....	.....	(-78,638)
Subtotal, National Institute for Occupational Safety and Health, program level	342,800	190,000	343,800	+1,000	+153,800
Energy Employees Occupational Illness Compensation Program	55,358	55,358	55,358	.....	.....
Global Health	570,843	620,843	615,843	+45,000	-5,000
Subtotal	570,843	620,843	615,843	+45,000	-5,000
Public Health Preparedness and Response	850,200	927,200	852,200	+2,000	-75,000
Administrative transfer to Public Health Scientific Services	(-23,000)	.....	.....	(+23,000)	.....
Subtotal	827,200	927,200	852,200	+25,000	-75,000
Buildings and Facilities	25,000	30,000	30,000	+5,000	.....
Subtotal	25,000	30,000	30,000	+5,000	.....
CDC-Wide Activities and Program Support:					
Prevention and Public Health Fund 1	(160,000)	.....	(160,000)	.....	(+160,000)
Office of the Director	113,570	323,570	113,570	.....	-210,000
Infectious Diseases Rapid Response Reserve Fund	85,000	50,000	.....	-85,000	-50,000
Subtotal	358,570	373,570	273,570	-85,000	-100,000
Total, Centers for Disease Control and Prevention	6,895,304	6,948,872	6,963,804	+68,500	+14,932
Discretionary	6,839,946	6,893,514	6,908,446	+68,500	+14,932

Prevention and Public Health Fund ¹	854,250	893,950	856,150	+ 1,900	- 37,800
Transfers from Nonrecurring Expenses Fund			60,000	+ 60,000	+ 60,000
Total, Centers for Disease Control Program Level	(7,749,554)	(8,384,460)	(7,879,954)	(+ 130,400)	(- 504,506)
NATIONAL INSTITUTES OF HEALTH					
National Cancer Institute (NCI)	6,245,438	5,686,173	6,527,656	+ 282,218	+ 841,483
NIH Innovation Account, CURES Act ²	195,000	195,000	195,000		
Subtotal, NCI	6,440,438	5,881,173	6,722,656	+ 282,218	+ 841,483
National Heart, Lung, and Blood Institute (NHLBI)	3,625,258	3,298,004	3,728,307	+ 103,049	+ 430,303
Subtotal, NHLBI	3,625,258	3,298,004	3,728,307	+ 103,049	+ 430,303
National Institute of Dental and Craniofacial Research (NIDCR)	477,679	434,559	493,234	+ 15,555	+ 58,675
Subtotal, NIDCR	477,679	434,559	493,234	+ 15,555	+ 58,675
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)	2,115,146	1,924,211	2,169,021	+ 53,875	+ 244,810
Juvenile Diabetes (mandatory)	(150,000)	(150,000)	(150,000)		
Subtotal, NIDDK	2,115,146	1,924,211	2,169,021	+ 53,875	+ 244,810
National Institute of Neurological Disorders and Stroke (NINDS)	2,376,577	2,195,110	2,476,245	+ 99,668	+ 281,135
NIH Innovation Account, CURES Act ²	70,000	50,000	50,000	- 20,000	
Subtotal, NINDS	2,446,577	2,245,110	2,526,245	+ 79,668	+ 281,135
National Institute of Allergy and Infectious Diseases (NIAID)	5,876,195	5,885,470	6,142,540	+ 266,345	+ 257,070
Subtotal, NIAID	5,876,195	5,885,470	6,142,540	+ 266,345	+ 257,070
National Institute of General Medical Sciences (NIGMS)	1,706,397	1,931,074	1,461,115	- 245,282	- 469,959
Evaluation Tap Funding	(1,230,821)	(741,000)	(1,585,847)	(+ 355,026)	(+ 844,847)
Subtotal, NIGMS	2,937,218	2,672,074	3,046,962	+ 109,744	+ 374,888
National Institute of Child Health and Human Development (NICHD)	1,556,909	1,416,366	1,657,606	+ 100,697	+ 241,240
Subtotal, NICHD	1,556,909	1,416,366	1,657,606	+ 100,697	+ 241,240
National Eye Institute (NEI)	823,325	749,003	850,135	+ 26,810	+ 101,132

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2020 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2021—Continued
[In thousands of dollars]

Item	2020 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2020 appropriation	Budget estimate
Subtotal, NEI	823,325	749,003	850,135	+ 26,810	+ 101,132
National Institute of Environmental Health Sciences (NIEHS)	802,598	730,147	828,733	+ 26,135	+ 98,586
Subtotal, NIEHS	802,598	730,147	828,733	+ 26,135	+ 98,586
National Institute on Aging (NIA)	3,545,869	3,225,782	4,015,333	+ 469,464	+ 789,551
Subtotal, NIA	3,545,869	3,225,782	4,015,333	+ 469,464	+ 789,551
National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)	624,889	568,480	645,237	+ 20,348	+ 76,757
Subtotal, NIAMS	624,889	568,480	645,237	+ 20,348	+ 76,757
National Institute on Deafness and Other Communication Disorders (NIDCD)	490,692	446,397	506,670	+ 15,978	+ 60,273
Subtotal, NIDCD	490,692	446,397	506,670	+ 15,978	+ 60,273
National Institute of Nursing Research (NINR)	172,363	156,804	177,976	+ 5,613	+ 21,172
Subtotal, NINR	172,363	156,804	177,976	+ 5,613	+ 21,172
National Institute on Alcohol Abuse and Alcoholism (NIAAA)	546,696	497,346	564,498	+ 17,802	+ 67,152
Subtotal, NIAAA	546,696	497,346	564,498	+ 17,802	+ 67,152
National Institute on Drug Abuse (NIDA)	1,457,724	1,431,770	1,505,192	+ 47,468	+ 73,422
Subtotal, NIDA	1,457,724	1,431,770	1,505,192	+ 47,468	+ 73,422
National Institute of Mental Health (NIMH)	1,972,966	1,794,865	2,089,491	+ 116,525	+ 294,626
NIH Innovation Account, CURES Act ²	70,000	50,000	50,000	- 20,000	.....
Subtotal, NIMH	2,042,966	1,844,865	2,139,491	+ 96,525	+ 294,626

National Human Genome Research Institute (NHGRI)	604,118	550,116	623,862	+ 19,744	+ 73,746
Subtotal, NHGRI	604,118	550,116	623,862	+ 19,744	+ 73,746
National Institute of Biomedical Imaging and Bioengineering (NIBIB)	404,638	368,111	417,815	+ 13,177	+ 49,704
Subtotal, NIBIB	404,638	368,111	417,815	+ 13,177	+ 49,704
National Center for Complementary and Integrative Health (NCCIH)	151,877	138,167	156,823	+ 4,946	+ 18,656
Subtotal, NCCIH	151,877	138,167	156,823	+ 4,946	+ 18,656
National Institute on Minority Health and Health Disparities (NIMHD)	335,812	305,498	391,747	+ 55,935	+ 86,249
Subtotal NIMHD	335,812	305,498	391,747	+ 55,935	+ 86,249
John E Fogarty International Center (FIC)	80,827	73,531	83,460	+ 2,633	+ 9,929
Subtotal, FIC	80,827	73,531	83,460	+ 2,633	+ 9,929
National Library of Medicine (NLM)	456,911	415,665	471,789	+ 14,878	+ 56,124
Subtotal, NLM	456,911	415,665	471,789	+ 14,878	+ 56,124
National Institute for Research on Safety and Quality (NIRSQ) .....	.....	256,660	.....	.....	- 256,660
National Center for Advancing Translational Sciences (NCATS)	832,888	787,703	890,009	+ 57,121	+ 102,306
Subtotal, NCATS	832,888	787,703	890,009	+ 57,121	+ 102,306
Office of the Director	2,239,787	2,086,463	2,378,059	+ 138,272	+ 291,596
Common Fund (non-add)	(626,511)	(583,867)	(646,302)	(+ 19,791)	(+ 62,435)
Office for Research on Women's Health (non-add)	(38,925)	.....	(38,925)	.....	(+ 38,925)
Gabriella Miller Kids First Research Act (Common Fund add)	12,600	12,600	12,600	.....	.....
Subtotal, Office of the Director Program Level	2,252,387	2,099,063	2,390,659	+ 138,272	+ 291,596
NIH Innovation Account, CURES Act 2	157,000	109,000	109,000	- 48,000	.....
Buildings and Facilities	200,000	300,000	200,000	.....	- 100,000
Transfers from Nonrecurring Expenses Fund	(225,000)	.....	(229,000)	(+ 4,000)	(+ 229,000)
Subtotal, Buildings and Facilities	425,000	300,000	429,000	+ 4,000	+ 129,000
Total, National Institutes of Health (NIH)	40,228,179	38,070,075	41,869,153	+ 1,640,974	+ 3,799,078

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2020 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2021—Continued
 [In thousands of dollars]

Item	2020 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2020 appropriation	Budget estimate
(Evaluation Tap Funding)	(1,230,821)	(741,000)	(1,585,847)	(+ 355,026)	(+ 844,847)
Total, NIH Program Level	41,459,000	38,811,075	43,455,000	+ 1,996,000	+ 4,643,925
Transfers from Nonrecurring Expenses Fund	(225,000)	.....	(229,000)	(+ 4,000)	(+ 229,000)
Total, NIH Program Level (with transfer)	41,684,000	38,811,075	43,684,000	+ 2,000,000	+ 4,872,925
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)					
Mental Health					
Programs of Regional and National Significance	446,774	440,906	493,785	+ 47,011	+ 52,879
Prevention and Public Health Fund 1	(12,000)	.....	(12,000)	.....	(+ 12,000)
Subtotal	458,774	440,906	505,785	+ 47,011	+ 64,879
Community Mental Health Services Block Grant (MHBG)	701,532	736,532	701,532	.....	- 35,000
Evaluation Tap Funding	(21,039)	(21,039)	(21,039)	.....	.....
Subtotal	722,571	757,571	722,571	.....	- 35,000
Certified Community Behavioral Health Clinics	200,000	225,000	250,000	+ 50,000	+ 25,000
National Child Traumatic Stress Initiative	68,887	68,887	68,887	.....	.....
Children's Mental Health Services	125,000	125,000	125,000	.....	.....
Projects for Assistance in Transition from Homelessness (PATH)	64,635	64,635	64,635	.....	.....
Protection and Advocacy for Individuals with Mental Illness (PAIMI)	36,146	14,146	36,146	.....	+ 22,000
Subtotal, Mental Health	1,642,974	1,675,106	1,739,985	+ 97,011	+ 64,879
(Evaluation Tap Funding)	21,039	21,039	21,039	.....	.....
Subtotal, Mental Health program level	1,675,013	1,696,145	1,773,024	+ 97,011	+ 76,879

	479,677 (2,000)	364,677	499,677 (2,000)	+ 20,000	+ 135,000 (+ 2,000)
Substance Abuse Treatment					
Programs of Regional and National Significance					
Evaluation Tap Funding	479,677 (2,000)	364,677	499,677 (2,000)	+ 20,000	+ 135,000 (+ 2,000)
Subtotal	481,677	364,677	501,677	+ 20,000	+ 137,000
Substance Abuse Prevention and Treatment Block Grant					
Evaluation Tap Funding	1,778,879 (79,200)	1,778,879 (79,200)	1,778,879 (79,200)		
Subtotal block grant	1,858,079	1,858,079	1,858,079		
State Opioid Response grants	1,500,000	1,585,000	1,500,000		- 85,000
Subtotal, Substance Abuse Treatment	3,758,556	3,728,556	3,778,556	+ 20,000	+ 50,000
(Evaluation Tap Funding)	81,200	79,200	81,200		+ 2,000
Subtotal, Program level	3,839,756	3,807,756	3,859,756	+ 20,000	+ 52,000
Substance Abuse Prevention					
Programs of Regional and National Significance					
Total, Substance Abuse Prevention	206,469	96,985	206,469		+ 109,484
Total, Substance Abuse Prevention	206,469	96,985	206,469		+ 109,484
Health Surveillance and Program Support					
Evaluation Tap Funding (NA)	128,830 (31,428)	97,004 (42,453)	128,830 (31,428)		+ 31,826 (- 11,025)
Subtotal	160,258	139,457	160,258		+ 20,801
Total, SAMHSA	5,736,829	5,597,651	5,853,840	+ 117,011	+ 256,189
(Evaluation Tap Funding)	(133,667)	(142,692)	(133,667)		(- 9,025)
(Prevention and Public Health Fund ¹)	12,000		12,000		+ 12,000
Total, SAMHSA Program Level	(5,882,496)	(5,740,343)	(5,999,507)	(+ 117,011)	(+ 259,164)
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRO) ³					
Healthcare Research and Quality					
Research on Health Costs, Quality, and Outcomes:					
Federal Funds	196,709		131,218	- 65,491	+ 131,218

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2020 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2021—Continued
(In thousands of dollars)

Item	2020 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2020 appropriation	Budget estimate
Medical Expenditures Panel Surveys:					
Federal Funds	69,991	.....	69,991	.....	+ 69,991
Program Support:					
Federal Funds	71,300	.....	55,451	- 15,849	+ 55,451
Total, AHRO Program Level ³	(338,000)	.....	(256,660)	(- 81,340)	(+ 256,660)
Federal funds ³	(338,000)	.....	(256,660)	(- 81,340)	(+ 256,660)
Total, Public Health Service (PHS) appropriation	60,531,371	57,187,483	62,323,792	+ 1,792,421	+ 5,136,309
Total, Public Health Service Program Level	(63,212,109)	(59,533,533)	(65,566,456)	(+ 2,354,347)	(+ 6,032,923)
CENTERS FOR MEDICARE AND MEDICAID SERVICES					
Grants to States for Medicaid					
Medicaid Current Law Benefits	383,836,264	425,687,169	425,687,169	+ 41,850,905	.....
State and Local Administration	22,522,603	23,168,636	23,168,636	+ 646,033	.....
Vaccines for Children	4,761,408	4,951,369	4,951,369	+ 189,961	.....
Total, Medicaid Program Level, available this fiscal year	411,120,275	453,807,174	453,807,174	+ 42,686,899	.....
New advance, 1st quarter, fiscal year 2022	139,903,075	148,732,315	148,732,315	+ 8,829,240	.....
Less appropriations provided in prior years	- 137,931,797	- 139,903,075	- 139,903,075	- 1,971,278	.....
Total, Grants to States for Medicaid	273,188,478	313,904,099	313,904,099	+ 40,715,621	.....
Total, Grants to States for Medicaid, appropriated in this bill	413,091,553	462,636,414	462,636,414	+ 49,544,861	.....
Payments to Health Care Trust Funds					
Supplemental Medical Insurance	304,044,600	325,500,000	325,500,000	+ 21,455,400	.....

Federal Uninsured Payment	109,000	95,000	95,000	- 14,000	.....
Program Management	913,000	904,000	904,000	- 9,000	.....
General Revenue for Part D Benefit	104,539,500	111,800,000	111,800,000	+ 7,260,500	.....
General Revenue for Part D Administration	861,000	882,000	882,000	+ 21,000	.....
HC/FAC Reimbursement	324,000	328,000	328,000	+ 4,000	.....
State Low-Income Determination for Part D	5,000	5,000	5,000	.....	.....
Total, Payments to Trust Funds	410,796,100	439,514,000	439,514,000	+ 28,717,900	.....
Program Management					
Research, Demonstration, Evaluation	20,054	.....	20,054	.....	+ 20,054
Program Operations	2,519,823	2,478,823	2,472,356	- 47,467	.....
State Survey and Certification	397,334	442,192	407,334	+ 10,000	- 34,858
Federal Administration	732,533	772,533	770,000	+ 37,467	- 2,533
Total, Program management	3,669,744	3,693,548	3,669,744	.....	- 23,804
Health Care Fraud and Abuse Control Account					
Centers for Medicare and Medicaid Services	610,000	628,356	617,000	+ 7,000	- 11,356
HHS Office of Inspector General	93,000	101,644	100,000	+ 7,000	- 1,644
Department of Justice	83,000	83,000	90,000	+ 7,000	+ 7,000
Total, Health Care Fraud and Abuse Control (Trust funds)	786,000	813,000	807,000	+ 21,000	- 6,000
Program integrity (cap adjustment)	(475,000)	(496,000)	(496,000)	(+ 21,000)	.....
Total, Centers for Medicare and Medicaid Services	828,343,397	906,656,962	906,627,158	+ 78,283,761	- 29,804
Federal funds	823,887,653	902,150,414	902,150,414	+ 78,262,761	.....
Current year	(683,984,578)	(753,418,099)	(753,418,099)	(+ 69,433,521)	.....
FY 2022 Advance	(139,903,075)	(148,732,315)	(148,732,315)	(+ 8,829,240)	.....
Trust Funds	4,455,744	4,506,548	4,476,744	+ 21,000	- 29,804
ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)					
Payments to States for Child Support Enforcement and Family Support Programs	33,000	33,000	33,000	.....	.....
Repayment	1,000	1,000	1,000	.....	.....
Subtotal	34,000	34,000	34,000	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2020 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2021—Continued
[In thousands of dollars]

Item	2020 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2020 appropriation	Budget estimate
Child Support Enforcement:					
State and Local Administration	3,648,494	3,788,273	3,788,273	+ 139,779	.....
Federal Incentive Payments	597,506	606,727	606,727	+ 9,221	.....
Access and Visitation	10,000	10,000	10,000	.....	.....
Subtotal, Child Support Enforcement	4,256,000	4,405,000	4,405,000	+ 149,000	.....
Total, Family Support Payments Program Level, available this fiscal year	4,290,000	4,439,000	4,439,000	+ 149,000	.....
New advance, 1st quarter, fiscal year 2022	1,400,000	1,400,000	1,400,000	.....	.....
Less appropriations provided in prior years	-1,400,000	-1,400,000	-1,400,000	.....	.....
Total, Family Support Payments, available in this bill	4,290,000	4,439,000	4,439,000	+ 149,000	.....
Total, Family Support Payments, available in this bill	4,290,000	4,439,000	4,439,000	+ 149,000	.....
Low Income Home Energy Assistance Program (LIHEAP)					
Formula Grants	3,740,304	.....	3,740,304	.....	+ 3,740,304
Total, LIHEAP, Program Level	3,740,304	.....	3,740,304	.....	+ 3,740,304
Refugee and Entrant Assistance					
Transitional and Medical Services	354,000	278,559	278,559	- 75,441	.....
Refugee Support Services	207,201	190,821	207,201	.....	+ 56,380
Victims of Trafficking	27,755	27,755	27,755	.....	.....
Unaccompanied Alien Children (UAC)	1,303,245	1,983,245	1,303,245	.....	- 680,000
Victims of Torture	16,000	16,000	16,000	.....	.....
Total, Refugee and Entrant Assistance	1,908,201	2,456,380	1,832,760	- 75,441	- 623,620

Subtotal, Sections 414, 501, 462, 235	1,864,446	2,412,625	1,789,005	- 75,441	- 623,620
Payments to States for the Child Care and Development Block Grant	5,826,000	5,826,000	5,876,000	+ 50,000	+ 50,000
Social Services Block Grant (Title XX)	1,700,000	.....	1,700,000	.....	+ 1,700,000
Children and Families Services Programs					
Programs for Children, Youth and Families:					
Head Start	10,613,095	10,613,095	10,713,095	+ 100,000	+ 100,000
Preschool Development Grants	275,000	.....	275,000	.....	+ 275,000
Runaway and Homeless Youth Program	113,780	113,780	113,780	.....	.....
Service Connection for Youth on the Streets	18,641	18,641	18,641	.....	.....
Child Abuse State Grants	90,091	90,091	90,091	.....	.....
Child Abuse Discretionary Activities	35,000	35,000	35,000	.....	.....
Community Based Child Abuse Prevention	55,660	55,660	55,660	.....	- 16,000
Child Welfare Services	268,735	268,735	268,735	.....	.....
Child Welfare Training, Research, or Demonstration projects	17,984	20,984	19,984	+ 2,000	- 1,000
Adoption Opportunities	42,100	42,100	46,100	+ 4,000	+ 4,000
Adoption Incentive Grants	75,000	75,000	75,000	.....	.....
Social Services and Income Maintenance Research	7,012	6,512	7,012	.....	+ 500
Native American Programs	56,050	57,275	56,050	.....	- 1,225
Community Services:					
Community Services Block Grant Act programs:					
Grants to States for Community Services	740,000	.....	740,000	.....	+ 740,000
Economic Development	20,383	.....	.....	- 20,383	.....
Rural Community Facilities	10,000	.....	10,000	.....	+ 10,000
Subtotal, Community Services	770,383	.....	750,000	- 20,383	+ 750,000
Domestic Violence Hotline	12,000	12,000	12,000	.....	.....
Family Violence Prevention and Services	175,000	175,000	175,000	.....	.....
Chafee Education and Training Vouchers	43,257	43,257	43,257	.....	.....
Disaster Human Services Case Management	1,864	4,000	1,864	.....	- 2,136
Program Direction	206,000	209,000	206,000	.....	- 3,000
Total, Children and Families Services Programs	12,876,652	11,856,130	12,962,269	+ 85,617	+ 1,106,139
Promoting Safe and Stable Families					
Discretionary Funds	345,000	345,000	345,000	.....	.....
.....	92,515	59,765	92,515	.....	+ 32,750
Total, Promoting Safe and Stable Families	437,515	404,765	437,515	.....	+ 32,750

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2020 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2021—Continued
 [In thousands of dollars]

Item	2020 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2020 appropriation	Budget estimate
Payments for Foster Care and Permanency					
Foster Care	5,253,000	5,795,634	5,796,000	+543,000	+366
Adoption Assistance	2,931,000	3,802,045	3,802,000	+871,000	-45
Guardianship	217,000	270,858	271,000	+54,000	+142
Independent Living	143,000	143,000	143,000		
Total, Payments to States, available this fiscal year	8,544,000	10,011,537	10,012,000	+1,468,000	+463
Advance appropriations, 1st quarter, fiscal year 2022	3,000,000	3,000,000	3,000,000		
Less appropriations provided in prior years	-2,800,000	-3,000,000	-3,000,000	-200,000	
Total, Payments for foster care and permanency	5,744,000	7,011,537	7,012,000	+1,268,000	+463
Total, Payments to States, available in this bill	8,744,000	10,011,537	10,012,000	+1,268,000	+463
Total, Administration for Children and Families					
Current year appropriations	39,522,672	34,993,812	40,999,848	+1,477,176	+6,006,036
Advance appropriations	(35,122,672)	(30,593,812)	(36,599,848)	(+1,477,176)	(+6,006,036)
	(4,400,000)	(4,400,000)	(4,400,000)		
Total, ACF Program Level	39,522,672	34,993,812	40,999,848	+1,477,176	+6,006,036
ADMINISTRATION FOR COMMUNITY LIVING					
Aging and Disability Services Programs					
Grants to States:					
Home and Community-based Supportive Services	390,074	390,074	390,074		
Preventive Health	24,848	24,848	24,848		
Protection of Vulnerable Older Americans—Title VII	22,658	20,628	22,658		
Subtotal	437,580	435,550	437,580		+2,030

Family Caregivers	185,936	150,586	186,036	+100	+35,450
Native American Caregivers Support	10,306	10,306	10,306		
Subtotal, Caregivers	196,242	160,892	196,342	+100	+35,450
Nutrition:					
Congregate Meals	510,342	510,342	510,342		
Home Delivered Meals	266,342	266,342	266,342		
Nutrition Services Incentive Program	160,069	160,069	160,069		
Subtotal	936,753	936,753	936,753		
Subtotal, Grants to States	1,570,575	1,533,195	1,570,675	+100	+37,480
Grants for Native Americans	34,708	34,708	34,708		+5,958
Aging Network Support Activities	12,461	11,503	17,461	+5,000	-13,700
Alzheimer's Disease Program	11,800	26,500	12,800	+1,000	(+14,700)
Prevention and Public Health Fund 1	(14,700)		(14,700)		(+8,000)
Lifespan Respite Care	6,110	3,360	7,110	+1,000	(+5,000)
Prevention and Public Health Fund 1	(8,000)		(8,000)		+2,000
Prevention and Public Health Fund 1	(5,000)		(5,000)		+16,000
Elder Rights Support Activities	15,874	17,874	15,874		
Aging and Disability Resources	8,119	6,119	8,119		
State Health Insurance Program	52,115	36,115	52,115		
Paralysis Resource Center	9,700	9,700	9,700		
Limb Loss Resource Center	4,000	4,000	4,000		
Traumatic Brain Injury	11,321	11,321	11,321		
Developmental Disabilities Programs:					
State Councils	78,000	56,000	78,000		+22,000
Protection and Advocacy	40,784	38,734	40,784		+2,050
Voting Access for Individuals with Disabilities	7,463	7,463	7,463		
Developmental Disabilities Projects of National Significance	12,250	1,050	12,250		+11,200
University Centers for Excellence in Developmental Disabilities	41,619	32,546	41,619		+9,073
Subtotal, Developmental Disabilities Programs	180,116	135,793	180,116		+44,323
Workforce Innovation and Opportunity Act:					
Independent Living	116,183	113,646	116,183		+2,537
National Institute on Disability, Independent Living, and Rehabilitation Research	111,970	90,371	114,470	+2,500	+24,099
Assistive Technology	37,000	31,939	38,500	+1,500	+6,561
Subtotal, Workforce Innovation and Opportunity Act	265,153	235,956	269,153	+4,000	+33,197

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2020 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2021—Continued
(In thousands of dollars)

Item	2020 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2020 appropriation	Budget estimate
Program Administration	41,063	42,063	42,063	+ 1,000	.....
Total, Administration for Community Living	2,223,115	2,108,207	2,235,215	+ 12,100	+ 127,008
Federal funds	2,171,000	2,072,092	2,183,100	+ 12,100	+ 111,008
Trust Funds	(52,115)	(36,115)	(52,115)	.....	(+ 16,000)
(Prevention and Public Health Fund ¹)	(27,700)	.....	(27,700)	.....	(+ 27,700)
Total, ACL program level	2,250,815	2,108,207	2,262,915	+ 12,100	+ 154,708
OFFICE OF THE SECRETARY					
General Departmental Management					
General Departmental Management, Federal Funds	196,419	200,895	196,669	+ 250	- 4,226
Teen Pregnancy Prevention Community Grants	101,000	.....	101,000	.....	+ 101,000
Evaluation Tap Funding	(6,800)	.....	(6,800)	.....	(+ 6,800)
Subtotal, Grants	107,800	.....	107,800	.....	+ 107,800
Sexual Risk Avoidance	35,000	.....	45,000	+ 10,000	+ 45,000
Office of Minority Health	58,670	58,670	58,670	.....	.....
Office on Women's Health	33,640	33,640	33,640	.....	.....
Minority HIV/AIDS prevention and treatment	53,900	53,900	53,900	.....	.....
Embryo Adoption Awareness Campaign	1,000	.....	1,000	.....	+ 1,000
Planning and Evaluation, Evaluation Tap Funding	(58,028)	(73,840)	(58,028)	.....	(- 15,812)
Total, General Departmental Management	479,629	347,105	489,879	+ 10,250	+ 142,774
Federal Funds	479,629	347,105	489,879	+ 10,250	+ 142,774
(Evaluation Tap Funding)	(64,828)	(73,840)	(64,828)	.....	(- 9,012)
Total, General Departmental Management program level	544,457	420,945	554,707	+ 10,250	+ 133,762

Medicare Hearings and Appeals	191,881	196,381	191,881	.....	- 4,500
Office of the National Coordinator for Health Information Technology	60,367	50,717	60,367	.....	+ 9,650
Office of Inspector General	80,000	90,000	80,000	.....	- 10,000
Office for Civil Rights	38,798	30,286	38,798	.....	+ 8,512
Federal Funds					
Retirement Pay and Medical Benefits for Commissioned Officers					
Retirement Payments	491,090	524,818	524,818	+ 33,728	.....
Survivors Benefits	31,650	31,925	31,925	+ 275	.....
Dependents' Medical Care	100,851	96,280	96,280	- 4,571	.....
Total, Benefits for Commissioned Officers	623,591	653,023	653,023	+ 29,432	.....
Public Health and Social Services Emergency Fund (PHSSEF)					
Assistant Secretary for Preparedness and Response					
Operations	30,938	30,938	30,938	.....	.....
Preparedness and Emergency Operations	24,654	27,154	24,654	.....	- 2,500
National Disaster Medical System	57,404	88,404	57,404	.....	- 31,000
Hospital Preparedness Cooperative Agreement Grants:					
Formula Grants	275,555	257,555	275,555	.....	+ 18,000
Transfers from Nonrecurring Expenses Fund .....	.....	.....	(24,000)	(+ 24,000)	(+ 24,000)
Subtotal, Hospital Preparedness program level	275,555	257,555	299,555	+ 24,000	+ 42,000
Biomedical Advanced Research and Development Authority (BARDA)	561,700	561,700	561,700	.....	.....
Transfers from Nonrecurring Expenses Fund .....	.....	.....	(50,000)	(+ 50,000)	(+ 50,000)
Subtotal, BARDA	561,700	561,700	611,700	+ 50,000	+ 50,000
Policy and Planning	14,877	19,877	14,877	.....	- 5,000
Project BioShield	735,000	535,000	735,000	.....	+ 200,000
Transfers from Nonrecurring Expenses Fund .....	.....	.....	(50,000)	(+ 50,000)	(+ 50,000)
Subtotal, BioShield	735,000	535,000	785,000	+ 50,000	+ 250,000
Strategic National Stockpile	705,000	705,000	705,000	.....	.....
Medical Reserve Corps	6,000	3,900	6,000	.....	+ 2,100

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2020 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2021—Continued
(In thousands of dollars)

Item	2020 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2020 appropriation	Budget estimate
Preparedness and Response Innovation		15,000	2,000	+ 2,000	- 13,000
Subtotal, Preparedness and Response	2,411,128	2,244,528	2,413,128	+ 2,000	+ 168,600
Assistant Secretary for Administration					
Assistant Secretary for Administration, Cybersecurity	58,860	67,053	58,860		- 8,193
Subtotal	58,860	67,053	58,860		- 8,193
Office of Security and Strategic Information	7,470	8,884	7,470		- 1,414
Subtotal (including transfer)	7,470	8,884	7,470		- 1,414
Office of the Assistant Secretary of Health		11,000			- 11,000
Public Health and Science					
Pandemic Influenza Preparedness	260,000	310,000	260,000		- 50,000
Transfers from Nonrecurring Expenses Fund			(50,000)	(+ 50,000)	(+ 50,000)
Subtotal, Pandemic Influenza Preparedness	260,000	310,000	310,000	+ 50,000	
Subtotal, Non-pandemic flu/BioShield/SNS	1,297,458	1,401,465	1,249,458	- 48,000	- 152,007
Total, PHSSEF	2,737,458	2,641,465	2,739,458	+ 2,000	+ 97,993
Total, Office of the Secretary	4,211,724	4,008,977	4,253,406	+ 41,682	+ 244,429
Federal Funds	4,019,843	3,812,596	4,061,525	+ 41,682	+ 248,929
Trust Funds	191,881	196,381	191,881		- 4,500
(Evaluation Tap Funding)	(64,828)	(73,840)	(64,828)		(- 9,012)
Total, Office of the Secretary Program Level	4,276,552	4,082,817	4,492,234	+ 215,682	+ 409,417

Total, Title II, Department of Health and Human Services	934,832,279	1,004,955,441	1,016,439,419	+ 81,607,140	+ 11,483,978
Federal Funds	929,630,339	999,796,197	1,011,304,479	+ 81,674,140	+ 11,508,282
Current year appropriations	(785,327,264)	(846,663,882)	(858,172,164)	(+ 72,844,900)	(+ 11,508,282)
Advance appropriations	(144,303,075)	(153,132,315)	(153,132,315)	(+ 8,829,240)	.....
Trust Funds	(4,709,940)	(4,755,244)	(4,730,940)	(+ 21,000)	(- 24,304)
CURES Act ²	(492,000)	(404,000)	(404,000)	(- 88,000)	.....
Prevention and Public Health Fund ¹	(893,950)	(893,950)	(895,850)	(+ 1,900)	(+ 1,900)
Transfers from Nonrecurring Expenses Fund	(450,000)	(893,950)	(829,000)	(+ 379,000)	(+ 829,000)
TITLE III—DEPARTMENT OF EDUCATION					
IMPROVING ELEMENTARY AND SECONDARY EDUCATION					
Elementary and Secondary Education for the Disadvantaged Block Grant .....	.....	6,840,812	.....	.....	- 6,840,812
Advance appropriations, fiscal year 2022 .....	.....	12,522,618	.....	.....	- 12,522,618
Total .....	.....	19,363,430	.....	.....	- 19,363,430
EDUCATION FOR THE DISADVANTAGED					
Grants to Local Educational Agencies (LEAs):					
Basic Grants:	.....	.....	.....	.....	.....
Appropriations from prior year advances	1,440,776	990,776	990,776	- 450,000	.....
Forward funded	5,463,625	.....	5,588,625	+ 125,000	+ 5,588,625
Current appropriation	5,000	.....	5,000	.....	+ 5,000
Subtotal, Basic grants available this fiscal year	5,468,625	.....	5,593,625	+ 125,000	+ 5,593,625
Advance appropriations, fiscal year 2022	990,776	.....	865,776	- 125,000	+ 865,776
Less appropriations available from prior year advances	- 1,440,776	- 990,776	- 990,776	+ 450,000	.....
Subtotal, Basic grants, appropriated in this bill	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	.....	.....
Advance appropriations, fiscal year 2022	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	.....	.....
Subtotal, Concentration grants, appropriated in this bill	1,362,301	.....	1,362,301	.....	+ 1,362,301
Targeted Grants:	.....	.....	.....	.....	.....
Appropriations from prior year advances	4,019,050	4,244,050	4,244,050	+ 225,000	.....
Advance appropriations, fiscal year 2022	4,244,050	.....	4,306,550	+ 62,500	+ 4,306,550

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2020 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2021—Continued
[In thousands of dollars]

Item	2020 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2020 appropriation	Budget estimate
Less appropriations provided from prior year advances	-4,019,050	-4,244,050	-4,244,050	-225,000	.....
Subtotal, Targeted Grants, appropriated in this bill	4,244,050	.....	4,306,550	+62,500	+4,306,550
Education Finance Incentive Grants:					
Appropriations from prior year advances	4,019,050	.....	4,244,050	+225,000	+4,244,050
Advance appropriations, fiscal year 2022	4,244,050	.....	4,306,550	+62,500	+4,306,550
Less appropriations provided from prior year advances	-4,019,050	.....	-4,244,050	-225,000	-4,244,050
Subtotal, Education Finance Incentive Grants, appropriated in this bill	4,244,050	.....	4,306,550	+62,500	+4,306,550
Subtotal, Grants to LEAs, program level appropriated in this bill	16,309,802	.....	16,434,802	+125,000	+16,434,802
Innovative Approaches to Literacy	27,000	.....	27,000	.....	+27,000
Comprehensive literacy development grants	192,000	.....	192,000	.....	+192,000
State Agency Programs:					
Migrant	374,751	.....	374,751	.....	+374,751
Neglected and Delinquent/High Risk Youth	47,614	.....	47,614	.....	+47,614
Subtotal, State Agency programs	422,365	.....	422,365	.....	+422,365
Special Programs for Migrant Students	45,623	.....	45,623	.....	+45,623
Total, Education for the disadvantaged	16,996,790	.....	17,121,790	+125,000	+17,121,790
Current Year appropriations	(6,155,613)	.....	(6,280,613)	(+125,000)	(+6,280,613)
(Forward Funded)	(6,077,990)	.....	(6,202,990)	(+125,000)	(+6,202,990)
FY 2022 Advances	(10,841,177)	.....	(10,841,177)	.....	(+10,841,177)
Less appropriations made in prior years	(-10,841,177)	.....	(-10,841,177)	.....	(-10,841,177)
IMPACT AID					
Basic Support Payments	1,340,242	1,340,242	1,359,242	+19,000	+19,000
Payments for Children with Disabilities	48,316	48,316	48,316	.....	.....

Facilities Maintenance (Sec. 8008)	4,835	4,835	4,835	.....	.....	.....
Construction (Sec. 8007)	17,406	17,406	17,406	.....	.....	.....
Payments for Federal Property (Sec. 8002)	75,313	.....	76,313	.....	+ 1,000	+ 76,313
Total, impact aid	1,486,112	1,410,799	1,506,112	.....	+ 20,000	+ 95,313
SCHOOL IMPROVEMENT PROGRAMS						
Supporting Effective Instruction State Grants	450,389	.....	450,389	.....	.....	+ 450,389
Appropriations from prior year advances	1,681,441	1,681,441	1,681,441	.....	.....	.....
Advance appropriations, fiscal year 2022	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, program level appropriated in this bill	2,131,830	.....	2,131,830	.....	.....	+ 2,131,830
Supplemental Education Grants	16,699	16,699	16,699	.....	.....	.....
Nita M Lowey 21st Century Community Learning Centers	1,249,673	.....	1,249,673	.....	.....	+ 1,249,673
State Assessments	378,000	369,100	378,000	.....	.....	+ 8,900
Education for Homeless Children and Youth	101,500	.....	101,500	.....	.....	+ 101,500
Training and Advisory Services (Civil Rights)	6,575	6,575	6,575	.....	.....	.....
Education for Native Hawaiians	36,897	.....	36,897	.....	.....	+ 36,897
Alaska Native Education Equity	35,953	.....	36,953	.....	+ 1,000	+ 36,953
Rural Education	185,840	.....	189,840	.....	+ 4,000	+ 189,840
Comprehensive Centers	52,000	.....	52,000	.....	.....	+ 52,000
Student Support and Academic Enrichment grants	1,210,000	.....	1,250,000	.....	+ 40,000	+ 1,250,000
Total, School Improvement Programs	5,404,967	392,374	5,449,967	.....	+ 45,000	+ 5,057,593
Current Year appropriations	(3,723,526)	(392,374)	(3,768,526)	.....	(+ 45,000)	(+ 3,376,152)
(Forward Funded)	(3,575,402)	(369,100)	(3,619,402)	.....	(+ 44,000)	(+ 3,250,302)
Advance appropriations	(1,681,441)	.....	(1,681,441)	.....	.....	(+ 1,681,441)
INDIAN EDUCATION						
Grants to Local Educational Agencies	105,381	105,381	105,381	.....	.....	.....
Federal Programs:	67,993	67,993	67,993	.....	.....	.....
Special Programs for Indian Children	7,365	7,365	7,365	.....	.....	.....
National Activities	.....	.....	.....	.....	.....	.....
Subtotal, Federal Programs	75,358	75,358	75,358	.....	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2020 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2021—Continued
(In thousands of dollars)

Item	2020 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2020 appropriation	Budget estimate
Total, Indian Education	180,739	180,739	180,739		
INNOVATION AND IMPROVEMENT					
Education Innovation and Research	190,000	.....	130,000	- 60,000	+ 130,000
American History and Civics Academies	1,815	.....	1,815	.....	+ 1,815
American History and Civics National Activities	3,000	.....	3,000	.....	+ 3,000
Charter Schools Grants	440,000	.....	450,000	+ 10,000	+ 450,000
Magnet Schools Assistance	107,000	.....	107,000	.....	+ 107,000
Teacher and School Leader Incentive Grants	200,000	.....	200,000	.....	+ 200,000
Ready-to-Learn Television	29,000	.....	29,000	.....	+ 29,000
Supporting Effective Educator Development (SEED)	80,000	.....	80,000	.....	+ 80,000
Arts in Education	30,000	.....	30,000	.....	+ 30,000
Javits Gifted and Talented Students	13,000	.....	13,000	.....	+ 13,000
Statewide Family Engagement Centers	10,000	.....	15,000	+ 5,000	+ 15,000
Floor Amendments: Unspecified .....	.....	.....	.....	.....	.....
Total, Innovation and Improvement	1,103,815	.....	1,058,815	- 45,000	+ 1,058,815
SAFE SCHOOLS AND CITIZENSHIP EDUCATION					
Promise Neighborhoods	80,000	.....	80,000	.....	+ 80,000
School Safety National Activities	105,000	.....	105,000	.....	+ 105,000
Full-Service Community Schools	25,000	.....	25,000	.....	+ 25,000
Total, Safe Schools and Citizenship Education	210,000	.....	210,000	.....	+ 210,000
ENGLISH LANGUAGE ACQUISITION					
Current-funded	51,181	.....	51,181	.....	+ 51,181
Forward-funded	736,219	.....	736,219	.....	+ 736,219

Total, English Language Acquisition	787,400	.....	787,400	.....	+ 787,400
SPECIAL EDUCATION					
State Grants:					
Grants to States Part B current year	3,481,009	3,581,009	3,591,009	+ 110,000	+ 10,000
Part B advance from prior year	(9,283,383)	(9,283,383)	(9,283,383)	.....	.....
Grants to States Part B (FY 2022)	9,283,383	9,283,383	9,283,383	.....	.....
Subtotal, program level	12,764,392	12,864,392	12,874,392	+ 110,000	+ 10,000
Preschool Grants	394,120	394,120	401,620	+ 7,500	+ 7,500
Grants for Infants and Families	477,000	477,000	484,500	+ 7,500	+ 7,500
Subtotal, program level	13,635,512	13,735,512	13,760,512	+ 125,000	+ 25,000
IDEA National Activities (current funded):					
State Personnel Development	38,630	38,630	38,630	.....	.....
Technical Assistance and Dissemination	44,345	44,345	44,345	.....	.....
Special Olympics Education Programs	20,083	20,083	22,583	+ 2,500	+ 2,500
Personnel Preparation	89,700	89,700	89,700	.....	.....
Parent Information Centers	27,411	27,411	27,411	.....	.....
Educational Technology, Media, and Materials	29,547	29,547	29,547	.....	.....
Subtotal, IDEA National Activities	249,716	249,716	252,216	+ 2,500	+ 2,500
Total, Special education	13,885,228	13,985,228	14,012,728	+ 127,500	+ 27,500
Current Year appropriations	(4,601,845)	(4,701,845)	(4,729,345)	(+ 127,500)	(+ 27,500)
(Forward Funded)	(4,352,129)	(4,452,129)	(4,477,129)	(+ 125,000)	(+ 25,000)
Advance appropriations	(9,283,383)	(9,283,383)	(9,283,383)	.....	.....
Advance appropriations	(- 9,283,383)	(- 9,283,383)	(- 9,283,383)	.....	.....
REHABILITATION SERVICES					
Vocational Rehabilitation State Grants	3,610,040	3,667,801	3,667,801	+ 57,761	.....
Client Assistance State grants	13,000	13,000	13,000	.....	.....
Training	29,388	29,388	29,388	.....	.....
Demonstration and Training programs	5,796	5,796	5,796	.....	.....
Protection and Advocacy of Individual Rights [PAIR]	17,650	17,650	17,650	.....	.....
Supported Employment State grants	22,548	.....	22,548	.....	+ 22,548

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2020 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2021—Continued
(In thousands of dollars)

Item	2020 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2020 appropriation	Budget estimate
Independent Living: Services for Older Blind Individuals	33,317	33,317	33,317		
Helen Keller National Center for Deaf/Blind Youth and Adults	16,000	16,000	16,000		
Total, Rehabilitation Services	3,747,739	3,782,952	3,805,500	+ 57,761	+ 22,548
(Discretionary)	137,699	115,151	137,699		+ 22,548
(Mandatory)	3,610,040	3,667,801	3,667,801	+ 57,761	
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES					
American Printing House for the Blind	32,431	32,431	34,431	+ 2,000	+ 2,000
National Technical Institute for the Deaf (NTID): Operations	79,500	79,500	81,500	+ 2,000	+ 2,000
Gallaudet University: Operations	137,361	137,361	140,361	+ 3,000	+ 3,000
Total, Gallaudet University	137,361	137,361	140,361	+ 3,000	+ 3,000
Total, Special Institutions for Persons with Disabilities	249,292	249,292	256,292	+ 7,000	+ 7,000
CAREER, TECHNICAL, AND ADULT EDUCATION					
Career Education: Basic State Grants/Secondary & Technical Education State Grants	491,598	1,171,598	566,598	+ 75,000	- 605,000
Appropriations available from prior year advances	791,000	791,000	791,000		
Total, available this fiscal year	1,282,598	1,962,598	1,357,598	+ 75,000	- 605,000
Advance appropriations, fiscal year 2022	791,000	791,000	791,000		
Less appropriations provided in prior years	- 791,000	- 791,000	- 791,000		

Subtotal, Basic State Grants, program level, appropriated in this bill	1,282,598	1,962,598	1,357,598	+ 75,000	- 605,000
National Programs	7,421	90,000	7,421		- 82,579
Subtotal, Career Education	1,290,019	2,052,598	1,365,019	+ 75,000	- 687,579
Adult Education:					
State Grants/Adult Basic and Literacy Education:					
State Grants, forward funded	656,955	656,955	656,955		
National Leadership Activities	13,712	13,712	13,712		
Subtotal, Adult education	670,667	670,667	670,667		
Total, Career, Technical, and Adult Education	1,960,686	2,723,265	2,035,686	+ 75,000	- 687,579
Current Year appropriations	(1,169,686)	(1,932,265)	(1,244,686)	(+ 75,000)	(- 687,579)
(Forward Funded)	(1,169,686)	(1,932,265)	(1,244,686)	(+ 75,000)	(- 687,579)
Advance appropriations	(791,000)	(791,000)	(791,000)		
STUDENT FINANCIAL ASSISTANCE					
Pell Grants—maximum grant (NA)	(5,285)	(5,285)	(5,435)	(+ 150)	(+ 150)
Pell Grants	22,475,352	22,475,352	22,475,352		
Federal Supplemental Educational Opportunity Grants	865,000		865,000		+ 865,000
Federal Work Study	1,180,000	500,000	1,180,000		+ 680,000
Total, Student Financial Assistance	24,520,352	22,975,352	24,520,352		+ 1,545,000
FEDERAL DIRECT STUDENT LOAN PROGRAM ACCOUNT					
STUDENT AID ADMINISTRATION	50,000			- 50,000	
Salaries and Expenses	878,943	1,148,604	878,943		- 269,661
Servicing Activities	890,000	734,705	990,000	+ 100,000	+ 255,295
Total, Student Aid Administration	1,768,943	1,883,309	1,868,943	+ 100,000	- 14,366
HIGHER EDUCATION					
Aid for Institutional Development:					
Strengthening Institutions	107,854		109,956	+ 2,102	+ 109,956
Hispanic Serving Institutions	143,081		145,870	+ 2,789	+ 145,870
Promoting Post-Baccalaureate Opportunities for Hispanic Americans	12,838		13,088	+ 250	+ 13,088
Consolidated MSI Grant		196,324			- 196,324

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2020 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2021—Continued
(In thousands of dollars)

Item	2020 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2020 appropriation	Budget estimate
Strengthening Historically Black Colleges (HBCUs)	324,792	324,792	331,123	+6,331	+6,331
Strengthening Historically Black Graduate Institutions	83,995	83,995	85,632	+1,637	+1,637
Strengthening Predominantly Black Institutions	13,197	13,454	13,454	+257	+13,454
Asian American Pacific Islander	4,444	4,531	4,531	+87	+4,531
Strengthening Alaska Native and Native Hawaiian-Serving Institutions	18,320	18,677	18,677	+357	+18,677
Strengthening Native American-Serving Nontribal Institutions	4,444	4,531	4,531	+87	+4,531
Strengthening Tribal Colleges	36,633	36,633	37,347	+714	+714
Strengthening HBCU Masters programs	9,956	9,956	10,150	+194	+194
Subtotal, Aid for Institutional development	759,554	651,700	774,359	+14,805	+122,659
International Education and Foreign Language:					
Domestic Programs	68,103	68,103	68,103	.....	+68,103
Overseas Programs	8,061	8,061	8,061	.....	+8,061
Subtotal, International Education and Foreign Language	76,164	76,164	76,164	.....	+76,164
Postsecondary Program for Students with Intellectual Disabilities	11,800	11,800	13,800	+2,000	+2,000
Minority Science and Engineering Improvement	12,635	150,000	15,000	+2,365	-135,000
Tribally Controlled Postsec Voc/Tech Institutions	10,000	10,000	10,195	+195	+195
Federal TRIO Programs	1,090,000	950,000	1,090,000	.....	+140,000
GEAR UP	365,000	.....	365,000	.....	+365,000
Graduate Assistance in Areas of National Need	23,047	.....	23,047	.....	+23,047
Teacher Quality Partnerships	50,092	.....	50,092	.....	+50,092
Child Care Access Means Parents in School	53,000	15,134	53,000	.....	+37,866
Fund for the Improvement of Postsecondary Ed (FIPSE)	24,500	.....	17,500	-7,000	+17,500
Total, Higher Education	2,475,792	1,788,634	2,488,157	+12,365	+699,523
HOWARD UNIVERSITY					
Academic Program	209,288	209,288	213,288	+4,000	+4,000
Endowment Program	3,405	3,405	3,405	.....	.....

Howard University Hospital	27,325	27,325	27,325	.....	.....	.....
Total, Howard University	240,018	240,018	244,018	+ 4,000	+ 4,000	+ 4,000
COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM						
HISTORICALLY BLACK COLLEGE AND UNIVERSITY (HBCU)						
CAPITAL FINANCING PROGRAM ACCOUNT						
HBCU Federal Administration	334	334	334	.....	.....	.....
HBCU Loan Subsidies	46,150	40,150	46,150	.....	.....	+ 6,000
Total, HBCU Capital Financing Program	46,484	40,484	46,484	.....	.....	+ 6,000
INSTITUTE OF EDUCATION SCIENCES (IES)						
Research, Development and Dissemination	195,877	195,877	195,877	.....	.....	.....
Statistics	110,500	113,500	110,500	.....	.....	- 3,000
Regional Educational Laboratories	56,022	.....	56,022	.....	.....	+ 56,022
Research in Special Education	56,500	56,500	56,500	.....	.....	.....
Special Education Studies and Evaluations	10,818	10,818	10,818	.....	.....	.....
Statewide Data Systems	33,000	.....	33,000	.....	.....	+ 33,000
Assessment:	.....	.....	.....	.....	.....	.....
National Assessment	153,000	181,000	165,000	+ 12,000	+ 12,000	- 16,000
National Assessment Governing Board	7,745	7,745	7,745	.....	.....	.....
Subtotal, Assessment	160,745	188,745	172,745	+ 12,000	+ 12,000	- 16,000
Total, Institute of Education Sciences	623,462	565,440	635,462	+ 12,000	+ 12,000	+ 70,022
DEPARTMENTAL MANAGEMENT						
Program Administration:	.....	.....	.....	.....	.....	.....
Salaries and Expenses	430,000	433,723	430,000	.....	.....	- 3,723
Building Modernization .....	.....	15,000	.....	.....	.....	- 15,000
Total, Program administration	430,000	448,723	430,000	.....	.....	- 18,723
Office for Civil Rights	130,000	130,000	130,000	.....	.....	.....
Office of Inspector General	63,000	68,019	63,000	.....	.....	- 5,019

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2020 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2021—Continued
(In thousands of dollars)

Item	2020 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2020 appropriation	Budget estimate
Total, Departmental management	623,000	646,742	623,000	.....	-23,742
Total, Title III, Department of Education	76,361,254	70,228,493	76,851,880	+490,626	+6,623,387
Current Year appropriations	(53,764,253)	(47,631,492)	(54,254,879)	(+490,626)	(+6,623,387)
Advance appropriations	(22,597,001)	(22,597,001)	(22,597,001)	.....	.....
TITLE IV—RELATED AGENCIES					
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED	10,000	13,930	12,000	+2,000	-1,930
(Office of Inspector General)	(2,500)	(2,300)	(1,650)	(+850)	(-650)
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE					
Operating Expenses					
Domestic Volunteer Service Programs:					
Volunteers in Service to America [VISTA]	93,364	4,665	93,364	.....	+88,699
National Senior Volunteer Corps:					
Foster Grandparents Program	118,799	111	122,799	+4,000	+122,688
Senior Companion Program	50,863	111	52,863	+2,000	+52,752
Retired Senior Volunteer Program	51,355	111	53,355	+2,000	+53,244
Subtotal, Senior Volunteer Corps	221,017	333	229,017	+8,000	+228,684
Subtotal, Domestic Volunteer Service	314,381	4,998	322,381	+8,000	+317,383
National and Community Service Programs:					
AmeriCorps State and National Grants	428,510	2,224	460,510	+32,000	+458,286
Innovation, Assistance, and Other Activities	9,600	.....	9,600	.....	+9,600
Evaluation	4,000	.....	4,000	.....	+4,000
National Civilian Community Corps (NCCC)(subtle E)	32,500	22,883	33,500	+1,000	+10,617
State Commission Support Grants	17,538	.....	18,538	+1,000	+18,538

Subtotal, National and Community Service	492,148	25,107	526,148	+ 34,000	+ 501,041
Total, Operating expenses	806,529	30,105	848,529	+ 42,000	+ 818,424
National Service Trust	208,342	10,000	213,342	+ 5,000	+ 203,342
Salaries and Expenses	83,737	47,333	86,237	+ 2,500	+ 38,904
Office of Inspector General	5,750	4,258	6,250	+ 500	+ 1,992
Total, Corporation for National and Community Service	1,104,358	91,696	1,154,358	+ 50,000	+ 1,062,662
CORPORATION FOR PUBLIC BROADCASTING:					
Appropriation available from fiscal year 2019 advance	445,000	445,000	445,000		
Rescission		-415,000			+ 415,000
Total, available this fiscal year	445,000	30,000	445,000		+ 415,000
Advance appropriation, fiscal year 2023	465,000		465,000		+ 465,000
Less appropriations provided in prior years	-445,000	-445,000	-445,000		
Public television interconnection system	20,000		20,000		+ 20,000
FEDERAL MEDIATION AND CONCILIATION SERVICE	47,200	48,600	47,200		-1,400
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION	17,184	17,184	17,184		
INSTITUTE OF MUSEUM AND LIBRARY SERVICES	252,000	23,000	257,000	+ 5,000	+ 234,000
MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION	8,780	9,265	8,780		- 485
MEDICARE PAYMENT ADVISORY COMMISSION	12,545	13,575	12,545		- 1,030
NATIONAL COUNCIL ON DISABILITY	3,350	3,350	3,350		
NATIONAL LABOR RELATIONS BOARD	274,224	246,876	264,224	- 10,000	+ 17,348
NATIONAL MEDIATION BOARD	14,050	13,900	14,050		+ 150
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION	13,225	13,721	13,225		- 496
RAILROAD RETIREMENT BOARD					
Dual Benefits Payments Account	16,000	13,000	13,000	- 3,000	
Less Income Tax Receipts on Dual Benefits	- 1,000	- 1,000	- 1,000		
Subtotal, Dual Benefits	15,000	12,000	12,000	- 3,000	
Federal Payments to the Railroad Retirement Accounts	150	150	150		
Limitation on administrative expenses	123,500	120,225	120,225	- 3,275	
Limitation on the Office of Inspector General	11,000	11,499	11,000		- 499

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2020 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2021—Continued
(In thousands of dollars)

Item	2020 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2020 appropriation	Budget estimate
SOCIAL SECURITY ADMINISTRATION					
Payments to Social Security Trust Funds	11,000	11,000	11,000		
Supplemental Security Income Program					
Federal Benefit Payments	56,982,000	55,451,434	55,451,434	-1,530,566	
Beneficiary Services	45,000	45,000	45,000		
Research and Demonstration	101,000	86,000	86,000	-15,000	
Administration	4,286,889	4,625,743	4,453,890	+167,001	-171,853
Subtotal, available this fiscal year	61,414,889	60,208,177	60,036,324	-1,378,565	-171,853
Less appropriations provided from prior year advances	-19,700,000	-19,900,000	-19,900,000	-200,000	
Subtotal, current year appropriation	41,714,889	40,308,177	40,136,324	-1,578,565	-171,853
Subtotal, Mandatory	37,428,000	35,682,434	35,682,434	-1,745,566	
Advance appropriations, 1st quarter, fiscal year 2022	19,900,000	19,600,000	19,600,000	-300,000	
Total, SSI program appropriated in this bill	99,042,889	95,590,611	95,418,758	-3,624,131	-171,853
Limitation on Administrative Expenses					
OAS/DI Trust Funds	5,715,042	5,447,159	5,239,286	-475,756	-207,873
HI/SMI Trust Funds	2,458,514	2,833,410	2,730,808	+272,294	-102,602
Social Security Advisory Board	2,500	2,700	2,500		-200
SSI	2,981,889	3,357,204	3,185,351	+203,462	-171,853
Subtotal	11,157,945	11,640,473	11,157,945		-482,528
User Fees:					
SSI User Fee activities	130,000	135,000	135,000	+5,000	
CBO adjustment		-1,000	-1,000	-1,000	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2020 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2021—Continued
 (In thousands of dollars)

Item	2020 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2020 appropriation	Budget estimate
FY 2023 Advance	(465,000)	8,818,029	(465,000)	.....	(+ 465,000)
Trust Funds	8,675,601	.....	8,498,325	.....	- 319,704
OTHER APPROPRIATIONS					
CORONAVIRUS PREPAREDNESS AND RESPONSE SUPPLEMENTAL APPROPRIATIONS ACT, 2020 (PUBLIC LAW 116-123 DIV A)					
DEPARTMENT OF HEALTH AND HUMAN SERVICES					
Centers for Disease Control and Prevention					
CDC-Wide Activities and Program Support (emergency)	2,200,000	.....	.....	- 2,200,000	.....
Transfer out (emergency)	(- 300,000)	.....	.....	(+ 300,000)	.....
Infectious Diseases Rapid Response Reserve Fund (by transfer) (emergency)	(300,000)	.....	.....	(- 300,000)	.....
National Institute of Health					
National Institute for Allergy and Infectious Diseases (emergency)	836,000	.....	.....	- 836,000	.....
Transfer out (emergency)	(- 10,000)	.....	.....	(+ 10,000)	.....
National Institute of Environmental Health (by transfer) (emergency)	(10,000)	.....	.....	(- 10,000)	.....
Office of the Secretary					
Public Health and Social Services Administration (emergency)	3,400,000	.....	.....	- 3,400,000	.....
Transfer out (emergency)	(- 100,000)	.....	.....	(+ 100,000)	.....
Health Resources and Services Administration					
Primary Health Care (by transfer) (emergency)	(100,000)	.....	.....	(- 100,000)	.....
General Provision					
Section 306:					
Public Health and Social Services Emergency Fund (transfer out) (emergency)	(- 2,000)	.....	.....	(+ 2,000)	.....
Office of the Inspector General (by transfer) (emergency)	(2,000)	.....	.....	(- 2,000)	.....

Total, Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020	6,436,000				-6,436,000
SECOND CORONAVIRUS PREPAREDNESS AND RESPONSE SUPPLEMENTAL APPROPRIATIONS ACT, 2020 (PUBLIC LAW 116-127 DIV A)					
DEPARTMENT OF HEALTH AND HUMAN SERVICES					
Administration for Community Living	250,000				-250,000
Aging and Disability Services Programs (emergency)					
Office of the Secretary					
Public Health and Social Services Emergency Fund (emergency)	1,000,000				-1,000,000
Total, Second Coronavirus Preparedness and Response Supplemental	1,250,000				-1,250,000
ADDITIONAL EMERGENCY APPROPRIATIONS FOR CORONAVIRUS RESPONSE (PUBLIC LAW 116-139 DIV B)					
DEPARTMENT OF HEALTH AND HUMAN SERVICES					
Office of the Secretary					
Public Health and Social Services Emergency Fund	75,000,000				-75,000,000
Public Health and Social Services Emergency Fund (emergency)	25,000,000				-25,000,000
(Transfer out) (emergency)	(-1,000,000)				(+1,000,000)
(Transfer out) (emergency)	(-306,000)				(+306,000)
(Transfer out) (emergency)	(-500,000)				(+500,000)
(Transfer out) (emergency)	(-1,000,000)				(+1,000,000)
(Transfer out) (emergency)	(-22,000)				(+22,000)
(Transfer out) (emergency)	(-600,000)				(+600,000)
(Transfer out) (emergency)	(-6,000)				(+6,000)
Centers for Disease Control and Prevention					
CDC-Wide Activities and program support (by transfer) (emergency)	(1,000,000)				(-1,000,000)
National Institutes of Health					
National Cancer Institute (by transfer) (emergency)	(306,000)				(-306,000)
National Institute of Biomedical Imaging and Bioengineering (by transfer) (emergency)	(500,000)				(-500,000)
Office of the Director (by transfer) (emergency)	(1,000,000)				(-1,000,000)
Total, National Institutes of Health					

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2020 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2021—Continued
 [In thousands of dollars]

Item	2020 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2020 appropriation	Budget estimate
(By transfer) (emergency)	(1,806,000)	.....	.....	(- 1,806,000)	.....
Health Resources and Services					
Primary Health Care (by transfer) (emergency)	(600,000)	.....	.....	(- 600,000)	.....
General Provisions					
Office of the Secretary—Office of the Inspector General (Sec. 103) (by transfer) (emergency)	(6,000)	.....	.....	(- 6,000)	.....
Total, Additional Emergency Appropriations for Coronavirus Response	100,000,000	.....	.....	- 100,000,000	.....
(By transfer) (emergency)	(3,412,000)	.....	.....	(- 3,412,000)	.....
(Transfer out) (emergency)	(- 3,434,000)	.....	.....	(+ 3,434,000)	.....
EMERGENCY APPROPRIATIONS FOR CORONAVIRUS HEALTH RESPONSE AND AGENCY OPERATIONS (PUBLIC LAW 116-136 DIV B)					
DEPARTMENT OF LABOR					
Employment and Training Administration					
Training and Employment Services	345,000	.....	.....	- 345,000	.....
Departmental Management					
Salaries and Expenses (emergency)	15,000	.....	.....	- 15,000	.....
(Transfer out) (emergency)	(- 1,000)	.....	.....	(+ 1,000)	.....
Inspector General (by transfer) (emergency)	(1,000)	.....	.....	(- 1,000)	.....
Total, Department Management	15,000	.....	.....	- 15,000	.....
Total, Department of Labor	360,000	.....	.....	- 360,000	.....

DEPARTMENT OF HEALTH AND HUMAN SERVICES					
Centers for Disease Control and Prevention					
CDC-Wide Activities and Program Support (emergency)	4,300,000				-4,300,000
National Institutes of Health					
National Heart, Lung, and Blood Institute (emergency)	103,400				-103,400
National Institute for Allergy and Infectious Diseases (emergency)	706,000				-706,000
National Institute for Biomedical Imaging and Bioengineering (emergency)	60,000				-60,000
National Center for Advancing Translational Sciences (emergency)	36,000				-36,000
National Library of Medicine (emergency)	10,000				-10,000
Office of the Director (emergency)	30,000				-30,000
Total, National Institutes of Health	945,400				-945,400
Substance Abuse and Mental Health Services Administration					
Health Surveillance and Program Support (emergency)	425,000				-425,000
Centers for Medicare and Medicaid Services					
Program Management (emergency)	200,000				-200,000
Administration for Children and Families					
Low Income Home Energy Assistance (emergency)	900,000				-900,000
Payments to States for the Child Care and Development Block Grant (emergency)	3,500,000				-3,500,000
Children and Family Services Programs (emergency)	1,874,000				-1,874,000
Total, Administration for Children and Families	6,274,000				-6,274,000
Administration for Community Living					
Aging and Disability Services Programs (emergency)	955,000				-955,000
Office of the Secretary					
Public Health and Social Services Emergency Fund (emergency)	127,289,500				-127,289,500
Total, Department of Health and Human Services	140,388,900				-140,388,900
DEPARTMENT OF EDUCATION					
State Fiscal Stabilization Fund (emergency)	30,750,000				-30,750,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2020 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2021—Continued
(In thousands of dollars)

Item	2020 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2020 appropriation	Budget estimate
Safe Schools and Citizenship Education (emergency)	100,000	.....	.....	-100,000	.....
Special Institutions for Persons With Disabilities:					
Gallaudet University (emergency)	7,000	.....	.....	-7,000	.....
Student Aid Administration (emergency)	40,000	.....	.....	-40,000	.....
Howard University (emergency)	13,000	.....	.....	-13,000	.....
Departmental Management:					
Program Administration (emergency)	8,000	.....	.....	-8,000	.....
Office of the Inspector	7,000	.....	.....	-7,000	.....
Total, Department of Education	30,925,000	.....	.....	-30,925,000	.....
RELATED AGENCIES					
Corporation for Public Broadcasting (emergency)	75,000	.....	.....	-75,000	.....
Institute of Museum and Library Services (emergency)	50,000	.....	.....	-50,000	.....
Railroad Retirement Board:					
Limitation on Administrative Expenses (emergency)	5,000	.....	.....	-5,000	.....
Social Security Administration					
Limitation on Administrative Expenses (emergency)	300,000	.....	.....	-300,000	.....
General Provisions					
Assistance (by transfer) (emergency) .....	.....	.....	.....	.....	.....
Title III of Public Law 116-123 (transfer out) (emergency) .....	.....	.....	.....	.....	.....
Total, Emergency Appropriations for Coronavirus Health Response and Agency Operation	172,103,900	.....	.....	-172,103,900	.....
USMCA SUPPLEMENTAL APPROPRIATIONS ACT, 2019					
DEPARTMENT OF LABOR					
Bureau of International Labor Affairs (emergency)	210,000	.....	.....	-210,000	.....

Total, USMCA Supplemental Appropriations Act, 2019	210,000	.....	.....	-210,000	.....
Total, Other Appropriations	279,999,900	.....	.....	-279,999,900	.....
Grand Total	1,377,687,948	1,156,655,379	1,177,669,848	-200,018,100	+21,014,469

¹Sec. 4002 of Public Law 111-148.
²21st Century CURES Act (Public Law 114-255).

○