110TH CONGRESS
1st Session

HOUSE OF REPRESENTATIVES

REPORT
110–231

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS BILL, 2008

R E P O R T

OF THE

COMMITTEE ON APPROPRIATIONS

TOGETHER WITH

MINORITY AND ADDITIONAL VIEWS

[TO ACCOMPANY H.R. 3043]

JULY 13, 2007.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS BILL, 2008

110TH CONGRESS
1st Session

HOUSE OF REPRESENTATIVES

REPORT
110–231

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS BILL, 2008

JULY 13, 2007.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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

R E P O R T

together with

MINORITY AND ADDITIONAL VIEWS

[To accompany H.R. 3043]

The Committee on Appropriations submits the following report in explanation of the accompanying bill making appropriations for the Departments of Labor, Health and Human Services (except the Food and Drug Administration, the Agency for Toxic Substances and Disease Registry and the Indian Health Service), and Education, Committee for Purchase from People Who Are Blind or Severely Disabled, Corporation for National and Community Service, Corporation for Public Broadcasting, Federal Mediation and Conciliation Service, Federal Mine Safety and Health Review Commission, Institute of Museum and Library Services, Medicare Payment Advisory Commission, National Council on Disability, National Labor Relations Board, National Mediation Board, Occupational Safety and Health Review Commission, Railroad Retirement Board, and the Social Security Administration for the fiscal year ending September 30, 2008, and for other purposes.

INDEX TO BILL AND REPORT

	Page number	
	Bill	*Report*
Summary of Estimates and Appropriations	.....	3
General Summary of the Bill	.....	3
Administration-Directed Spending	.....	4

36–627

	Page number Bill	Report
Crosscutting Initiatives	.....	6
Title I—Department of Labor:		
Employment and Training Administration	2	34
Employee Benefits Security Administration	12	45
Pension Benefit Guaranty Corporation	12	46
Employment Standards Administration	13	47
Occupational Safety and Health Administration	19	51
Mine Safety and Health Administration	23	54
Bureau of Labor Statistics	24	55
Office of Disability Employment Policy	25	56
Departmental Management	25	56
Veterans Employment and Training	27	61
Office of the Inspector General	28	61
General provisions	28	62
Title II—Department of Health and Human Services:		
Health Resources and Services Administration	33	63
Centers for Disease Control and Prevention	38	96
National Institutes of Health	41	125
Substance Abuse and Mental Health Services Administration	48	174
Agency for Healthcare Research and Quality	50	183
Centers for Medicare and Medicaid Services	50	185
Administration for Children and Families	54	189
Administration on Aging	62	204
Office of the Secretary	62	208
Office of the Inspector General	64	214
Public Health and Social Services Emergency Fund	65	215
General provisions	67	219
Title III—Department of Education:		
Education for the Disadvantaged	77	221
Impact Aid	78	228
School Improvement Programs	79	229
Indian Education	81	234
Innovation and Improvement	81	235
Safe Schools and Citizenship Education	83	244
English Language Acquisition	84	247
Special Education	84	248
Rehabilitation Services and Disability Research	85	250
Special Institutions for Persons With Disabilities	86	253
Career and Technical Education and Adult Education	86	254
Student Financial Assistance	89	257
Student Aid Administration	89	259
Higher Education	90	259
Howard University	91	270
College Housing and Academic Facilities Loans	91	270
Historically Black College and University Capital Financing	91	270
Institute of Education Sciences	92	271
Departmental Management	92	274
Office for Civil Rights	92	275
Office of the Inspector General	93	275
General provisions	93	275
Title IV—Related agencies:		
Committee for Purchase From People Who Are Blind or Severely Disabled	97	276
Corporation for National and Community Service	97	276
Corporation for Public Broadcasting	103	279
Federal Mediation and Conciliation Service	104	280
Federal Mine Safety and Health Review Commission	106	280
Institute of Museum and Library Services	106	280
Medicare Payment Advisory Commission	106	282

	Page number Bill	Report
National Commission on Libraries and Information Science	.....	283
National Council on Disability	107	283
National Labor Relations Board	107	283
National Mediation Board	108	284
Occupational Safety and Health Review Commission	108	284
Railroad Retirement Board	108	284
Social Security Administration	110	285
Title V—General Provisions:		
House of Representatives Report Requirements	.....	289

Summary of Estimates and Appropriations

The following table compares on a summary basis the appropriations including trust funds for fiscal year 2007, the budget request for fiscal year 2008 and the Committee recommendation for fiscal year 2008 in the accompanying bill.

2008 LABOR, HHS, EDUCATION APPROPRIATIONS BILL

[In millions of dollars]

	Fiscal year—			2008 committee compared to—	
	2007 comparable	2008 budget	2008 committee	2007 comparable	2008 budget
Department of Labor	$14,691	$13,942	$14,891	+$200	+$949
Advances	2,531	2,525	2,525	−6	0
Department of Health and Human Services	422,185	472,056	477,406	+55,221	+5,350
Advances	69,456	71,457	71,457	+2,001	0
Department of Education	60,310	59,099	62,971	+2,661	+3,872
Advances	15,034	15,034	17,004	+1,970	+1,970
Related Agencies	48,774	52,492	52,659	+3,885	+167
Advances	17,210	14,800	15,220	−1,990	+420
Grand Total, current year	545,960	597,589	607,927	+61,967	+10,338
Advances	104,231	103,816	106,206	+1,975	+2,390
Current year total using 302(b) scorekeeping	545,834	596,394	607,428	+61,594	+11,034
Mandatory	401,224	455,478	455,680	+54,456	+202
Discretionary	144,610	140,916	151,748	+7,138	+10,832

PROGRAM LEVEL DISCRETIONARY

[In millions of dollars]

	Fiscal year—			2008 committee compared to—	
	2007 comparable	2008 budget	2008 committee	2007 comparable	2008 budget
Department of Labor	$11,686	$10,964	$11,913	+$227	+$949
Department of Health and Human Services	64,054	63,195	68,344	+4,290	+5,149
Department of Education	57,473	56,225	62,068	+4,595	+5,843
Related Agencies	11,522	11,326	11,913	+391	+587
Subtotal Program Level	$144,735	$141,710	$154,238	+$9,503	+$12,528

General Summary of the Bill

Funding levels in the fiscal year 2008 appropriation bill for the Departments of Labor, Health and Human Services, Education and Related Agencies reflect the Committee's efforts to understand the challenges that the nation faces over the next ten years and what the nation must do to address them. While reducing the Federal deficit is a worthy goal, the nation has a number of other deficits that are equally important—deficits in worker development, safety

and protection; deficits in health access, affordability and quality; and deficits in educational access and opportunity. In this bill, the Committee makes crucial investments in priority programs that will help to begin the process of erasing these deficits over the next several years.

Bill total.—Total funding, including offsets, for the Departments of Labor, Health and Human Services, Education and Related Agencies Appropriations Act, 2008 is $607,428,474,000.

Discretionary programs.—For Discretionary accounts for fiscal year 2008 the bill provides $151,748,000,000, including offsets. This is $7,137,515,000 and 4.9 percent above the fiscal year 2007 comparable level.

Mandatory programs.—The bill provides $455,680,474,000 for entitlement programs in fiscal year 2008. This is $54,456,359,000 above the fiscal year 2007 comparable level. Funding requirements for entitlement programs are determined by the basic authorizing statutes. Mandatory programs include general fund support for the Medicare and Medicaid programs, Supplemental Security Income, Trade Adjustment Assistance and Black Lung payments. The following chart indicates the funding levels for the major mandatory programs in fiscal years 2007 and 2008.

MANDATORY

[Dollars in thousands]

Program	Fiscal year 2007	Fiscal year 2008	Change
Department of Labor:			
Federal Unemployment Benefits and Allowances	$837,600	$888,700	+$51,100
Advances to the UI and other trust funds	465,000	437,000	−28,000
Special Benefits	227,000	203,000	−24,000
Special Benefits for Disabled Coal Miners	229,373	208,221	−21,152
Energy Employees Occupational Illness Compensation Fund	102,307	104,745	+2,438
Black Lung Disability Trust Fund	1,069,546	1,068,000	−1,546
Department of Health and Human Services:			
Vaccine Injury Compensation Trust Fund	55,871	57,547	+1,676
Medicaid current law benefits	155,467,869	194,109,000	+38,641,131
Medicaid State and local administration	9,881,583	10,014,716	+133,133
CMS Vaccines for Children	2,905,330	2,763,957	−141,373
Medicare Payments to Healthcare Trust Funds	176,298,480	188,828,000	+12,529,520
Welfare Payments	39,000	39,000	0
Child Support Enforcement	4,424,678	3,910,713	−513,965
Social Services Block Grant	1,700,000	1,700,000	0
Promoting Safe and Stable Families	345,000	345,000	0
Payments to States for Foster Care and Adoption	4,912,000	5,082,000	+170,000
Medical Benefits for Commissioned Officers	370,698	402,542	+31,844
Department of Education:			
Vocational Rehabilitation	2,837,160	2,837,160	0
Related Agencies:			
Federal Payments to the Railroad Retirement Account	150	150	0
Payments to Social Security Trust Funds	20,470	28,140	+7,670
Supplemental Security Income	37,231,000	40,738,000	+3,507,000

ADMINISTRATION-DIRECTED SPENDING

Directed spending.—The Committee notes that Congress has made significant reforms in the way it reviews funding for the Federal government; reforms which the Committee takes very seriously as it executes its constitutional authority. For example, the Committee has committed to reducing the number of earmarks in order to ensure that these projects are adequately vetted and eval-

uated. Nonetheless, earmarking or directed spending of Federal dollars does not begin with Congress. It begins with the Executive Branch.

For example, the Administration's own fiscal year 2008 request for this bill includes a number of requests to earmark funds to certain organizations. These earmark requests include: $10,000,000 for Reach Out and Read; $10,000,000 for Teach for America; $8,900,000 for the Points of Light Foundation; $4,450,000 for America's Promise; $1,774,000 for the Mind-Body Institute; and, $1,429,000 for the YMCA of America.

The Executive Branch also engages in another practice which steers or directs money to specific entities or purposes through a process of providing grants or contracts to support various activities and services. The practice of contracting has increased significantly in the past five years. For example, Department of Health and Human Services contract obligations have more than doubled from $4,970,200,000 in fiscal year 2001 to $13,199,400,000 in fiscal year 2006. The number of contract employees at HHS exceeds 32,000, about half the number of civil service employees. A significant share of these contracts was awarded on a non-competitive basis. In fiscal year 2006 alone, HHS awarded nearly 21,000 contracts worth $1,954,600,000 with less than full and open competition. In contrast, this bill is expected to limit Congressionally-directed earmarks by Members of the House of Representatives to approximately one quarter of that amount.

The Committee also notes recent audits and reports that have revealed egregious, potentially extralegal activities, which were aimed at steering funding to specific individuals and entities through non-competitive grants and contracts.

For example, between September 2006 and March 2007, the Department of Education Office of Inspector General (OIG) completed one of its most exhaustive investigations, which resulted in six separate audits of the reading first program. These audits documented efforts by the Department of Education to steer billions in reading first funds for the purchase of certain reading textbooks and assessments in order to benefit favored publishers and individuals.

In September 2006, the Department of Education OIG found that the Department's program officials strongarmed States and school districts until they selected the reading textbooks and assessments favored by Administration officials. (Office of Inspector General, U.S. Department of Education, Final Inspection Report, The Reading First Program's Grant Application Process (2006)). After further investigation of reading first, the OIG found that Department of Education administrators improperly promoted commercial reading programs in potential violation of Federal law (Office of Inspector General, U.S. Department of Education, Final Inspection Report, The Department's Administration of Selected Aspects of the Reading First Program (2007)). For example, the Madison School District in Wisconsin had substantial data demonstrating that its students were learning at the rate that reading first was aiming for. Nonetheless, the district lost its $2,000,000 reading first grant when the district would not purchase the unproven commercial reading program promoted by the Department of Education's contractors. Across the country, including in Illinois, Kentucky, Massachusetts, Maine and New Jersey, States and districts with pro-

grams that were not on the Department's preferential list were either rejected for grants or pressured to change their methods even though some argued, as did Wisconsin, that their programs met the law's standard. This is the type of pressure that the OIG found to be in potential violation of Federal law.

Finally, the OIG found significant bias and conflicts of interest on the part of contractors and their subcontractors who were hired to provide unbiased technical assistance to States and school districts, potentially in violation of Federal law (Office of Inspector General, U.S. Department of Education, Final Inspection Report, RMC Research Corporation's Administration of Reading First Program Contracts (2007)).

Recently, ABC News reported that, after receiving millions of dollars in reading first contracts, one publisher with political connections to the Administration sold his company—once valued at $5,000,000—for $360,000,000. (ABC World News With Charles Gibson (May 2007)). Some of these same publishers and individuals continue to reap financial gains under reading first because the Administration has failed to address ongoing conflicts of interest.

The seriousness of the OIG's findings is underscored by reports that the OIG has made criminal referrals to the Justice Department as a result of these investigations.

At the same time that the Department of Education was promoting certain reading products that lacked evidence of their validity, reading programs such as Reading Recovery and Success for All with strong evidence of effectiveness, according to the Department's own what works clearinghouse, were virtually shut out of reading first. In fact, Department of Education data show that schools without Reading first funds were more likely to use Reading Recovery and Success for All—proven approaches—than were schools receiving reading first grants.

The Committee finds, however, that efforts to steer funding to favored entities are not limited to the Department of Education. Recently, the Congressional Research Service documented an unusually large number of sole source grants issued by the Employment and Training Administration within the Department of Labor, which resulted in 90 percent of discretionary funds for the High Growth Job Training Initiative being awarded on a non-competitive basis over a five-year period.

Finally, the Committee notes that this bill contains more than $68,000,000,000 for discretionary grant programs under which all or a portion of the funds are allocated on a discretionary basis to grantees selected by the Administration. Altogether, the Administration steers or directs far greater spending to specific projects, individuals, and companies than is directed or earmarked by Congress.

CROSSCUTTING INITIATIVES

The following section of the report highlights nine initiatives within the bill that target various needs of the American people—access to different types of health care and public health preparedness, biomedical research to inform and improve that health care, education for kindergarteners through twelfth graders and postsecondary students, and training and protecting adult workers. A number of programs supported by the bill appear more than once

in the initiatives, appropriately so because some of the programs have broad, multi-layered missions. For example, community health centers are an important source of primary care for the uninsured. They also provide dental care in many communities, as well as pre-natal care to mothers considering how to manage their pregnancy. All these programs stand on their own, but also participate in individual or multiple cross-cutting initiatives that serve those most in need.

INCREASING ACCESS TO HEALTH CARE FOR THE UNINSURED

The Committee includes a $622,875,000 increase over fiscal year 2007 and $645,302,000 over the request for critical safety net health programs in order to respond to the nation's healthcare crisis.

Twenty years ago, fewer than 30 million Americans lacked health care insurance. Today, Census Bureau data show that there are approximately 46.6 million uninsured Americans. This means life-saving care is out of reach for almost 16 percent or one in six Americans. If current trends continue, the ranks of the uninsured will balloon to 56 million by 2013.

To date, the Federal government has responded to the health insurance crisis by patching the frayed safety net of health programs, chiefly through Medicaid and the State Children's Health Insurance Program (SCHIP).

Nationally, 50 million Americans, including 24 million children, will be enrolled in Medicaid during fiscal year 2008. An average of 4.4 million children were enrolled in the SCHIP program at a particular point in time last year. However, these programs do not generally cover adults without children or those with incomes above $20,420, which is 200 percent of the Federal poverty level for one person. In addition, 1.8 million eligible children are not yet enrolled in either Medicaid or SCHIP.

The Committee first addressed the problem of the uninsured by funding State planning grants during fiscal years 2000 to 2005. States used these grants to collect data about the characteristics of the uninsured within their State and to develop proposals to offer affordable health insurance coverage.

Planning grants were the genesis of some of the comprehensive programs States like Massachusetts, Maine, Vermont, and California are now putting in place. These programs rely on a mix of State, Federal, participant, and provider/insurer contributions. Other States were not able, for fiscal or political reasons, to move beyond initial planning activities but are now ready to undertake more serious health system reform efforts.

The Committee believes that now is the time to build on the earlier State planning grants program to help States make further advances in covering uninsured Americans. Due to the considerable differences in the share of the population that has access to employer-based health insurance, the share covered by government benefit programs, and the geographic distribution of health care providers, these new State grants will be able to target programs in a way that is specific to their particular needs.

State health access grants.—The Committee bill provides $75,000,000 for a State health access initiative to be administered by the Health Resources and Services Administration. Grants

would be awarded competitively to States that demonstrate they have a program design ready to implement and that they have achieved the necessary State and local statutory or regulatory changes to permit their project to move forward. The types of activities that could be supported through the Federal grant include "three share" community coverage (State/Federal, employer and beneficiary), reinsurance plans, subsidized high risk insurance pools, health insurance premium assistance, creation of a state insurance "connector" authority to develop benefit packages for small employers, development of statewide or automated enrollment systems for public assistance programs and innovative strategies to insure low-income childless adults.

State high risk insurance pools.—The Committee provides funding for a second important health care access program—$50,000,000 to support State high risk insurance pools. This program was not funded in fiscal year 2007. The Administration did not request funding for fiscal year 2008.

The Committee feels it is important to provide a Federal contribution to this health care safety net program. 33 States currently operate high-risk pools that act as the health insurers of last resort for almost 200,000 individuals who have lost or are ineligible for group insurance coverage, and who are medically high-risk and unable to purchase individual health insurance in the commercial market. The program also produces the side benefit of reducing costs for insured people by providing coverage to individuals who would otherwise be uninsured and very costly to care for—thus reducing the cost-shifting that results in higher premiums to those with coverage. High-risk pools are a successful public/private partnership. All risk pool participants pay a monthly premium, capped at 125 to 200 percent of the average market premium. Insurers and health care providers support the program through assessments, and some States contribute to their pools. Federal funding allows States with high risk pools to reduce premiums charged to participants and to improve benefits.

The Committee has also tried to deal with the problem of the uninsured by expanding existing safety net programs that provide health care to uninsured and disadvantaged populations:

ACCESS TO HEALTH CARE FOR THE UNINSURED INITIATIVE

[Dollars in thousands]

Agency/Program	Fiscal Year 2008 Committee	2008 Committee compared to—	
		Fiscal Year 2007	2008 Budget
Department of Health and Human Services	6,423,769	+602,875	+625,302
Health Resources and Services Administration:			
State Health Access Grants	75,000	+75,000	+75,000
State High Risk Insurance Pools	50,000	+50,000	+50,000
Community Health Centers	2,188,000	+199,961	+199,533
Ryan White AIDS Programs	2,237,086	+99,291	+79,174
Maternal & Child Health Block Grant	750,000	+57,000	+57,000
Healthy Start	120,000	+18,482	+19,497
Family Planning	310,910	+27,764	+27,807
National Health Service Corps	131,500	+5,827	+15,541
CDC Childhood Immunization	516,273	+58,750	+91,150
Medicare SHIP Programs	45,000	+10,800	+10,600
Department of Labor	20,000	+20,000	+20,000

ACCESS TO HEALTH CARE FOR THE UNINSURED INITIATIVE—Continued

[Dollars in thousands]

Agency/Program	Fiscal Year 2008 Committee	2008 Committee compared to—	
		Fiscal Year 2007	2008 Budget
Gap Filler Grants for TAA Health Coverage Tax Credit [1]	20,000	+20,000	+20,000
Total	6,443,769	+622,875	+645,302

[1] Funding for these grants comes from H1B fee revenues under the American Competitiveness and Workforce Improvement Act.

Community health centers.—A $199,961,000 or 10.1 percent increase over fiscal year 2007 is provided for community health centers (CHCs). CHCs now provide primary and dental care for over 16 million patients, 75 percent of whom are either uninsured or on Medicaid. This increase will expand services to an additional one million patients in the neediest and most underserved areas, providing a critical point of primary care for many uninsured Americans.

Ryan White AIDS Act.—A $99,291,000 or 4.7 percent increase over the fiscal year 2007 level is provided for the Ryan White AIDS programs. The Committee provides the maximum authorized level for the Ryan White Act. These programs provide vital health services to over 500,000 people with HIV or AIDS, including medications, primary care, dental services, mental health care, home health care and health insurance continuation grants.

Maternal and child health (MCH) block grant.—A $57,000,000 or 8.2 percent increase over the fiscal year 2007 level is provided for the maternal and child health block grant. States use the block grant to improve access to care for mothers, children, and their families; reduce infant mortality; provide pre- and post-natal care; support screening and health assessments for children; and provide systems of care for children with special health care needs. Approximately 28 million children are served by MCH block grant funding.

Healthy start.—A $18,482,000 or 18.2 percent increase over the fiscal year 2007 level is provided for the Healthy Start program. Healthy Start provides discretionary grants to communities with high rates of infant mortality to provide ongoing sources of primary and preventive health care to mothers and their infants. The increase provided will support almost 20 new grants to communities. Healthy Start is a significant source of health care for uninsured mothers who have extensive need for the costly medical care associated with their pregnancies.

Family planning.—A $27,764,000 increase over fiscal year 2007 is recommended for the family planning program. The program provides grants to public and private non-profit agencies to support a range of family planning and reproductive services, as well as related preventive health services such as patient education and counseling, breast and cervical cancer examinations, STD and HIV prevention education, counseling and testing and referral, and pregnancy diagnosis and counseling. More than five million people receive services from Title X each year.

National health service corps.—A $5,827,000 or 4.6 percent increase over fiscal year 2007 is provided for the national health service corps (NHSC). The NHSC supports 4,600 clinicians across the country who provide medical and dental services to four million

people in low-income and underserved communities. NHSC clinicians provide services in underserved areas as repayment for loan repayments or scholarships.

CDC childhood immunization.—A $58,750,000 or 13 percent increase above the fiscal year 2007 level is provided for the discretionary CDC immunization program, which provides vaccines to children, adolescents, and adults who are not eligible for the vaccines for children mandatory program and cannot otherwise afford the cost of immunization. In 1999, 747,000 children were fully vaccinated through this program. However, by 2006, only an estimated 279,000 children were served—a 63 percent reduction. The resources provided in the bill will enable an additional 42,000 children and adults to receive recommended vaccinations. The Committee intends this to be an initial step toward restoring services under this important safety net program.

Medicare SHIP program.—An $10,800,000 or 32 percent increase above the fiscal year 2007 funding level is provided for the State Health Insurance program (SHIP). The program operates in every State to provide health insurance counseling to help the 45 million Medicare beneficiaries understand and utilize their Medicare benefits, including Medicare preventive benefits.

TAA health coverage tax credit.—The bill provides that $20,000,000 of funds available to the Department of Labor under the American Competitiveness and Workforce Improvement Act of 1998 may be used for "gap filler" grants to help more trade-impacted workers take advantage of the Health Coverage Tax Credit. Various studies show that as few as 10–12 percent of Trade Assistance Act participants currently take advantage of the Health Coverage Tax Credit that was authorized by the Trade Adjustment Assistance Reform Act of 2002.

IMPROVING ACCESS TO DENTAL CARE

The Committee bill includes a $264,288,000 or 9.0 percent increase over the fiscal year 2007 level for several programs and new initiatives to expand urgently needed dental health services. The increase over the Administration's request is $367,280,000.

Oral disease is a "silent epidemic" impacting the most vulnerable Americans—poor children, the elderly, and many members of racial and ethnic minorities. Lack of dental care is not a minor problem. Children have died because of infections brought on by the absence of dental services.

More Americans are without dental insurance than health insurance. For every child without health insurance there are at least 2.6 children without dental insurance. For adults, there are at least three lacking dental insurance for every one without medical coverage.

Since oral health is progressive and becomes more complex over time, a prolonged lack of dental care can threaten an individual's overall health status.

This bill expands critical dental services to these underserved populations and takes a first step toward alleviating the crisis in dental health.

DENTAL CARE INITIATIVE

[Dollars in thousands]

Agency/Program	Fiscal Year 2008 Committee	2008 Committee compared to—	
		Fiscal Year 2007	2008 Budget
Health Resources and Services Administration:			
Community Health Centers	2,188,000	+199,961	+199,533
Maternal and Child Health Block Grant	750,000	+57,000	+57,000
Pediatric Dentistry Leadership Training Programs [nonadd]	610	0	0
Oral Health Service Grants [nonadd]	12,000	+7,000	+7000
National Health Service Corps	131,500	+5,827	+15,541
Ryan White AIDS Programs AIDS Dental Services	13,086	0	0
Scholarships for Disadvantaged Students	46,657	0	+36,924
Training in Primary Care Medicine and Dentistry	48,851	0	+48,851
Public health, preventive med. & dental pgms	7,920	0	+7,920
Centers for Disease Control and Prevention:			
Oral Health	13,140	+1,500	+1,511
Total	3,199,154	+264,288	+367,280

Community health centers.—A $199,961,000 or 10.1 percent increase over fiscal year 2007 is provided for community health centers (CHCs), which provide access to high quality, family oriented care for at-risk, low-income Americans. In calendar year 2005, 17 percent of all CHC patients were receiving dental services and 73 percent of all CHCs offered on-site dental services. All new CHCs are required to provide primary oral health care services in order to expand access to low-income individuals. The funding increase for the program will also permit existing centers to initiate or expand dental services.

Maternal and child health block grant.—A $57,000,000 or 8.2 percent increase over fiscal year 2007 is provided for the maternal and child health (MCH) block grant. Within the MCH special projects demonstration authority, $12,000,000 is provided for up to 25 competitive State grants to help expand access to oral health services. These grants can be used to: encourage more dentists to practice in shortage areas through existing mechanisms or new demonstrations of loan forgiveness and repayment; provide grants to establish or expand oral health services in community-based facilities; expand dental residency programs; integrate oral health services into the medical home concept for children with special health care needs; and provide grants to ensure low-income pregnant women and women of child-bearing age have access to appropriate oral health services. The block grant also provides approximately $1,000,000 for pediatric dentistry leadership training programs. These programs fund a variety of oral health grants that support the infrastructure of State and local oral health programs and facilitate training in general pediatric dentistry to serve the population served by the maternal and child health block grant.

National health service corps.—A $5,827,000 or 4.6 percent increase is provided for the national health service corps (NHSC). The Corps provides physicians, dentists, nurses and other clinicians who serve in health professional shortage areas in every State. The NHSC provides access to primary care and dental services for underserved populations who are not able to get care because of the costs of services, the small share of clinicians who pursue primary care or dentistry, and the geographic misdistribution

of health professionals. More than 10 percent of the current 4,600 NHSC assignees are dentists.

AIDS dental services.—$13,086,000 is provided for AIDS dental services. The program includes two components: the dental reimbursement program, which reimburses dental education programs for non-reimbursed costs incurred in providing care to AIDS patients; and the community-based dental partnership, which increases access for AIDS patients to oral health services and provider training in community settings. This program provides dental services to 31,000 HIV positive patients.

Scholarships for disadvantaged students.—$46,657,000 is provided for the scholarships for disadvantaged students program, the same as fiscal year 2007 and a $36,924,000 increase over the President's request. This program includes scholarships to disadvantaged dental and dental hygiene students. In 2006, 653 dental students and 110 dental hygiene students received scholarships.

Training in primary care medicine and dentistry.—$48,851,000 is provided for training in primary care medicine and dentistry, which includes both general dentistry programs and pediatric dentistry programs. The Administration's request did not include funding for this program.

Public health, preventive medicine and dental programs.—$7,920,000 is provided for the public health, preventive medicine and dental programs. The President did not request funding for this program. The dental public health programs support the education and training of the public health workforce, with an emphasis on placing public health dentists in medically underserved areas. These programs support students with traineeships and fellowships in programs that have demonstrated they serve underrepresented minorities and those entering practice in underserved areas.

Oral health.—A $1,500,000 or 13 percent increase over the fiscal year 2007 level is provided for the oral health program within the Centers for Disease Control and Prevention. The oral health program supports leadership and staff of State oral health programs in monitoring, improving, and evaluating oral health programs. The CDC works with all States to develop programs to reach children at high risk for oral disease, to expand the fluoridation of community water systems, and to track oral diseases. In addition to these activities, the CDC also provides funds to States to support their oral health programs.

ADVANCING BIOMEDICAL RESEARCH

The knowledge foundation that underlies the treatments provided by virtually every doctor in the nation is the result of advances in biomedical research conducted in large part by the National Institutes of Health (NIH). In fiscal year 1999, Congress made a commitment to double the NIH budget over five years in order to capitalize on scientific advances so that they could be translated into treatment and cures for debilitating diseases like Parkinson's, cancer, Alzheimer's and diabetes. This investment has helped NIH to lead the way toward important medical discoveries that improve people's health and save lives. For example, the first map of the human genome has been completed, much more is known about the links between genetics, molecular processes and

diseases, and new techniques have been developed in biomedical imaging.

Since the completion of the doubling period, however, Congress has reversed direction. The NIH enterprise has languished with inadequate budget increases since fiscal year 2003, and even received a funding cut in fiscal year 2006, the first cut in 36 years. As a result of shrinking resources in real terms, young researchers drawn to the field during the expansion and even their senior mentors are now seeing their research applications being rejected. Universities who have made investments in their research enterprise now wonder if they took on a bad risk.

The Committee has made the difficult choices necessary to provide a $750,000,000 increase over fiscal year 2007 for NIH. This level is $1,028,646,000, over the President's request and the largest increase in four years. The Committee hopes to put NIH on a path of stable, sustainable funding rather than the feast or famine approach of the last decade.

The sizeable investment the Committee makes in biomedical research for fiscal year 2008 will accomplish a number of important goals. First, it will increase the number of new and competing research grants by approximately 545 new grants over last year for a total of 10,666. Total new and continuing grants will rise to 39,003. The Committee also funds a two percent increase in the average cost of new research grants, which has been frozen for two years.

In addition, the Committee reaffirms its strong support for the National Children's Study by providing $110,900,000 for this critical investment for which the Administration proposed no funds. The study will examine important health issues, including: birth defects and pregnancy-related problems, injuries, asthma, obesity and diabetes, and behavior, learning, and mental health disorders. By establishing links between children's environments and their health, and charting their development through infancy, childhood, and early adulthood, the study hopes to determine the root causes of many childhood and adult diseases. The Committee also provides $300,000,000 for the global fund for AIDS, malaria and tuberculosis. Consistent with the new NIH authorization, the bill provides $495,153,000 for the Common Fund, which will be the incubator for the promising cross-disciplinary research of the future.

The Committee believes the next generation of medical advances will depend, in part, on the next generation of new researchers. The bill continues funding for several initiatives—Bridge awards, New Innovator awards, and Pathways to Independence—to ensure that new, talented researchers in the pipeline are sustained and supported. The Committee also provides an average two percent increase for research training stipends, which have been frozen since 2004. Support for high-risk, high reward research will be maintained through Pioneer awards. In addition, the bill increases funding for NIH's research infrastructure to ensure adequate facilities for NIH-supported scientists.

REDUCING THE NEED FOR ABORTIONS

The Committee bill includes a $647,021,000, increase over the fiscal year 2007 level, and $1,374,882,000 over the request, for several programs and new initiatives that are intended to help reduce

the number of abortions in America by alleviating the economic pressures and other real life conditions that can sometimes cause women to decide not to carry their pregnancies to term.

Nearly half of all pregnancies in the United States are unintended, and of these four in ten end in abortion. Women living below the federal poverty level are more than four times more likely to have an abortion than those with incomes above 300 percent of the federal poverty level.

Over the last several years, Federal investments aimed at preventing unintended pregnancies and providing critical health and social support services that can help vulnerable women and families overcome economic pressures and other life challenges have been significantly curtailed. This bill provides a first installment toward restoring and expanding prevention and support services to address this important issue.

REDUCING THE NEED FOR ABORTIONS INITIATIVE

[Dollars in thousands]

Agency/Program	Fiscal Year 2008 Committee	2008 Committee compared to—	
		Fiscal Year 2007	2008 Budget
Department of Labor	15,000	+15,000	+15,000
Job Corps [1]	5,000	+5,000	+5,000
Young Parents Training Pilot Projects	10,000	+10,000	+10,000
Department of Health and Human Services	13,569,700	+553,171	+1,246,382
Community Health Centers	2,188,000	+199,961	+199,533
Maternal and Child Health Block Grant	750,000	+57,000	+57,000
Increasing Public Awareness and Resources for Women Preparing for Birth [nonadd]	15,000	+15,000	+15,000
Healthy Start	120,000	+18,482	+19,497
Family Planning	310,910	+27,764	+27,807
CDC Teen Pregnancy Prevention Demos	10,000	+10,000	+10,000
CDC National Survey of Family Growth	1,000	+200	+120
Child Care Development Block Grant	2,137,081	+75,000	+75,000
Head Start	6,963,571	+75,000	+175,000
Runaway and Homeless Youth	97,837	+10,000	+10,000
ACF Home Visits for Mothers	10,000	+10,000	0
ACF Infant Adoption Awareness	14,674	+2,000	+2,000
Community Services Block Grant	660,425	+30,000	+660,425
Domestic Violence Program	134,731	+10,000	+10,000
Abstinence Education	141,164	+27,764	0
Adolescent Family Life (Title XX)	30,307	0	0
Department of Education	129,310	+78,850	+113,500
21st Century After-School Centers [2]	50,000	+50,000	+50,000
Elementary and Secondary School Counselors	61,500	+26,850	+61,500
Child Care Access for Student Parents	17,810	+2,000	+2,000
Total	13,714,010	+647,021	+1,374,882

[1] This $5,000,000 is part of a larger $42.6 million increase provided by the Committee for the Job Corps.
[2] This $50,000,000 is part of a larger $125 million increase provided by the Committee for 21st Century After-School Centers.

Job Corps child centers.—$5,000,000 is recommended for the development of new child care centers at Job Corps centers within the $42,621,000 or 2.7 percent increase over the comparable fiscal 2007 level provided for Job Corps. The new child care centers will support single parent families and help recruit women into the program. The Job Corps program provides intensive occupational skills training, academic tutoring, and mentoring that can help young women achieve economic self-sufficiency, addressing the most often cited reason for women having abortions—the inability to financially support a child.

Young parents demonstration program.—A new $10,000,000 initiative is recommended for a young parents demonstration program in order to target educational and occupational skills training that fosters family economic self-sufficiency to young parents (both mothers and fathers) and expectant mothers ages 16 to 24. Projects funded under this new initiative will be encouraged to serve young parents in high-risk categories, including those under the jurisdiction of the justice system, in the child welfare or foster care system, homeless individuals, or victims of child abuse.

Community health centers.—A $199,961,000 or 10.1 percent increase over fiscal year 2007 is provided for community health centers (CHCs), which are important sources of access to high quality, family oriented, and comprehensive primary and preventive health care for at risk, low-income patients. In fiscal year 2005, 59 percent of the patients served by CHCs were female and 25 percent were children under 12 years of age. These additional resources will help centers serve additional pregnant women and mothers and expand the types of services for that population, such as ultrasound scans.

Increasing public awareness of resources available to women preparing for birth.—A $57,000,000 or 8.2 percent increase over fiscal year 2007 is provided for the maternal and child health (MCH) block grant, of which $15,000,000 is provided for new competitive grants to States to increase public awareness of resources available to women and new parents preparing for childbirth through advertising campaigns and toll-free hotlines. The remainder of MCH block grant resources will provide assistance to States to: assure access to care, especially for those with low incomes or limited availability of care; reduce infant mortality; provide and ensure access to comprehensive prenatal and postnatal care to women; and, provide preventive and treatment services for children, especially children with special health care needs.

Healthy start.—A $18,482,000 or 18.2 percent increase over fiscal year 2007 is provided for Healthy Start, which provides discretionary grants to communities with high rates of infant mortality to provide ongoing sources of primary and preventive health care to mothers and their infants. The increase provided will support approximately 20 new grants to communities. The availability of services through the Healthy Start program, including the counseling and home visits, encourages young women to follow through with their pregnancies and avoid the choices sometimes made in the absence of supportive services.

Family planning.—A $27,764,000 increase over fiscal year 2007 is recommended for the family planning program. This increase will allow clinics to serve an additional 98,000 clients, expand access to contraceptive services that prevent pregnancy, and offer related preventive health services. The $27,764,000 increase for family planning is identical to that recommended for the community-based abstinence education program. The funds provided are expected to prevent more than one million unintended pregnancies.

Teen pregnancy prevention demonstration grants.—A new $10,000,000 initiative is recommended within the Centers for Disease Control and Prevention for grants to support factually and medically accurate, complete, and age-appropriate approaches to preventing teen pregnancies, including information about both abstinence and contraception, and dissemination of science-based

tools and strategies to prevent HIV, STD, and teen pregnancy. The Secretary of Health and Human Services shall require each applicant for financial assistance under this program to certify that all materials proposed in the application and funded during the project period of the grant are medically accurate. The Secretary of Health and Human Services shall require a panel of medical experts to review all grant applications and assess whether the materials proposed are medically accurate. These demonstration projects shall be evaluated based on their success in reducing the rate of teen pregnancies in their respective communities.

National survey of family growth.—$1,000,000 is provided for the National Survey of Family Growth, within the $10,979,000 or 10.1 percent increase over fiscal year 2007 that is provided for national health statistics within the Centers for Disease Control and Prevention, which collects statistical data that informs public health interventions and policies. These funds will improve the timeliness and reliability of the National Survey of Family Growth, which collects national data on pregnancy and birth rates and information on the characteristics of women who choose to end their pregnancies and their reasons for choosing abortion.

Child care development block grant.—A $75,000,000 or 3.6 percent increase over fiscal year 2007 is included for the child care development block grant, which provides support to States to assist low-income families who are working or receiving education or training. This increase will expand Federally funded quality child care to vulnerable families, making it easier for them to raise their children. Approximately 13,000 additional children and their families will be served in fiscal year 2008.

Head start.—A $75,000,000 or 1.1 percent increase over fiscal year 2007, and a $175,000,000 or 2.6 percent increase over the President's request, is provided for Head Start, which supports comprehensive educational, health, nutritional, social, and other child development services to low-income children and families. This increase will ensure that vulnerable parents gain access to high quality preschool services for their children.

Runaway and homeless youth.—A $10,000,000 or 11.4 percent increase over fiscal year 2007 is provided for the runaway and homeless youth activities. These funds will support programs that provide homeless youth a safe environment while teaching them essential life-skills and connecting them to education and workforce assistance, as well as other support. The increased funding will also allow the program to provide expanded services to pregnant women and young parents.

Home visitation initiative.—A new $10,000,000 home visitation initiative for mothers is included under the child abuse discretionary program. These funds will be used for evidence-based home visitation projects designed to help mothers improve prenatal health, teach them to become better parents, and improve their quality of life by assisting them with education services and employment opportunities. Research has shown that home visitation can reduce incidents of child abuse and neglect and improve other important outcomes for mothers and their children.

Infant adoption awareness.—A $2,000,000 or 15.8 percent increase over fiscal year 2007 is provided for the infant adoption awareness program. This increase will expand training activities

for adoption agency staff, resulting in enhanced information to, and counseling of, young pregnant women about adoption, as well as expanded referrals to adoption agencies. Funds will also be used to develop best practice guidelines in adoption counseling.

Community services block grant.—A $30,000,000 or 4.8 percent increase over fiscal year 2007 is provided for the community services block grant, which provides housing, child care, job training and job placement, home weatherization, parenting education, adult literacy classes, domestic violence prevention, and emergency food assistance in over 1,000 counties across the country. The increase will enable States to expand these critical services that help struggling, low-income families raise their children.

Domestic violence prevention services program.—A $10,000,000 or 8.0 percent increase over fiscal year 2007 is included for the domestic violence program, which provides immediate shelter and related assistance for victims of family violence and their children. It also supports prevention and intervention services for families in abusive situations that include shelter, counseling, self-help, and substance-abuse referral. Four million women experience a serious violent assault by their partner in an average year and for 30 percent of these women that abuse begins during pregnancy. The recommended $10,000,000 increase will permit States to expand domestic violence prevention services to more at-risk women.

Community-based abstinence education.—A $27,764,000 increase over fiscal year 2007 is included for the community-based abstinence education program, which provides support for the development and implementation of community-based abstinence-until-marriage education programs. The $27,764,000 increase for the community-based abstinence education program is identical to that recommended for the family planning program.

Adolescent family life.—$30,307,000 is included for the adolescent family life program, the same amount as fiscal year 2007. This program supports projects that provide integrated health, education, family, and social services (including life and career planning, education, job training, safe housing, and home visitation services) to pregnant women and mothers. It also supports demonstration projects that encourage students between the ages of 9 and 14 to postpone sexual activity until marriage. These funds will serve approximately 92,000 teenagers and their families in fiscal year 2008.

After-school centers.—A $50,000,000 increase over fiscal year 2007 is provided for the 21st century after-school centers program to serve middle and high school students, as part of a total $125,000,000 increase in the bill for after-school centers. The after-school program offers extended learning opportunities before and after school for children, particularly in communities with a high percentage of low-income families. The additional resources will help serve an additional 65,000 teenagers who are unsupervised in the after school hours. A recent study found that youth who do not spend time in structured activities are 37 percent more likely to become teen parents than those enrolled in after-school programs. The recommended increase will expand after-school services to middle and high school girls who are at risk of unintended pregnancies and help working families obtain affordable after school child care.

School counseling services.—A $26,850,000 or 77.5 percent increase above the fiscal year 2007 level is provided for the elemen-

tary and secondary education school counseling program. These funds enable school districts to hire academic counselors, psychologists, and social workers. The additional resources will be targeted to improving and expanding academic and mental health counseling to middle- and high-school adolescents. These counselors are trained to provide critical prevention and early identification and intervention services. They also work in close collaboration with mental health providers in the community to ensure students and their families receive appropriate care.

Child care for college parents.—A $2,000,000 or 12.7 percent increase over fiscal year 2007 is included for the child care access means parents in school program, which helps low-income parents who qualify for Pell grants attend college by supporting campus-based child care services. This increase will expand the number of low-income parents receiving convenient and high quality child care services, enhancing their ability to earn a college degree and, ultimately, achieve economic self-sufficiency for themselves and their children.

PREPARING FOR A PANDEMIC INFLUENZA

The Committee includes $1,146,172,000 for activities to prepare for and respond to an influenza pandemic. This amount is an increase of $1,041,336,000 over fiscal year 2007 and $5,000,000 over the request. In fiscal year 2006, the Committee included $5,637,000,000 in supplemental appropriations for pandemic influenza activities throughout the Department of Health and Human Services. The funding included in this bill fulfills the Administration's original emergency request to begin protecting the United States against a potential pandemic.

The Committee believes that the avian flu is a ticking time bomb with potentially devastating consequences for the country and the world. Leading scientists and public health researchers estimate that 90 million people in the United States could become ill, nearly 10 million people could require hospitalization, and 1.9 million Americans could die if a pandemic flu similar to the 1918 pandemic occurs. Some scientists have estimated that the global death toll from a flu pandemic could reach 62 million people.

In order to ensure sufficient and sustained resources to prepare and protect the United States and other countries in the event of an influenza pandemic, the Committee has included the following amounts:

PANDEMIC INFLUENZA PREPAREDNESS AND RESPONSE INITIATIVE

[Dollars in thousands]

Agency/program	Fiscal year 2008 committee	2008 Committee compared to—	
		Fiscal year 2007	2008 Budget
Department of Health and Human Services:			
Centers for Disease Control and Prevention	158,245	+88,245	0
National Institutes of Health	34,836	0	0
Public Health and Social Services Emergency Fund	948,091	+948,091	0
Covered Countermeasure Process Fund	5,000	+5,000	+5,000
Total	1,146,172	+1,041,336	+5,000

Centers for Disease Control and Prevention (CDC).—An $88,245,000 increase over fiscal year 2007 is provided so that CDC can take significant steps to help the nation prepare for a pandemic influenza.

The pandemic influenza activities within CDC's coordinating center for infectious diseases will be used to prepare the U.S. health and public health systems, including laboratories. Funds will be used to increase demand for influenza vaccine with the intention that by doing so, U.S. vaccine production capacity also will be stimulated; develop a repository of pandemic virus reference strains, which will improve laboratory capacity to analyze large quantities of viral samples to identify suitable vaccine candidates; and increase the stock of diagnostic reagents for influenza to improve rapid testing capacity.

Within CDC's coordinating center for health information and service, funds will be used to develop a vaccine registry to monitor vaccine use and distribution to ensure that vaccines and other countermeasures are administered appropriately and for real-time assessment and evaluation of influenza interventions to improve decision makers' situational capabilities.

To protect the U.S. population, it is imperative that CDC continue to improve its global outreach. Within the coordinating office for global health, funds will be used for rapid outbreak response for high-priority countries, which will allow CDC in-country teams to take swift and decisive action once a pandemic influenza strain is identified; enhance human-animal interface studies to analyze epidemiological studies of risk factors in high risk populations; and for international surveillance, diagnosis, and epidemic investigations.

Additionally, funds are provided within CDC's coordinating office of terrorism preparedness and emergency response to increase border security through the establishment of additional quarantine stations at airports and other major sites of entry into the U.S. These funds will support up to 25 quarantine stations by the end of fiscal year 2008, up from only eight stations in fiscal year 2004.

National Institutes of Health (NIH).—Included in this bill is $34,836,000 to continue NIH's pandemic influenza research activities. These funds will support clinical trials in Southeast Asia, research studies on antibody prevalence, and studies on the rapid characterization of influenza viruses. NIH is also supporting research leading to the development of new vaccines and therapeutics. This pandemic influenza funding is in addition to more than $200,000,000 NIH supports in general influenza research.

Public Health and Social Services Emergency Fund.—A $948,091,000 increase over fiscal year 2007 is provided for pandemic influenza preparedness and response activities that are coordinated by the Office of the Secretary of Health and Human Services.

Of the funds provided, $870,000,000 is for critical activities to implement the national strategy for pandemic flu. These activities include the development and purchase of the H5N1 influenza vaccine, antivirals, necessary medical supplies, diagnostics, and other surveillance tools. The majority of the funding will be used to procure egg-based vaccines and accelerate development of next-generation vaccines to address the goal that the entire U.S. population has access to vaccines within six months of the start of a pandemic.

Additionally, a significant portion of funds will be allocated to increasing the U.S. supply of antivirals in order to protect no less than 25 percent of the U.S. population.

The remaining $78,091,000 within the Office of the Secretary will help ensure effective communications to educate the public, including the maintenance of the U.S. government's pandemic flu website and the release of public service announcements; support international in-country advanced development and industrialization of human pandemic influenza vaccines; and spur the advanced development of rapid tests and detection techniques.

Covered Countermeasure Process Fund.—A total of $5,000,000 is provided for a new fund to compensate individuals that may be harmed by the administration or use of the H5N1 influenza vaccine.

Department of Labor.—The Committee is dissatisfied with the Occupational Safety and Health Administration's (OSHA) lack of action to ensure that health care workers and emergency responders will be adequately protected in the event of a flu pandemic. The Committee asks that the Department reconsider its denial of a petition requesting the issuance of an emergency standard, and directs the Department to, at a minimum, develop a permanent standard on an expedited basis to ensure that measures to protect health care workers and responders from an outbreak of pandemic influenza are in place as soon as possible, and requires a timeline and quarterly progress report on developing this standard. The Committee also requests that the Secretary of Labor submit a report addressing the full range of policy and regulatory issues under the Department's jurisdiction, including those that relate to the economic impacts identified in the national strategy for pandemic influenza implementation plan, such as the application of workplace regulations for family and medical leave.

FULFILLING PROMISES TO AMERICA'S CHILDREN

The Committee recommends a $2,544,855,000 increase over fiscal year 2007 for education programs authorized under the No Child Left Behind Act and the Individuals with Disabilities Education Act, which is a $1,845,797,000 increase over the Administration's request.

The Committee believes that the nation faces immense challenges in raising the academic performance of America's students in an increasingly competitive global economy. America's students are not achieving at the levels needed to be competitive with our international competitors, particularly in math, science, and technology.

In 2005, only 48 percent of low-income 4th graders and 37 percent of low-income 8th graders performed at a basic level in science. Among 17-year olds, math scores have been flat over the past 15 years, while reading scores have actually gone down. The rest of the world is implementing aggressive education improvements, while the United States, at best, is making only modest gains.

These challenges also extend to providing meaningful educational opportunities for low-income and minority children. The Subcommittee on Labor-HHS-Education-Related Agencies heard testimony concerning the unconscionably large achievement gaps that

exist between white students and racial and ethnic minorities. By the end of 12th grade, African American and Latino students perform at about the same level as white 8th graders in both reading and math. The picture is even worse for students with disabilities. Only 6 percent of 8th graders with disabilities are proficient in reading, compared with 33 percent of students without disabilities.

The country and our schools face fast-changing demographics that will make the job of erasing the nation's education deficits even more difficult. Over the next decade, public school enrollments will continue to swell to new record levels—more than 58 million students by 2015. That means 2.6 million new students will be in the nation's classrooms. By 2020, nearly half of these school children will be minorities.

During the Subcommittee's Overview Hearing: America's Workers and Education for the 21st Century, the Subcommittee heard testimony that the nation's education and achievement gaps can only be surmounted by a full scale assault starting with broad-based access to early childhood education and continuing with expanded higher education opportunity.

In this bill, the Committee begins to chart a path to a better future for millions of America's children by investing significant new resources in the No Child Left Behind Act (NCLB) and the Individuals with Disabilities Act (IDEA). These laws are the cornerstone of the Federal commitment to America's children. The additional resources in the bill will help to pay for the extra instructional time, high quality teachers, technology, and enrichment programs that special needs children require in order to succeed. By providing this assistance, the Committee takes another step toward fulfilling our promises to America's children. This action will help to ensure that they are adequately prepared to compete with students around the world for college and careers of the 21st century.

K–12 EDUCATIONAL OPPORTUNITY INITIATIVE

[Dollars in thousands]

Agency/program	Fiscal year 2008 committee	2008 Committee compared to—	
		Fiscal year 2007	2008 Budget
Department of Education:			
No Child Left Behind (NCLB), Total	25,686,557	+2,036,891	+1,020,113
Key NCLB Programs:			
Title I Grants to School Districts [nonadd]	14,362,824	+1,524,699	+452,924
Title I School Improvement Fund [nonadd]	500,000	+375,000	0
Improving Teacher Quality [nonadd]	3,187,439	+300,000	+399,951
Educational Technology [nonadd]	272,250	0	+272,250
21st Century After-School Centers [nonadd]	1,106,166	+125,000	+124,986
English Language Acquisition [nonadd]	774,614	+105,607	+103,795
Individuals with Disabilities Education Act (IDEA), Total	12,310,831	+507,964	+825,684
Key IDEA Program:			
IDEA (Part B) State Grants [nonadd]	11,292,425	+509,464	+800,484
NCLB and IDEA, Total	37,997,388	+2,544,855	+1,845,797

No Child Left Behind.—A $2,036,891,000 or 8.6 percent increase over fiscal year 2007 is provided for the No Child Left Behind Act (NCLB). This amount is $1,020,113,000 more than the Administration's request. The bill's significant increase for NCLB reflects the Committee's recognition that States and school districts will need

substantially greater assistance to achieve the law's goal that every child reaches high academic standards by 2014.

Funding levels in the bill for key NCLB programs are listed below.

Title I assistance.—A $1,899,699,000 or 14.7 percent increase over fiscal year 2007 is provided for title I assistance for low-income children—the largest increase in the history of the title I program. This increase will provide a total of $14,362,824,000 for title I grants to school districts and $500,000,000 for the title I school improvement fund in fiscal year 2008.

Title I grants, which help support schools in high-poverty areas, are the engine behind NCLB reforms. Nonetheless, in the last two school years, two-thirds of the nation's school districts have received flat or reduced title I grants, hampering their ability to assist low-performing students. The 2007 Continuing Appropriations Resolution provided a $250,000,000 increase for title I grants to school districts and the title I school improvement fund to begin to reverse title I funding shortfalls. The Committee's recommendation is another step toward reversing these funding shortfalls.

The $1,899,699,000 increase over fiscal year 2007 will benefit nearly 55,000 title I schools and fully fund an additional 161,000 low-income students who must make the greatest educational progress in order to meet NCLB's rigorous academic achievement standards. Within this total increase, the additional $375,000,000 recommended for the title I school improvement fund will direct targeted assistance to a rising number of schools identified for improvement. These additional resources demonstrate the Committee's commitment to ensuring that low-performing schools—which tend to have the greatest academic challenges but less experienced teachers, lower teacher salaries, and higher teacher turnover—have the financial means to pay for high quality instruction, teacher professional development, and extended learning opportunities that can boost student academic performance.

Improving teacher quality.—A $300,000,000 or 10.4 percent increase over fiscal year 2007 is provided for teacher quality grants, which provide States and school districts with flexible funding to ensure that teachers receive the support and training they need to be effective in the classroom. Under the Committee recommendation, an additional 51,000 teachers will receive high quality professional development than in fiscal year 2007. The Committee provides $399,951,000 more than the Administration's request for these teacher quality grants because research shows that teacher quality is the most important school-related factor in determining student achievement growth.

Education technology.—The bill includes $272,250,000 for education technology grants to States and school districts, which support teacher professional development, well-equipped classrooms, technology-based communication, effective software, and a curriculum that recognizes the role technology plays in all disciplines. The Committee provides the same level as in fiscal year 2007, and rejects the Administration's proposal to terminate this program.

21st century after-school centers.—A $125,000,000 or 12.7 percent increase over the fiscal year 2007 level is provided for the 21st century after-school program, with a particular focus on expanding after school opportunities for students in middle and high schools.

The Committee's recommendation reflects its concern that, between 3 p.m. and 6 p.m., the rate of juvenile crime triples, as well as the likelihood that teenagers will become victims of crime. Self-care and boredom can increase the likelihood that a young person will experiment with drugs and alcohol. Under the bill, an additional 163,000 students (including 65,000 teenagers) will benefit from supervised after school activities, including academic assistance, athletic programs, career exploration, skills development and internships, and cultural enrichment.

English language acquisition.—A $105,607,000 or 15.5 percent increase over the fiscal year 2007 level is included for assistance to States and school districts to address dramatic increases in the number of children who need assistance to learn to read and speak English. According to the U.S. Census Bureau, the number of limited English proficient students has risen from less than 1 million in 1980 to more than 4.6 million in 2004. These funds will also help to increase the pool of teachers prepared to serve limited English proficient students through professional development activities.

Individuals with Disabilities Education Act (IDEA) Part B grants.—A $509,464,000 or 4.72 percent increase over the fiscal year 2007 level, and a $800,484,000 increase over the Administration's request, is provided for IDEA Part B State grants. These grants help States and localities pay for the rising costs of special education for 6.9 million children with disabilities. Almost 14 percent of public school students receive special education because they have a disability. Nearly every general education classroom across the country includes students with disabilities. Over the past 10 years, the number of students enrolled in special education programs has risen 18 percent. The Committee's recommendation rejects the deep cut in IDEA proposed by the Administration, and stops the decline in the Federal percentage share of special education costs, in order to sustain educational and related services for these special needs children who are most at risk of being left behind.

EXPANDING COLLEGE ACCESS AND OPPORTUNITY

The Committee recommends a $2,029,752,000 increase over fiscal year 2007 and a $3,250,322,000 increase over the President's request for Federal student financial assistance programs.

On February 15, 2007, the Subcommittee on Labor-HHS-Education-Related Agencies held an Overview Hearing on America's Workers and Education for the 21st Century, during which the Subcommittee heard from a panel of national experts on the critical importance of postsecondary education to the nation's economic well being.

Today, the economic, social, and civic value of a college education has never been higher. Over a lifetime, a person who completes a college degree will earn one million dollars more than someone with just a high school diploma. A college degree is associated with greater earnings, less unemployment, lower poverty, better health benefits and better health, and larger pensions.

Despite the obvious benefits for Americans as individuals and to the country as a whole, financial barriers continue to prevent many talented students from achieving their college dreams.

According to one witness who testified before the Subcommittee, each year approximately 400,000 students are priced out of attending a four-year college and 170,000 students are unable to afford community college. This will cause the nation to lose between 1.4 and 2.4 million bachelor's degrees, a blow that will undermine America's competitiveness in the increasingly global economy.

Another witness pointed out the disturbing fact that students from high-income families who have low test scores are more likely to complete college than high-testing students from lower-income families.

By 2015, college enrollments are expected to rise by an additional 2.2 million students or 12.6 percent. Most of this growth will be among students—minority, low-income, and first-generation—who most need Federal financial assistance in order to enter and complete college.

In the 21st century, a nation that fails to fully develop its intellectual capital consigns itself to a future of economic decline. Therefore, the Committee aims to invest robustly in college access and opportunity by providing significant increases across a wide range of financial aid programs. In total, the Committee recommendations will benefit more than 8.5 million students who deserve the chance at a college education.

COLLEGE ACCESS AND OPPORTUNITY INITIATIVE

[Dollars in thousands]

Agency/program	Fiscal Year 2008 committee	2008 Committee compared to—	
		Fiscal year 2007	2008 Budget
Department of Education	18,856,407	+1,992,327	+3,184,702
Pell Grants—Maximum Grant	(4,700)	+390	+650
Pell Grants	15,583,000	+1,922,289	+2,169,000
Supplemental Educational Opportunity Grants	770,933	0	+770,933
Work Study	980,492	+138	0
Perkins Loan Cancellations	65,471	0	+65,471
Leveraging Education Assistance Partnerships	64,987	0	+64,987
TRIO	868,178	+40,000	+40,000
GEAR UP	323,423	+20,000	+20,000
Title VI Foreign Languages	115,651	+9,900	+9,900
Byrd Honors Scholarships	40,590	0	+40,590
Javits Fellowships	9,699	0	−98
Graduate Assistance in Areas of National Need	30,067	0	+3
Olympic Scholarships	970	0	+970
Legal education opportunity program	2,946	0	+2,946
Department of Health and Human Services	119,097	+37,425	+65,620
Health Careers Opportunity Program	28,440	+24,480	+28,440
Scholarships for Disadvantaged Students	46,657	0	+36,924
Nurse Loan Repayment and Scholarship Program	44,000	+12,945	+256
Total	18,975,504	+2,029,752	+3,250,322

Pell grants.—A $1,922,289,000 or 14.1 percent increase above the fiscal year 2007 level, and $2,169,000,000 above the Administration's discretionary request, is included to increase the maximum Pell grant to $4,700. The Committee recommendation will help nearly 5.5 million low- and middle-income students obtain a college degree. Approximately 79 percent of all Pell grant recipients have annual family incomes of $30,000 or less.

Between 2001 and 2006, the cost of attending a four-year public college increased by $3,764 or 42 percent; however, the maximum

Pell grant increased by just $300—only 8 percent of the college cost increase.

The 2007 Continuing Appropriations Resolution raised the Pell maximum grant by $260, from $4,050 to $4,310, providing the first increase in four years to help disadvantaged students pay for rising college costs. This bill will raise the maximum Pell award by another $390 to $4,700. Over two years, the maximum Pell Grant will have increased by $650—one of the largest expansions of the Pell grant program in its history. The Committee recommendation is another step forward in expanding college access and opportunity for more Americans.

Federal supplemental educational opportunity grants.—$770,933,000 is provided for the supplemental educational opportunity grants program (SEOG), the same as fiscal year 2007 level. The Committee strongly disagrees with the Administration's proposal to terminate SEOGs, which are need-based grants of up to $4,000 to undergraduates who demonstrate exceptional financial need. Approximately 65 percent of dependent SEOG recipients have annual family incomes under $30,000 and nearly 80 percent of independent SEOG recipients have annual family incomes under $20,000. Institutions must contribute a 25 percent match toward their Federal SEOG allocations. Thus, the amount recommended will result in nearly $1,000,000,000 in need-based student financial aid, benefiting more than one million students.

Federal work study.—$980,492,000 is provided for the work-study program, which supports part-time employment for students who qualify based on financial need. This amount is $138,000 more than the fiscal year level and the same as the request. Work-study jobs must pay at least the Federal minimum wage and institutions must provide 25 percent of student earnings. Thus, the $980,492,000 provided in the bill will result in more than $1,100,000,000 in need-based student aid for approximately 880,000 undergraduate and graduate students.

Federal Perkins loan cancellations.—$65,471,000 is provided for Federal Perkins loans cancellations, the same as the fiscal year 2007 level. The Committee disagrees with the Administration's proposal to terminate funding for this program, which reimburses college revolving loan funds for loans that are forgiven under Federal law. Perkins Loans may be forgiven when a student borrower pursues a public service career in 1 of 12 statutorily-designated areas, including teaching in low-income communities and in shortage subjects, Head Start programs, military service in areas of imminent danger, Peace Corps and ACTION service, nurses and medical technicians providing health care services, and law enforcement/corrections.

LEAP program.—$64,987,000 is provided for the LEAP program, the same as the fiscal year 2007 level. The Committee disagrees with the Administration's proposal to terminate funding for this program, which provides dollar-for-dollar matching funds to states for grant and work study assistance to eligible postsecondary students who demonstrate financial need. Over half of LEAP grants go to students with annual family incomes under $20,000. The amount provided in the bill will leverage nearly $165,000,000 in need-based aid to nearly 165,000 students.

Federal TRIO programs.—A $40,000,000 or 4.8 percent increase is provided for the TRIO programs above the fiscal year 2007 level and the budget request, of which $10,000,000 is dedicated to college completion grant aid for students served under the Student Services Support Program. The TRIO programs provide a variety of outreach and support services to encourage low-income, potential first-generation college students to enter and complete college. Under the Committee recommendation, over 850,000 students will receive TRIO services, including approximately, 14,000 students who will receive new college completion grants.

GEAR UP.—A $20,000,000 or 6.6 percent increase above the fiscal year 2007 level and the budget request is provided for the GEAR UP program. GEAR UP provides grants to states and partnerships of low-income middle and high schools, institutions of higher education and community organizations to target entire grades of students and give them the skills and encouragement to successfully pursue postsecondary education. Under the Committee recommendation, approximately 785,000 students—nearly 46,000 more than last year—will benefit from early invention services and financial assistance for college in fiscal year 2008.

Title VI foreign languages.—A $9,900,000 or 9.4 percent increase above the fiscal year 2007 level and the budget request is provided for the title VI international education and foreign languages studies program, which addresses the national need for international experts, particularly in critical world areas and languages. A portion of these funds will support 1,026 graduate academic fellowships and 700 graduate summer fellowships in foreign language training—about 10 percent more than last year.

Byrd honors scholarships.—$40,590,000 is provided for Byrd scholarships, the same as the fiscal year 2007 level. The President did not propose funding for this program. The Byrd scholarship program provides formula grants to States to award $1,500 scholarships for up to four years of higher education to students who demonstrate academic excellence in high school. Under the Committee bill, approximately 27,000 students will receive merit scholarships in fiscal year 2008.

Javits fellowships.—$9,699,000 is provided for Javits fellowships for students pursuing doctoral study in the arts, humanities, and social sciences. The Committee recommendation will support fellowships for approximately 226 students in fiscal year 2008.

Graduate assistance in areas of national need.—$30,067,000 is provided for the graduate assistance in areas of national need (GAANN) program, which is $3,000 more than the budget request and the same as the fiscal year 2007 level. The GAANN program supports fellowships to economically disadvantaged students who have demonstrated academic excellence and who are pursuing graduate education in designated areas of national need, such as the sciences, mathematics, engineering, and nursing. The Committee recommendation will support fellowships for approximately 700 students.

B.J. Stupak Olympic scholarships.—$970,000 is provided for B.J. Stupak Olympic scholarships, the same as the fiscal year 2007 level. The Administration proposed to terminate this activity, which provides financial assistance to Olympic athletes who are pursuing a postsecondary education. The Committee recommenda-

tion will provide scholarships to approximately 149 student athletes.

Thurgood Marshall legal education opportunity program.—$2,946,000 is provided for the Thurgood Marshall legal education opportunity program, the same as in fiscal year 2007. The Administration proposed to terminate this activity, which provides low-income, minority and disadvantaged college students with the information, preparation and financial assistance needed to gain access to and complete law school study. The Committee recommendation will provide financial assistance of up to $10,000 for 150 fellows and support educational activities for more 1,000 students to improve retention, graduation, and bar passage rates.

Health careers opportunity program.—A $24,480,000 increase or six-fold increase of the program from the fiscal year 2007 level is provided for the health careers opportunity program (HCOP), which seeks to increase the number of individuals from disadvantaged backgrounds entering and graduating from health professions programs. HCOP focuses on early intervention to develop a pool of academically prepared students.

Scholarships for disadvantaged students.—$46,657,000 is provided for the scholarships for disadvantaged students program, the same as in fiscal year 2007 and a $36,924,000 increase over the President's request. This program awards scholarships to students from disadvantaged backgrounds who train in the health professions and in nursing. The bill will support scholarships for nearly 16,000 disadvantaged students.

Nurse loan repayment and scholarship program.—An $12,945,000 or 41.7 percent increase over fiscal year 2007 is provided for the nurse loan repayment and scholarship program, which provides loan forgiveness and scholarships to nurses who agree to work in health care facilities with a critical shortage of nurses. This funding will support almost 1,300 students with loan repayment and scholarships.

INVESTING IN THE SKILLS AND EARNING CAPACITY OF AMERICA'S WORKERS

The Committee recommends a $148,168,000 increase over fiscal year 2007, which is $1,530,280,000 over the President's request, for important Federal workforce development programs. In making this investment, the Committee rejects Administration-proposed cuts in employment and training programs that would have left the Departments of Labor and Education unprepared to deal with the important challenges faced by Americans who want to succeed in the 21st century workforce.

Education and training programs serve to strengthen the American workforce and enhance American economic competitiveness. Department of Labor projections show that 90 percent of the fastest growing job fields will require education and training beyond high school. These jobs may be out of reach for nearly half of workers who have no education beyond high school.

Despite recent improvements in some economic indicators, 6.8 million Americans remain unemployed—14 percent more than in January 2001. This year, the number of Americans who have been out of work for 27 weeks or longer rose to 1.1 million—67 percent more than in January 2001. Unemployment rates for African

American and Hispanic workers remain significantly higher than the national average.

Wages remain stagnant. Over the past six years, both inflation-adjusted hourly and weekly pay rose by less than one half of one percent. At the same time, the threat of outsourcing has the effect of further depressing pay and benefits for American workers—both blue and white collar. Economists estimate that half of all U.S. jobs today are in industries or occupations that could be outsourced overseas.

Americans simply are not receiving the benefits of their hard work. American workers raised their productivity 17.4 percent over the last six years but those gains have not flowed to workers in the form of wages. Instead, wages have remained largely flat while corporate profits have soared by 108 percent over this period.

In a January 31, 2007 "State of the Economy" address, President Bush noted that "The fact is that income inequality is real; it's been rising for more than 25 years. . . . The earnings gap is now twice as wide as it was in 1980—and it continues to grow." He then proposed a budget that would cut employment, training and vocational education programs by $1.5 billion.

The Committee rejects the proposed cuts and instead chooses to make strategic investments in these areas to help middle and low-income Americans acquire the job skills they need to compete in the global economy.

WORKER TRAINING INITIATIVE

[Dollars in thousands]

Agency/program	Fiscal year 2008 committee	2008 Committee compared to—	
		Fiscal year 2007	2008 Budget
Department of Labor	6,485,789	+123,168	+923,727
Training and Employment Services [1, 2]	3,579,530	+23,258	+607,491
Migrant Workers [nonadd]	83,740	+3,988	+83,740
Native Americans [nonadd]	56,381	+2,685	+11,381
Reintegration of Ex-Offender [2] [nonadd]	68,746	0	+29,146
Young Parents Training [nonadd]	10,000	+10,000	+10,000
YouthBuild [nonadd]	60,000	+10,500	+10,000
Employment Service State Grants	725,883	+10,000	+37,104
Community Service Employment for Older Americans	530,900	+47,289	+180,900
Job Corps [1]	1,649,476	+42,621	+98,232
Department of Education	1,206,553	25,000	+606,553
Career & Technical Education State Grants	1,206,553	+25,000	+606,553
Total	7,692,342	+148,168	+1,530,280

[1] Adjusted for transfer of Job Corps to Departmental Management.
[2] Program consolidation.

Training and employment services.—$3,579,530,000 is provided for training and employment services under the Workforce Investment Act (WIA), which is $23,258,000 above the comparable fiscal year 2007 level and $607,491,000 above the request. Within this amount $3,276,602,000 is to provide services for an estimated 10.5 million participants in the WIA adult, dislocated and youth programs. In making these resources available, the Committee has rejected the Administration's proposed cut of $584,233,000 in training and employment services for fiscal year 2008. WIA provides for a decentralized system of services, delivered primarily through one-stop career centers in local communities that serve to increase the

employment, occupational skills attainment, and retention in employment of participants. While further investment is deferred as the Workforce Investment Act is awaiting reauthorization, the reduction proposed in the President's budget in programs that have seen a loss of over $300 million in real dollars since fiscal year 2005 is unwarranted.

Migrant and seasonal farmworkers program.—Within training and employment services, a $3,988,000 increase over fiscal year 2007 is provided for this program, which is designed to serve members of economically disadvantaged families whose principal livelihood is derived from migratory and other forms of seasonal farm work. For the fifth year in a row the budget request did not include funds for this program. The fiscal year 2008 funding level of $83,740,000 will allow for services to an estimated 22,800 participants.

Native Americans.—$56,381,000 is provided for training and employment services to Native Americans. The Committee does not agree with the budget request that would have cut over 3,000 participants in this program and has provided a $2,685,000 increase over the fiscal year 2007 level. This will allow for services to an estimated 23,790 participants in fiscal year 2008.

Re-integration of ex-offenders.—Within training and employment services, $68,746,000 is provided for fiscal year 2008, which is $29,146,000 above the budget request. While the Committee sees merit in a program consolidation of the existing adult and youth ex-offender programs, the proposed cut was not in line with the need for services to this population. This program benefits ex-offenders and their communities by providing employment, mentoring, and transitional services designed to reduce recidivism. Of the amount provided, not less than $48,000,000 is dedicated for activities for youthful offenders.

Young parents demonstration program.—Within training and employment services, $10,000,000 is provided under the WIA pilots and demonstrations authority for a young parents demonstration program, providing competitive grants to organizations to provide educational and occupational skills training leading to family economic self-sufficiency for young parents and expectant mothers ages 16 to 24. This recommendation is part of the Committee's initiative to help reduce the number of abortions in America by alleviating the economic pressures and other real life conditions that can sometimes cause women to decide not to carry their pregnancies to term.

YouthBuild.—Within training and employment services, $60,000,000 is provided for the YouthBuild program which was transferred from the Department of Housing and Urban Development in fiscal year 2006. YouthBuild is an approach to workforce development that supports at-risk youth aged 16–24 in gaining high school credentials and receiving skills training by engaging in the construction or rehabilitation of low-income housing. The $10,500,000 increase for fiscal year 2008 will allow the program to increase participation by 20 percent above fiscal year 2007 to over 3,900 youth.

Employment Service.—A $10,000,000 increase over the fiscal year 2007 level for employment service grants to States is provided. The budget request would have decreased State grants by $27,104,000,

and the Administration's legislative proposal would have eliminated the Employment Service, which serves approximately 13 million people annually who are seeking employment, linking them to potential employers. The Committee believes that the labor exchange activities provided by State employment service agencies should be the primary source of core services for local one-stop systems, thus freeing up Workforce Investment Act funds to focus on intensive services and training, and begins a process of restoring the capacity of the Employment Service to provide this key labor exchange role through this increase in State grants.

Community service employment for older Americans.—A $47,289,000 increase over fiscal year 2007 is provided for this program, which provides subsidies that allow low-income seniors to work in community service activities. This amount is $180,900,000 above the budget request, which would have reduced the number of seniors served by 43 percent below the fiscal year 2007 level. The increased funding will allow 103,000 low income seniors to participate in the program and to receive an anticipated Federal minimum wage increase to $6.55 an hour during program year 2008.

Job Corps.—A $42,621,000 increase over fiscal year 2007 is provided for the Job Corps program. Job Corps is a nationwide network of residential facilities that provide a comprehensive and intensive array of training, job placement and support services to at-risk young adults, aged 16 to 24. The recommended funding level is $98,232,000 over the budget request, which would have decreased the number of student training slots by 4,310. The increase in funding will allow the program to add an additional 300 student training slots for a new center opening during program year 2008.

Career and technical education State grants.—$1,181,553,000 is provided for basic grants to States under the Carl D. Perkins Career and Technical Education Act of 2006, which is the same as the fiscal year 2007 level. This level is $581,553,000 above the budget request, which would have reduced funding for State grants nearly in half. State grants support a variety of vocational education programs developed in accordance with the State plan. In addition to resources to institutions serving high concentrations of low-income students, this program supports vocational education for adults who need retraining to adapt to changing technologies and labor markets.

PROTECTING AMERICAN WORKERS

The Committee recommends $45,488,000 over fiscal year 2007, and $56,007,000 over the President's budget request, for Department of Labor agencies responsible for worker protection and worker rights.

Since the 1970s when the Occupational Safety and Health Act (OSHA) and the Federal Mine Safety and Health Act (MSHA) were passed, workplace safety and health conditions have improved significantly. Yet, as demonstrated by events such as the Sago, West Virginia mine disaster and the Texas City, Texas BP explosion, too many workers still remain at risk, and face death, injury or disease as a result of their jobs.

Recent progress in protecting workers' safety and health is slowing, and for some groups of workers, jobs are becoming more dan-

gerous. The most recent job fatality data show 5,734 fatal workplace injuries reported in 2005, with significant increases in fatalities among Hispanic, African-American, foreign-born and young workers. With regulatory action virtually halted at the Department of Labor, health and safety rules are not keeping up with changes in the economy and the workplace. The Committee is deeply concerned that we are failing to protect workers from both new and existing workplace hazards.

Similar concerns extend to the enforcement of employment standards. Since 2001, the Wage and Hour Division's investigations of low-wage industries have fallen dramatically: agriculture industry (including poultry processing) investigations are down by 39 percent; health care industry (including nursing homes) investigations are down by 32 percent; and garment manufacturing industry investigations are down by 68 percent.

In these and additional industries, wage theft and overtime abuses are prevalent. Uninvestigated overtime violations, the misclassification of employees as independent contractors, and efforts to undermine family and medical leave all result in workers being exploited in ways prohibited under the law. Workers are increasingly forced to resort to the courts for remedies because the Federal institutions that should be protecting them are not.

Pension and health protections are also a critical component of the worker protection agenda. Today, 45 percent of workers in the private sector lack health insurance from their employer, up from 41 percent in 2000. The share of jobs without a pension also rose—from 50 percent in 2000 to 55 percent in the most recent year of data (2005).

Throughout the Department of Labor, worker protection staffing levels have declined over the past six years. OSHA staffing declined 8.6 percent from fiscal year 2001 to fiscal year 2007. Staffing at the Employment Standards Administration declined 9.4 percent during the same period. Even after the addition of 170 coal inspectors as part of a 2006 emergency supplemental appropriation, MSHA staffing declined 2.2 percent during that period.

Creating a level playing field for American workers also involves addressing workers' rights abroad, especially among our trading partners. The Committee believes that the Administration's repeated requests to reduce funding for international labor activities, which for fiscal year 2008 amounts to more than 80 percent, is not in keeping with the need for the U.S. to be a leader in promoting international worker rights, both because of our leadership role in the world and the impact that labor practices in other countries have on our own workers due to the global nature of our economy.

The Department of Labor has established a number of strategic goals, and the Committee is pleased that these goals include promoting workplaces that are safe, healthful and fair. In the past six years, however, the Department's budget has not adequately supported the resources necessary to ensure that safety, health and fairness are the hallmarks of the American workplace. With this budget, the Committee is beginning to address the decline in federal enforcement staff, with a goal of rebuilding the capacity of the Department of Labor to fulfill its mission to protect Americans in the workplace.

The decline in enforcement is not an issue of staffing alone. The Committee is also concerned by the fact that constant delays in the issuance of worker protection standards have resulted in workplaces that are less safe and less fair. Bill language is included to expedite the regulatory process and send the clear signal that inaction is not acceptable when it jeopardizes the safety and health of American workers. But even while the Committee is pursuing improved standards for workplace safety and fairness, the Committee can at least take action to ensure that current laws and standards are enforced.

The Committee cannot reverse the damage done over the past six years in one year alone, but the Committee can begin the job. Within the amounts appropriated for worker protection and worker rights for fiscal year 2008, some highlighted investments include:

Occupational Safety and Health Administration (OSHA).—A $16,591,000 increase above the fiscal year 2007 level is provided to the agency responsible for ensuring that 113 million Americans benefit from safe and healthy workplaces. Within the $13,155,000 increase provided for Federal enforcement, $7,082,000 is dedicated to adding 47 positions to begin to rebuild the enforcement capacity of OSHA, with a special emphasis on process safety management inspections and the hiring of bilingual inspectors. These additional positions are a downpayment toward a goal of restoring the enforcement capabilities of OSHA within the next several years. In providing these enforcement positions, the Committee moves resources from voluntary compliance programs until the Department collects the data necessary for a full evaluation of the effectiveness of these programs. Also included in the recommendation is $10,116,000 for the Susan Harwood training grant program that supports worker safety and health training and education programs that the Committee believes are an important component of a comprehensive approach to worker protection. An additional investment of $1,225,000 is also provided to the Bureau of Labor Statistics (BLS) to allow for focused research studies on work-related injuries and illnesses. These studies were conducted previously by BLS through its work injury reports, but were suspended due to lack of resources. The studies provided detailed information on the causes and means of preventing injuries and illnesses and the new funding is designed to help re-establish this series of reports, so as to provide important information to employers, researchers and policy makers.

Mine Safety and Health Administration (MSHA).—An $11,908,000 increase above the fiscal year 2007 level is provided to continue a revitalization of enforcement activities to ensure the safety and health of more than 300,000 people who work in the mining industry. These resources support the retention of 170 coal inspectors that MSHA reports it is on target to hire by the end of fiscal year 2007. The initial funding for these positions was provided in emergency supplemental appropriations for fiscal year 2006 following the coal mine tragedies in West Virginia and Kentucky. Because the hiring and retention of coal inspectors is of importance to the mission of MSHA, quarterly reports on the agency's progress in filling all allocated inspector positions and completing the training of new inspectors, is required.

Wage and Hour Division (WHD).—A $12,145,000 increase above the fiscal year 2007 level is provided. Included in this amount is $5,000,000 to support an additional 36 enforcement positions to increase activities in low-wage industries. The new resources will allow WHD to increase inspections and investigations of industries with high concentrations of low-wage and other vulnerable workers, and industries with high levels of wage and hour violations. The Committee also believes it is important to increase the number of front-line investigators that are fluent in the languages of the workforces in which non-English-speaking workers predominate.

International Labor Affairs Bureau (ILAB).—In addition to enforcing our worker protection laws at home, the Committee believes that America must be a leader abroad. For this reason, the Committee does not agree with the Administration's budget request to eliminate international cooperative agreements and grants aimed at eliminating child labor, promoting worker rights, and improving labor standards around the world. The Committee provides $58,419,000 above the budget request for ILAB for a total of $72,516,000. These funds include resources to continue the successful program of international grants to reduce child labor and $5,000,000 to implement model programs to address worker rights issues through technical assistance in countries with which the United States has trade preference programs.

COMPARISONS

The program descriptions that follow, and the detailed table at the back of the report, compare the Committee recommendations to comparable fiscal year 2007 levels and the Administration's budget requests. One-time and emergency supplementals are not included for purposes of these comparisons.

OPERATING PLANS

The Committee considers the numbers identified in this bill, this report and the detailed table accompanying this report to be determinative of agency budgets funded in this bill. Unless specified otherwise in the bill, the report, or the detailed table, the amounts provided for fiscal year 2008 shall be the amounts included in agency budget requests. Funds should be apportioned and allocated accordingly, and any changes in funding are subject to reprogramming and notification procedures. Within 45 days of enactment each Department and related Agency funded by this Act shall submit an operating plan to the Committees on Appropriations in the House and the Senate for approval. The operating plan should detail any reprogramming requests which are based on information obtained since the submission of the budget in February 2007 or based on the effects of the amounts provided in this Act.

TITLE I—DEPARTMENT OF LABOR

EMPLOYMENT AND TRAINING ADMINISTRATION

TRAINING AND EMPLOYMENT SERVICES

(INCLUDING RESCISSIONS)

The Committee recommends $3,579,530,000 for this account, which provides funding authorized primarily by the Workforce Investment Act of 1998 (WIA). This amount is $23,258,000 above the fiscal year 2007 level and $607,491,000 above the budget request, after adjusting for the transfer of the Office of Job Corps.

The Training and Employment Services account is comprised of programs that enhance the employment and earnings of those in need of such services, operated through a decentralized system of skill training activities and related services. The account is mostly forward-funded on a July to June cycle, with funds provided for fiscal year 2008 supporting these activities from July 1, 2008 through June 30, 2009.

The Committee repeats a provision allowing for local boards to transfer of up to 30 percent of funds made available for dislocated workers and adult activities between these funding streams, upon approval by the Governor. The Administration's request was to increase transfer authority to 40 percent, which the Committee believes is unnecessary based on current use of transfer authority under this language, and the fact that waivers of the funds transfer limit have already been granted to 35 States who requested such flexibility.

Adult employment and training activities

For adult employment and training activities, the Committee recommends $864,199,000, which is the same amount as the fiscal year 2007 level and $152,199,000 above the budget request. Of the amount recommended, $712,000,000 will become available on October 1, 2008. This program is authorized by the Workforce Investment Act of 1998. The funds are allocated by formula to States and further distributed to local workforce investment boards. Services for adults will be provided through the one-stop career center system and most customers receiving training use their individual training accounts to determine which programs and providers fit their needs. The Act authorizes core services available to all adults with no eligibility requirements, and intensive services for unemployed individuals who are not able to find jobs through core services alone.

There is evidence that the core services of the adult, dislocated and youth programs at local one-stop career centers sometimes overlap with the statewide labor exchange services provided with funds in the state unemployment insurance and employment serv-

ices operations account. This diminishes the overall effectiveness of the two programs by creating unnecessary duplication. Assuring that labor exchange and other services provided by State agencies under the Wagner-Peyser Act serve as the primary source of those core services within local one-stop systems would free up WIA funds to focus on intensive services and training. To address this overlap, the Committee instructs the Department to establish guidance to require that local one-stop career centers have coordination agreements with the Employment Service and to ensure that personnel funded out employment service allotments to States are the primary providers of labor exchange services within one-stop career centers. To the maximum extent possible, the Department should ensure that adult, dislocated and youth funds primarily support the provision of training and more intensive services required by individuals who are not able to secure employment through core services. The Department should request that State and local plans include the establishment of coordination agreements and should establish measures to ensure that local entities comply with this guidance.

Dislocated worker employment and training activities

For dislocated worker employment and training activities, the Committee recommends $1,471,903,000, which is the same amount as the fiscal year 2007 level and $356,964,000 above the budget request. Of the amount recommended, $1,060,000,000 will become available on October 1, 2008. Of the total, $1,189,811,000 is designated for State formula grants that support core services, intensive services, training, and supportive services. In addition, States use these funds for rapid response assistance to help workers affected by mass layoffs and plant closures.

The Committee recommendation includes $282,092,000 for the national reserve, which supports national emergency grants to respond to mass layoffs, plant and/or military base closings, and natural disasters across the country, which cannot otherwise be anticipated, and for statewide and multiple sector activities, as well as technical assistance and training and demonstration projects. The Committee recommends that these activities be coordinated with area economic development needs. As in prior years, the bill provides that dislocated worker funds available under section 171(d) may used for demonstration projects that provide assistance to new entrants in the workforce and incumbent workers. The bill provides $2,600,000 of the funds available for national reserve activities shall be available on October 1, 2007 for the purpose of a grant to continue the work of the National Center on Education and the Economy. The Committee is concerned that the Department has used dislocated worker assistance national reserve funds, and other pilot and demonstration resources, to advance the Administration's career advancement account proposal, and its predecessor proposal for personal reemployment accounts, and directs that no additional grants be made for these activities prior to a specific authorization of this approach.

The Committee supports the efforts of the Department in making dislocated worker assistance national reserve funds available for grants to the States to provide "gap filler" services to Trade Adjust-

ment Act (TAA) participants to maximize the number of trade-certified workers who will qualify for the health coverage tax credit. Nevertheless, the Committee believes that increased outreach and support is needed to States to provide these "gap filler" services, and that health care coverage assistance should be extended to dislocated workers awaiting TAA certification. A general provision in the bill addresses this need by permitting a portion of funds under the American Competitiveness and Workforce Improvement Act to be used for this purpose.

Community-based job training grants.—The Committee does not include separate funds for this initiative but provides that up to $125,000,000 of the amount made available for the dislocated worker assistance national reserve shall be available for community-based job training grants. This amount is the same as provided in fiscal year 2007, and $25,000,000 less than the budget request. These funds are for competitive grants to community colleges and one-stop career centers, and the amount provided will fund over 70 new grantees. The Committee repeats a request that all applicants describe the role area one-stop centers will play in the proposed project in their applications. The Committee is interested in programs that result in training outcomes and instructs the Department to give priority to grant applications that will result in participants obtaining industry-recognized credentials. The Committee requests that the Secretary provide a report to the House and Senate Committees on Appropriations by March 1, 2008 on training outcomes achieved thus far by community college grantees.

Youth employment and training activities

For youth activities, the Committee recommends $940,500,000, which is the same amount as the fiscal year 2007 level and $100,000,000 above the budget request.

The Workforce Investment Act of 1998 consolidated the summer youth employment and training program and youth training grants under the Job Training Partnership Act into a single youth training activity. The funds are allocated by formula to States and further distributed to local workforce investment boards in accordance with the Workforce Investment Act of 1988. These funds are made available one quarter earlier than the adult and dislocated worker funds to allow for summer jobs programming.

Native Americans

For Native Americans, the Committee recommends $56,381,000, which is $2,685,000 above the fiscal year 2007 level and $11,381,000 above the budget request. This program, authorized by the Workforce Investment Act of 1998, is designed to improve the economic well being of Native Americans (Indians, Eskimos, Aleuts, and Native Hawaiians) through the provision of training, work experience, and other employment-related services and opportunities that are intended to aid the participants in securing permanent, unsubsidized jobs. The Department of Labor allocates formula grants to Indian tribes and other Native American groups whose eligibility for such grants is established in accordance with Department regulations.

Census data indicates that American Indians and Alaska Natives are by far the most impoverished groups in the nation. The Committee does not agree with the budget request that would have resulted in cutting participation by over 3,000 individuals.

Migrant and seasonal farmworkers

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

For migrant and seasonal farmworkers, the Committee recommends $83,740,000, which is $3,988,000 above the fiscal year 2007 level. For the fifth year in a row the budget request did not include funds for this program. The Committee is unwilling to terminate the program, as requested, until the Department has demonstrated that mainstream job training programs, as well as related health, welfare and housing programs, are in place to provide the combination of services needed to help secure permanent employment for farm and forestry workers. The Committee is concerned that the Department believes that the program is not sufficiently focused on job training and includes language requiring that not less than 70 percent of the funds for the program be spent on employment and training services.

As in prior years, the bill directs that of the amounts made available, $5,000,000 is targeted for migrant and seasonal farmworker housing grants. The bill further directs that not less than 70 percent of this amount be used for permanent housing grants. The Committee is concerned about the use of funds for temporary housing and the conditions under which these funds are used. The Committee directs the Department of Labor to report by March 1, 2008 on the use of farmworker housing funds. In particular the Department should provide information on the amount of funds used for permanent and temporary housing activities, respectively, a list of the communities served, a list of the grantees and the States in which they are located, the total number of individuals or families served, and a list of allowable temporary housing activities.

YouthBuild

For the YouthBuild program, the Committee recommends $60,000,000, which is $10,500,000 above the fiscal year 2007 level and $10,000,000 above the request.

The YouthBuild program was transferred from the Department of Housing and Urban Development in fiscal year 2007. YouthBuild is an approach to workforce development that supports at-risk youth aged 16–24 in gaining high school credentials and receiving skills training that leads to employment. Training and educational opportunities are provided while participants are engaged in constructing or rehabilitating affordable housing for low-income or homeless families in their communities, with time split between the construction site and the classroom.

The Committee recognizes the importance of skilled trades training and education in construction to helping troubled youth become members of this high growth industry's workforce. The Committee encourages the Department to seek out the experience of employer-based groups and labor-management partnerships to help students enrolled in the YouthBuild program reap the benefits of skilled trades training and career opportunities in the building industry.

YouthBuild grants are awarded on a competitive basis. The increase for fiscal year 2008 will allow for the selection of YouthBuild projects in approximately 20 additional communities.

Women in apprenticeship

For the Women in Apprenticeship and Non-Traditional Occupations Act of 1992, the Committee recommends $1,000,000 for grants to employers, unions, and community-based organizations for support of activities to train, retrain, and place women in non-traditional jobs and occupations so as to provide expanded access to careers with family-sustaining wages. The Committee is not in agreement with the budget request to terminate this program and continues the program at the fiscal year 2007 level.

National competitive grant programs

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

Reintegration of ex-offenders.—The Committee recommends $68,746,000 for this program, which consolidates two prior programs—responsible reintegration of youthful offenders and the prisoner re-entry initiative—into a single program. This is $29,146,000 above the budget request and the same as the combined, comparable fiscal year 2007 level for ex-offender reintegration activities. While the Committee sees merit in a program consolidation, the budget request does not meet the need for reintegration assistance for ex-offenders. The Committee notes that nearly 650,000 people are released from State and Federal prison yearly. According to the Bureau of Justice Statistics (BJS) over 50 percent of those released from incarceration will be in some form of legal trouble within 3 years. Providing job training programs and career counseling targeted toward prisoner re-entry is critical to preventing recidivism and to promoting the effective reintegration of offenders back into communities. The Committee urges the Department to include the approach piloted under the incarcerated veterans transition program in competitions for funding under this program to ensure that the employment needs of this population are addressed. Within the combined reintegration of ex-offenders program, the bill provides that no less than $48,000,000 be utilized for youthful offender activities.

Pilots, demonstrations and research.—The Committee recommends $28,140,000 for grants or contracts to conduct research, pilots or demonstrations that improve techniques or demonstrate the effectiveness of programs. This is $13,440,000 above the fiscal year 2007 level and $15,140,000 above the budget request.

The bill provides that $10,000,000 be used for a new young parents demonstration program in order to provide educational and occupational skills training leading to family economic self-sufficiency to young parents (both mothers and fathers) and expectant mothers ages 16 to 24. The Committee intends that competitive awards be made to local workforce investment boards, one-stop career centers, community-based organizations (CBOs), community colleges, and other applicants that demonstrate linkages to the local workforce investment system. Eligible projects should provide a range of activities including education and training leading to skills and credentials valued in the local labor market, career ladder programs, paid work experience, supportive services, and counseling on self-sufficiency measures particular to the local community, as well as post-employment retention and advancement supportive services. Projects are to be encouraged to serve young parents in high-risk categories, including those under the jurisdiction of the justice system, in the child welfare or foster care system, homeless individuals, or victims of child abuse. The Department should assure that pilot projects adhere to common performance measures and be subject to evaluation. The Committee directs that the Employment and Training Administration administer the pilot program in partnership with the Women's Bureau. The Committee's recommendation includes this $10,000,000 grant program as part of its initiative to help reduce the number of abortions in America by alleviating the economic pressures and other real life conditions that can sometimes cause women to decide not to carry their pregnancies to term.

For the funds in this account not designated for the young parents initiative, the Committee includes the following projects in the following amounts:

Project	Committee recommendation
Adelante Development Center, Albuquerque, NM for employment and training services	$200,000
Agudath Israel of America Community Services, Inc., Brooklyn, NY for its Fresh Start job training and counseling program	300,000
Arc of Blackstone Valley, Pawtucket, RI for a workforce development initiative	150,000
Bellingham Technical College, Bellingham, WA for a Process Technology Workforce Development Project	125,000
Bismarck State College, Bismarck, ND for an instrumentation and control training program for the energy industry	100,000
Brookdale Community College, Lincroft, NJ for workforce training programs through its Center for Excellence in Technology, Telecommunications and Economic Development	150,000
Capital IDEA, Austin, TX for workforce development services for disadvantaged adults	50,000
Center for Employment Training, San Jose, CA for its building trades program for out-of-school youth	250,000
Central Carolina Tech College, Sumter, SC for training in healthcare professions	350,000
Central Maine Community College, Auburn, ME for a training program in precision metalworking and machine tool technology	150,000
Chinese-American Planning Council, New York, NY for counseling, vocational training, job placement, and ESL services	200,000
City College of San Francisco, San Francisco, CA for a health care workforce training initiative through the Welcome Back Center	300,000
City of Alexandria, VA for an automotive industry workforce development and training initiative	275,000
City of Baltimore, MD for the Park Heights Partnership for Jobs	250,000
City of Milwaukee, WI for a project to train youth in construction trades	205,000
City of Palmdale, Palmdale, CA for a business resource network to enhance worker skills development	150,000
City of Suffolk, VA for training programs at the Suffolk Workforce Development Center	250,000
City of West Palm Beach, FL for training programs for at-risk youth	300,000
Clarian Health Partners, Indianapolis, IN for workforce development in the health care industry	125,000
College of Southern Maryland, La Plata, MD, for its Partnership for the Advancement of Construction and Transportation Training Project	300,000

Project	Committee recommendation
Community Learning Center, Fort Worth, TX for expansion of the Advanced Manufacturing Training Partnership Program	350,000
Des Moines Area Community College, Arkeny, IA for workforce recruitment and training to address area skill shortages	250,000
Dillard University, New Orleans, LA for recruitment and training of nursing assistants	200,000
East Los Angeles Community Union, Los Angeles, CA for a workforce training initiative	300,000
Easter Seals Arc of Northeast Indiana, Inc., Fort Wayne, IN for the Production and Worker Training Services program	100,000
Edgar Campbell Foundation, Philadelphia, PA for counseling, job placement and work readiness programs	300,000
Employment & Economic Development Department of San Joaquin County, Stockton, CA for a work experience program for at-risk youth	175,000
Essex County Community Organization, Lynn, MA for its E-Team Machinist Training Program	250,000
Foundation of the Delaware County Chamber, Media, PA for workforce development and job readiness services	150,000
Goodwill of Southern Nevada, North Las Vegas, NV for workforce development programs	300,000
Greater Akron Chamber, Akron, OH for a summer apprenticeship program for youth	300,000
Groden Center, Providence, RI for job readiness training for adults with Asperger's Syndrome	150,000
Guam Community College, Mangilao, Guam for skilled craft training	250,000
Hamilton County Government, Chattanooga, TN for training activities related to manufacturing processes	440,000
Home of Life Community Development Corp., Chicago, IL for a financial services training and placement program	150,000
Homecare Workers Training Center, Los Angeles, CA for nurse assistant training	100,000
International Fellowship of Chaplains, Inc., Saginaw, MI for the Road to Hope training program in Seneca County, OH	200,000
Iowa Valley Community College, Marshalltown, IA for job training activities	100,000
Ivy Tech Community College of Indiana—Columbus Region, Indianapolis, IN for the Center for Cybersecurity for workforce development	150,000
Ivy Tech Community College of Indiana Lafayette, Indianapolis, IN for job training programs at the Center for Health Information Technology	140,000
Kansas City Kansas Community College, Kansas City, KS for workforce training and placement for the retail and hospitality industries	200,000
Kent State University/Trumbull County, Warren, OH for regional training through the Northeast Ohio Advanced Manufacturing Institute	250,000
Louisiana Delta Community College, Monroe, LA for a job training initiative	200,000
Louisiana National Guard, Carville, LA for the Job Challenge Program	150,000
Manufacturing Association of Central New York, Syracuse, NY for a workforce training project	250,000
Massachusetts College of Pharmacy and Health Sciences, Manchester, NH for training of nurses, physician assistants, and pharmacists	150,000
McHenry County Community College, Woodstock, IL for employer-identified occupational training	375,000
Minot State University, Minot, ND for the Job Corps Executive Management Program	100,000
Mission Language and Vocational School, San Francisco, CA for a training program in health-related occupations	250,000
Neighborhood First Program, Inc., Bristol, PA for services for at-risk youth	125,000
NewLife Academy of Information Technology, East Liverpool, OH for training for information technology careers	150,000
North West Pasadena Development Corp., Pasedena, CA for job training for low-income individuals	100,000
Northcott Neighborhood House, Milwaukee, WI for construction industry training for youth	70,000
Oakland Community College, Bloomfield Hills, MI to lead a consortium on workforce development for emerging business sectors	450,000
Opportunity, Inc., Highland Park, IL for workforce development activities	250,000
Our Piece of the Pie, Hartford, CT for education and employment services for out-of-school youth	500,000
Parish of Rapides Career Solutions Center, Alexandria, LA for a job training initiative	200,000
Philadelphia Shipyard Development Corporation, Philadelphia, PA for on-the-job training in shipbuilding technology	350,000
Piedmont Virginia Community College, Charlottesville, VA for the Residential Construction Academy	100,000
Poder Learning Center, Chicago, IL for immigrant neighborhood education and job development services	200,000
Precision Manufacturing Institute, Meadville, PA for high-technology training programs	100,000
Project One Inc., Louisville, KY for summer job activities for disadvantaged youth	150,000
Project QUEST, Inc., San Antonio, TX for workforce development services to low-income residents	75,000
PRONTO of Long Island, Inc., Bayshore, NY for a vocational training initiative	100,000
Schoenbaum Family Enrichment Center, Charleston, WV for its Enterprise Development Initiative	250,000
Schuylkill Intermediate Unit 29, Marlin, PA for a workforce training program	150,000
South Bay Workforce Investment Board, Hawthorne, CA for its Bridge-to-Work program	260,000

Project	Committee recommendation
Southeast Missouri State University, Cape Girardeau, MO for equipment and training	300,000
Southern University at Shreveport, Shreveport, LA for healthcare worker training activities	100,000
Southside Virginia Community College, Alberta, VA for the Heavy Equipment Training Program	200,000
Southwestern Oklahoma State University, Weatherford, OK for workforce development in the manufacturing sector	250,000
St. Louis Agency on Training and Employment, St. Louis, MO for a summer jobs program for youth	350,000
Towson University, Towson, MD for education and training services for careers in homeland security	250,000
United Mine Workers of America, Washington, PA for the UMWA Career Center's mine worker training and reemployment programs	750,000
University of West Florida, Pensacola, FL to provide teacher training to veterans	200,000
Veteran Community Initiatives, Inc., Johnstown, PA for employment services and support programs for veterans	500,000
Vincennes University, Vincennes, IN for heavy equipment operator training for the mining industry	350,000
Wayne County, NY Planning Department, Lyons, NY for workforce development programs in Central New York	250,000
West Los Angeles College, Culver City, CA for a craft and technican training program	300,000
Women Work and Community, Augusta, ME for a women's workforce training and development program	300,000

Evaluation.—The Committee recommends $4,921,000 to provide for the continuing evaluation of programs conducted under the Workforce Investment Act of 1998, as well as of Federally funded employment-related activities under other provisions of law. This is the same as the fiscal year 2007 level and $2,079,000 below the budget request.

The Committee directs the Department of Labor to continue to submit quarterly reports to the House and Senate Appropriations Committees on the status of grants made from H–1B fees, national emergency grants (including grants made under the up to 10 percent authority for dislocated worker demonstration and pilot projects), high-growth job training initiative awards from all sources, and awards made for pilot, demonstration, multi-service, research, and multi-State projects. These reports shall be submitted to the House and Senate Committees on Appropriations no later than 15 days after the end of each quarter and shall summarize by funding source all grants awarded. This report shall also include a list of all awards made during the quarter and for each award shall include the grantee; the amount of the award; the funding source of the award; whether the award was made competitively or by sole source and, if sole source, the justification; the purpose of the award, the number of workers to be trained, and other expected outcomes. This will allow for continued evaluation of the use of sole-source contracting for those remaining grants where the bill does not require competitive procurement.

The bill repeats a provision in the 2007 Continuing Appropriations Resolution that requires the Secretary of Labor to award grants for training for employment in high growth industries on a competitive basis. The bill also includes language that requires that funds available to the Department under the American Competitiveness and Workforce Improvement Act be available only for grants for training in the occupations and industries for which employers use the visas that generate these funds, and that related activities be limited to those necessary to support such training. The Committee does not apply this restriction to competitive grant awards made in response to solicitations issued prior to April 15, 2007, or to the grants authorized to assist States in addressing the

gap in health coverage for trade-impacted workers. This permits the Department to fund the obligations made in three rounds of Workforce Innovation in Regional Economic Development (WIRED) grants to States. To the extent possible, however, the Committee urges that WIRED grantees be asked to address the training needs in their regions for the same target industries and occupations identified in this section. The Committee urges that preference for these grants be given to sector-based approaches that involve multiple employers, including those that involve labor-management partnerships, to address skill shortages. The Committee is also interested in career ladder approaches in targeted industries, including information technology, engineering and advanced manufacturing, and health care.

The Committee includes a provision rescinding $335,000,000 in prior year unexpended balances from Workforce Investment Act programs. The Committee also rescinds $44,000 in unexpended funds originally provided for the activities of the National Skill Standards Board, as requested.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

The Committee recommends $530,900,000 for community service employment for older Americans, which is $47,289,000 above the fiscal year 2007 level and $180,900,000 above the budget request. The community service employment for older Americans program provides grants to public and private nonprofit organizations that subsidize part-time work in community service activities for unemployed persons aged 55 and older, whose family's annual income does not exceed 125 percent of the poverty level.

The Committee does not agree with the budget request, which would cut the number of seniors served by 44,000 or 43 percent below the fiscal year 2007 level, from 103,000 to 59,000 in fiscal year 2008. The Committee recommendation will continue the current slot level of 103,000 low-income seniors, and provides funds for the second anticipated increment of a Federal minimum wage increase, from $5.85 to $6.55 an hour, for program participants.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

The Committee recommends $888,700,000 for this account, which is $51,100,000 above the fiscal year 2007 level and the same as the budget request.

The trade adjustment assistance program (TAA) provides assistance to certified workers adversely affected by imports or from trade with countries covered by the North America Free Trade Agreement, the Andean Trade Preference Act, African Growth and Opportunity Act, or the Caribbean Basin Economic Recovery Act. The Trade Adjustment Assistance Reform Act of 2002 expanded eligibility to include secondary workers whose layoffs were caused by the loss of business by a supplier of component parts, a final assembler, or a finisher, for a firm employing a worker group that has received TAA certification. Funding will provide for the payment of trade adjustment benefit payments; training, job search allowances, relocation allowances and associated administrative costs; and alternative trade adjustment assistance (ATAA) wage supplements.

For fiscal year 2006, approximately 120,000 workers were potentially eligible to apply for TAA benefits and service. However, of these potentially eligible workers, roughly 40,000 individuals begin receiving TAA-funded benefits or services each year, together with another 40,000 individuals who entered the program in previous years and continue to receive benefits or services. The Committee believes that the Department can do more to conduct outreach to trade affected workers to ensure that eligible workers learn about the program. The lack of outreach is particularly acute in regard to the secondary worker populations where take up rates are far below what was expected when the new eligibility was established.

The Committee also is concerned by the fact that only a small percentage of TAA participants take advantage of the health coverage tax credit (HCTC) that was authorized by the Trade Adjustment Assistance Reform Act of 2002. The low take-up rate may largely be a function of the high costs of health insurance coverage overall, but there is also evidence that some eligible workers are affected by the gap in time between their application for TAA benefits, their certification for those benefits, and the certification by the Internal Revenue Service (IRS) for the HCTC itself. The Committee is in agreement with the Department's use of dislocated worker assistance national reserve funds to help States address this issue, but believes that additional outreach and assistance is necessary to ensure that workers who can benefit from the HCTC do not lose their health care coverage while awaiting certification for either TAA by the Department, or the tax credit by IRS. To ensure that there are sufficient funds for this purpose, the bill includes a general provision providing that up to $20,000,000 from funds available to the Department under the American Competitiveness and Workforce Improvement Act of 1998 may be used for this purpose.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

The Committee recommends $3,382,614,000 for this account, which is $42,264,000 above the fiscal year 2007 level and $43,861,000 above the budget request. Included in the total available is $3,296,669,000 authorized to be drawn from the employment security administration account of the Unemployment Trust Fund and $85,945,000 to be provided from the general fund of the Treasury. The funds in this account are used to provide administrative grants and assistance to State agencies that administer Federal and State unemployment compensation laws and operate the public Employment Service.

For unemployment insurance services, the Committee recommends $2,561,223,000. This is $53,553,000 above the fiscal year 2007 level and the same as the budget request. The total includes $2,550,723,000 for State operations and $10,500,000 for national activities. Included in the amount provided for State operations is an additional $40,000,000, for a total of $50,000,000 for in-person reemployment and eligibility assessments in one-stop centers. These reviews are conducted by State employment security agency staff. The Committee concurs with the budget request, which cites that a number of studies have found that attention to eligibility

and reemployment needs assessments result in relatively shorter claims duration for beneficiaries. The Committee also concurs with the recommendation in the House report accompanying the fiscal year 2008 budget resolution, which states that these program integrity funds are not intended to finance activities that would adversely affect workers who receive unemployment benefits. The bill requires the Secretary to submit a report to the Congress no later than 180 days following the end of the fiscal year containing comprehensive information on the savings that result from the assessments of unemployment insurance claimants and identifying best practices in program integrity and reemployment reviews. The bill provides for contingency funding for increased workloads that States may face in the administration of unemployment insurance by specifying that an additional $28,600,000 be available from the Unemployment Insurance Trust Fund for every 100,000 increase in average weekly insured claims above 2,786,000.

For grants to the States for employment service (ES) activities, the Committee recommends $725,883,000, which includes $23,203,000 in general funds together with an authorization to spend $702,680,000 from the employment security administration account of the Unemployment Trust Fund. This is $10,000,000 above the fiscal year 2007 level and $37,104,000 above the budget request. This increase represents the first enhancement for ES grants to the States in six years. The Committee believes that the labor exchange activities provided by State employment service agencies should be primary source of labor exchange services for the local one-stop system, thus freeing up Workforce Investment Act funds to focus on intensive services and training.

The Committee recommends $32,766,000 for ES national activities, which is $662,000 below the fiscal year 2007 level and the same as the budget request.

The Committee recommends $52,985,000 for one-stop career centers and labor market information, which is $10,870,000 below the fiscal year 2007 level and $3,000,000 below the budget request. This funding supports access for customers in labor market transactions and career information, as well as supporting performance management systems. The Committee believes that the emphasis for these funds should be on the workforce information grants to States and directs that these grants be funded at not less than $32,430,000, which is the average of the prior two fiscal years. The Committee believes that funds above this amount should be dedicated to the investments needed to sustain the tools and activities that provide self-service career information and guidance to youth and adults and workforce information and analysis to policy-makers and counselors, through America's career information network, America's service locator, the career voyages system, and the occupational information network (O*NET), and recommends that these activities be maintained at the fiscal year 2007 level. Remaining funds may be applied to other elements of the infrastructure of the labor market information system, including the wage record interchange system (WRIS) and the workforce investment streamlined performance reporting system (WISPR). The Committee believes it is inappropriate to use these funds for further capacity building grants to parties outside the public workforce investment system.

The Committee recommends $9,757,000 for the work incentive grants program, which is $9,757,000 below the fiscal year 2007 level. The budget request recommended elimination of this program. The program has funded grants to the States to demonstrate approaches to improving accessibility to one-stop career center services for new job seekers with disabilities. All States have now had an opportunity to receive grants for this purpose. However, due to the fact that workforce investment system funding has not been increased during the period of these grants, it will be difficult for the one-stop system to sustain these activities without continuation funding. The Committee provides 50 percent of the fiscal year 2007 funding level and recommends that the Department use these funds to provide matching grants to the States that have hired disability navigators to assure that the navigator positions and practices are incorporated in the regular operations of their workforce system.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

The Committee recommends $437,000,000 for this account, which is $28,000,000 below the fiscal year 2007 level and the same as the budget request. The appropriation is available to provide advances to several accounts for purposes authorized under various Federal and State unemployment insurance laws and the Black Lung Disability Trust Fund, whenever balances in such accounts prove insufficient.

PROGRAM ADMINISTRATION

General funds in this account provide the Federal staff to administer employment and training programs under the Workforce Investment Act of 1998, the Older Americans Act, the Trade Act, and the National Apprenticeship Act. Trust funds provide for the Federal administration of employment security functions under title III of the Social Security Act and the Immigration and Nationality Act.

The Committee recommends $170,500,000 for fiscal year 2008, which is $45,662,000 below the budget request. The total amount includes $88,451,000 in general funds and authority to expend $82,049,000 from the employment security administration account of the Unemployment Trust Fund. The Committee recommendation provides $28,872,000 of the amount recommended by the President for this account under the Office of Job Corps for its administrative expenses. After this transfer is taken into account, the Committee recommendation for program administration is $630,000 below the comparable fiscal year 2007 level.

EMPLOYEE BENEFITS SECURITY ADMINISTRATION

SALARIES AND EXPENSES

The bill provides $142,925,000 for the Employee Benefits Security Administration (EBSA), which is $1,352,000 above the fiscal year 2007 level and $4,500,000 below the budget request. This reduction reflects the funding of the EFAST2 electronic filing system in fiscal year 2007, rather than in fiscal year 2008.

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

Funds were provided in fiscal year 2007 for the Department of Labor's EFAST2 electronic Form 5500 filing system and an additional $500,000 is included in the Committee recommendation for changes in reporting requirements mandated by the Pension Protection Act. The Committee expects that EBSA will contribute an additional amount of $2,500,000 from its fiscal years 2007 and 2008 appropriations for this system, generated by one-time cost savings proposed in the last two years' budget requests. The Committee expects EBSA to minimize any potential negative impact of the project's financing on enforcement, compliance outreach, and education programs. The Department is directed to provide a schedule for completion of the EFAST2 system within 30 days of enactment and to report monthly on progress relative to that schedule to the House and Senate Committees on Appropriations.

The Committee recommends that EBSA devote resources to the issuance of regulations that provide understandable and uniform reporting of all fees charged to 401(k) plans and participants with all fees required to be broken down by identifiable and meaningful categories and by source of payment. EBSA should also create a national education program to educate pension plan administrators and participants of 401(k) investment options, fees charged, and prohibitions on conflicts of interest. In addition, the Committee is concerned with the Department of Labor's lack of statistics on the continuation of health care coverage program known as COBRA. The Committee requests that the Department of Labor upgrade its data collection on participants in the COBRA program with specific emphasis on those who utilize COBRA benefits for the full extent of the authorized timeframe and subsequently lose health insurance coverage.

PENSION BENEFIT GUARANTY CORPORATION

The Corporation's budget for fiscal year 2007 is $411,151,000, which is $5,761,000 above the fiscal year 2007 level and the same as the budget request.

The Corporation is a wholly owned government corporation established by ERISA. The law places it within the Department of Labor and makes the Secretary of Labor the chairperson of its board of directors. The Corporation receives its income from insurance premiums collected from covered pension plans, collection of employer liabilities imposed by ERISA, and investment earnings. It is also authorized to borrow up to $100,000,000 from the United States Treasury. The primary purpose of the Corporation is to guarantee the payment of pension plan benefits to participants if covered plans fail or go out of existence.

The bill repeats language that permits workload driven increases in obligational authority based on the number of new plan partici-

pants in plans terminated by the Corporation. In addition, the bill includes new language that permits similar workload driven increases to cover the investment management fees based on increases in assets received by the Corporation as a result of new plan terminations, after approval by the Office of Management and Budget and notification of the House and Senate Committees on Appropriations.

EMPLOYMENT STANDARDS ADMINISTRATION

SALARIES AND EXPENSES

(INCLUDING RESCISSION)

The Committee recommends $436,508,000 for this account, which is $15,637,000 above the fiscal year 2007 level and $11,151,000 below the budget request. The bill includes $434,397,000 in general funds for this account and contains authority to expend $2,111,000 from the Special Fund established by the Longshore and Harbor Workers' Compensation Act.

The Employment Standards Administration (ESA) is involved in the administration of numerous laws, including the Fair Labor Standards Act, the Immigration and Nationality Act, the Migrant and Seasonal Agricultural Workers' Protection Act, the Davis-Bacon Act, the Family and Medical Leave Act, the Federal Employees' Compensation Act, the Longshore and Harbor Workers' Compensation Act, and the Federal Mine Safety and Health Act (black lung provisions). The agency also administers Executive Order 11246 related to affirmative action by Federal contractors and the Labor-Management Reporting and Disclosure Act.

The Committee recommends a $5,000,000 increase for the wage and hour division (WHD) to support an additional 36 full time equivalents (FTE) for stronger enforcement activities in low-wage industries and the Gulf Coast region, as requested. Even with these new positions, the number of enforcement staff in the division will have declined by 12.6 percent from 1,528 in fiscal year 2001 to 1,336 in fiscal year 2008. The Committee sees this recommendation as a downpayment on a longer-term investment in rebuilding enforcement capacity.

The Committee is particularly concerned that WHD's investigations of low-wage industries have fallen precipitously, with dramatic declines in industries such as garment manufacturing, health care (especially nursing homes), and agriculture (especially poultry processing). The Committee directs the Department to target the additional resources provided to increase inspections and investigations of industries with high concentrations of low-wage and other vulnerable workers, and industries with high levels of wage and hour violations, including overtime violations. In hiring new investigators, WHD should frame position qualifications so as to increase the number of front-line investigators that are fluent in the languages of the workforces in which non-English-speaking workers predominate.

Within the agriculture industry, the Committee is concerned about the lack of WHD inspections of potential child labor violations. Current law permits children as young as 12 to work in the

fields under very specific limitations, such as non-hazardous work that occurs beyond school hours. However, WHD inspections to ensure that employers adhere to these restrictions are inconsistent at best. The Committee therefore encourages WHD to use its allocation within the bill to assign additional inspectors to monitor child labor law violations that occur in the fields. The Committee recommends that the Secretary of Labor, in collaboration with the Secretary of Agriculture, develop a plan to address child labor violations within the agriculture industry in order to increase compliance with child labor laws and requests that the plan be submitted to the House and Senate Committees on Appropriations by March 1, 2008.

The misclassification of employees as independent contractors undermines enforcement of the nation's worker protection laws and has cost the U.S. Treasury an estimated $35 billion between 1996 and 2004. Misclassification also deprives workers of critical benefits such as unemployment insurance, workers' compensation, Social Security, and Medicare, and important rights such as rights to family and medical leave, employee benefits, and a safe and nondiscriminatory workplace. The Committee requests that WHD compile a detailed report to the House and Senate Committees on Appropriations by March 1, 2008, on the Department's enforcement strategy on misclassification and the investigation activity to date in this area, including recovery of back pay and other compensatory measures, assessment of penalties, and policies for cross-referral of complaints to the Internal Revenue Service.

The Committee directs WHD to work with the U.S. Forest Service, the Department of Homeland Security and the Department of State on the issue of fair wages and compliance with safety regulations for Federal contractors that employ H–2B forestry workers, or "pineros." Of the estimated 66,000 guest workers in this country, forest workers are the second-largest group, after landscape laborers. Yet Federal forestry contractors often are in violation of basic wage and safety standards. The Forest Service is taking steps to compile a comprehensive database of forestry contractors, current and past violators, and registered H–2B forestry workers. As the Forest Service develops its database, the Committee directs WHD to populate the database with violations of wage disbursements, and to coordinate with the Department's Occupational Safety and Health Administration (OSHA), so as to include additional safety and health enforcement information pertaining to this population in the database. The Committee requests that the Department of Labor provide a report to the House and Senate Committees on Appropriations no later than March 1, 2008 on its enforcement activities regarding those contractors that employ pineros and have violated Federal employment and/or safety standards.

The Committee does not agree with the budget request to add additional positions for the office of labor-management standards (OLMS). Since 2001, OLMS staffing has increased by over 25 percent while staffing in other Employment Standards Administration divisions and other DOL enforcement agencies has dramatically declined. For example, the wage and hour division, which enforces minimum wage, overtime, and child labor laws, will have experienced a drop in staff of 12.6 percent since fiscal year 2001, even

with the additional resources provided for fiscal year 2008. The staff level at the office of federal contract compliance programs (OFCCP), which protects workers from unfair employment practices by Federal contractors, will have dropped by 23 percent from fiscal year 2001 to fiscal 2008. The Committee is concerned that Department's continued budget requests for additional staffing and funding for OLMS are at the expense of other priorities to protect workers' wages, hours, and working conditions. The Department's budget justification states that the acceptability rate for unions in meeting Labor-Management Reporting and Disclosure Act (LMRDA) reporting requirements is 96 percent. The Committee believes that adding resources for LMRDA enforcement is the wrong priority when enforcement activities in other areas of the Department of Labor have been neglected.

The Committee rescinds $70,000,000 of the unobligated funds collected pursuant to section 286(v) of the Immigration and Nationality Act. This amount is $20,000,000 more than the amount in the budget request, and reflects the Department's estimates of the unobligated balance at the end of fiscal year 2006. This action does not affect anticipated obligations for fiscal year 2007, nor does it affect fees to be collected in fiscal year 2008. The Department has recommended language to expand the authorized use of these funds for wage and hour investigations that is more appropriately addressed by the authorizing committees.

SPECIAL BENEFITS

(INCLUDING TRANSFER OF FUNDS)

The bill includes $203,000,000 for special benefits, which is $24,000,000 below the fiscal year 2007 appropriation and the same as the budget request. This appropriation primarily provides benefits under the Federal Employees' Compensation Act (FECA). The payments are required by law. In fiscal year 2008, an estimated 140,000 injured Federal workers or their survivors will file claims; 55,000 will receive long-term wage replacement benefits for job-related injuries, diseases, or death.

SPECIAL BENEFITS FOR DISABLED COAL MINERS

The Committee recommends an appropriation of $208,221,000 for special benefits for disabled coal miners, as requested. This amount is in addition to the $68,000,000 appropriated last year as an advance for the first quarter of fiscal year 2008. These funds are used to provide monthly benefits to coal miners disabled by black lung disease and to their widows and certain other dependents, as well as to pay related administrative costs.

The Committee recommends an advance appropriation of $62,000,000 for the first quarter of fiscal year 2009, which is the same as the budget request. These funds will ensure uninterrupted benefit payments to coal miners, their widows, and dependents.

The Black Lung Consolidation of Administrative Responsibility Act of 2002 amends the Black Lung Benefits Act to transfer part B black lung benefits responsibility from the Commissioner of Social Security to the Secretary of Labor.

ADMINISTRATIVE EXPENSES, ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION FUND

(INCLUDING TRANSFER OF FUNDS)

The Committee recommends $104,745,000 for the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) authorized by Title XXXVI of the National Defense Authorization Act of 2001. This amount is $2,438,000 above the fiscal year 2007 level and the same as the budget request. Funds will be used to administer the program that provides compensation to employees or survivors of employees of the Department of Energy (DOE), its contractors and subcontractors, companies that provided beryllium to DOE, and atomic weapons employees who suffer from a radiation-related cancer, beryllium-related disease, or chronic silicosis as a result of their work in producing or testing nuclear weapons, and uranium workers covered under the Radiation Exposure Compensation Act.

In addition to the $55,358,000 that the budget request indicates will be transferred for the National Institute of Occupational Safety and Health (NIOSH) within the Department of Health and Human Services for its activities, the bill directs that the Secretary provide, within 30 days of enactment, $4,500,000 to NIOSH for use by or in support of the advisory board on radiation and worker health to carry out its statutory responsibilities under EEOICPA, including obtaining audits, technical assistance and other support from the Board's audit contractor with regard to radiation dose estimation and reconstruction efforts, site profiles, procedures, and review of special exposure cohort petitions and evaluation reports.

BLACK LUNG DISABILITY TRUST FUND

(INCLUDING TRANSFER OF FUNDS)

The Committee recommends such sums as necessary for payment of benefits and interest on advances. The Committee estimates that $1,068,000,000 will be required for this account, which is $1,546,000 below the fiscal year 2007 level and the same as the Administration estimate.

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

The basic financing for the trust fund comes from a coal excise tax for underground and surface-mined coal. Additional funds come from reimbursement payments from mine operators for benefit payments made by the trust fund before the mine operator is found liable. The advances to the fund assure availability of necessary funds when liabilities may exceed other income. The Omnibus Budget Reconciliation Act of 1987 continues the current tax structure until 2014.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

The Committee recommends $503,516,000 for the Occupational Safety and Health Administration (OSHA), which is $16,591,000 above the fiscal year 2007 level and $13,239,000 above the budget request. This agency is responsible for enforcing the Occupational Safety and Health Act of 1970 in the nation's workplaces.

For Federal enforcement, the bill provides $190,128,000, an increase of $13,155,000 over fiscal year 2007. The Committee is concerned that the number of full time equivalents (FTE) dedicated to Federal enforcement has declined by 141, or 8.4 percent, from 1,683 in fiscal year 2001 to 1,542 in fiscal year 2007. No additional enforcement positions were proposed in the budget request. While it is not possible under funding constraints to totally erase the deficit of enforcement positions in one year, the Committee recommends $7,082,000 above the budget request to begin to restore the enforcement capacity of OSHA over the next several years. These funds will support an additional 47 positions in federal enforcement. The Committee intends that a portion of these positions be used to reestablish the capacity to conduct comprehensive process safety management (PSM) inspections. The Committee takes note of the Chemical Safety Board recommendations following the BP Texas City disaster and believes that OSHA needs to pursue comprehensive enforcement of its process safety management standard. The additional enforcement positions not dedicated to PSM should be used to begin to rebuild and enhance OSHA's overall enforcement capacity. The Committee urges OSHA to give special emphasis in its hiring and promotion activities to the number of bilingual inspectors. This action would allow OSHA to better address the disproportionately high number of injury and fatalities among immigrant workers. The Committee directs that OSHA provide reports to the House and Senate Committees on Appropriations not later than 90 days after enactment, and quarterly thereafter on OSHA's progress in filling these additional enforcement positions.

The Committee bill provides $75,566,000 for Federal compliance assistance, an increase of $2,907,000 over fiscal year 2007 and a decrease of $4,041,000 below the request, which targeted increased funds for the voluntary protection program. The Committee agrees with a March 2004 GAO report that recommended that OSHA's voluntary compliance strategies should not be expanded until they are fully evaluated. This evaluation is not possible until OSHA collects complete, comparable data that would enable a comparison of the relative effectiveness of these approaches. Therefore, the Committee directs OSHA to utilize a portion of the increased funds for federal compliance assistance to develop methodologies and to collect the data necessary for a full evaluation of the effectiveness of voluntary compliance programs.

The Committee is concerned about OSHA's lack of progress in developing and issuing important safety and health standards and the repeated failures to meet the agency's timetables for action announced in the semi-annual regulatory agendas. Thus, the Committee directs the Secretary to provide to the House and Senate

Appropriations Committees detailed timetables for the development and issuance of occupational safety and health standards on beryllium, silica, cranes and derricks, confined space entry in construction, and hazard communication global harmonization. Each of these standards has appeared on the Department's regulatory agenda over a period of years, yet deadlines have consistently slipped. In order to better understand the reasons for these delays, the reports, which shall be provided within 90 days of the enactment of this Act with updates provided every 90 days thereafter, shall include an explanation of the reasons for any delays in meeting the projected timetables for action.

The Committee is dissatisfied with OSHA's activities on ergonomics and the prevention of musculoskeletal disorders, which continue to be the leading cause of workplace injuries. The agency's comprehensive plan on ergonomics announced in 2002 has resulted in the issuance of only three industry guidelines, the last one issued in 2004, and only 17 general duty citations, the last one issued in 2005. The Committee directs the agency to enhance its activities by developing guidelines for the 13 other industries recommended by the national advisory committee on ergonomics in 2004, and to submit a timetable to the Committee specifying when these additional guidelines will be completed. The Committee expects the agency to step up enforcement on ergonomic hazards through the use of the general duty clause, as outlined in the Secretary of Labor's 2002 ergonomics plan, and to conduct follow-up inspections to determine if ergonomic hazards have been abated.

For the past four years, the Committee has included language in its report expressing disappointment and concern about the Department's lack of progress in completing rulemaking on the issue of payment for personal protective equipment (PPE), and urging OSHA to act expeditiously to issue the final rule. The Committee pointed out that the rule is particularly important for Hispanic workers who disproportionately work in low-wage hazardous jobs, and have a much higher fatality rate than other groups of workers. However, no action was taken and OSHA repeatedly missed the timetable for action set in its regulatory agenda. In response to a lawsuit filed in early 2007, OSHA has now announced that it will issue a final payment for PPE rule by the end of November 2007. However, OSHA has not committed to issue a final rule that maintains its longstanding policy that employers have the responsibility to pay for all safety equipment, with few exceptions. Given the Department of Labor's repeated failure to meet its announced deadlines, the bill includes a provision to ensure that these protections will finally be put in place.

The Committee is dissatisfied with OSHA's lack of action to ensure that health care workers and emergency responders will be adequately protected in the event of an influenza pandemic. The Department of Labor has denied a petition for an OSHA emergency standard on grounds that a pandemic has not yet occurred. Moreover, the guidelines issued by the Department in May fail to recognize the urgency of the problem or the responsibility of employers to provide adequate protections for health care workers. In addition, reliance on guidelines instead of standards eliminates the opportunity for public review and comment. The Committee believes

that it is important to plan and put protections in place before a pandemic occurs. The Committee asks that the Department reconsider the issuance of an emergency standard. The Committee directs the Department to, at a minimum, develop a permanent standard on an expedited basis to ensure that plans and measures to protect health care workers and responders from an outbreak of pandemic influenza are in place as soon as possible. The Committee directs that OSHA submit a report to the House and Senate Committees on Appropriations within 90 days of enactment, and quarterly thereafter, detailing its anticipated timeline for issuing a standard on an emergency or expedited basis, and its progress in meeting that timeline.

The Committee also believes that the OSHA response to serious health hazards posed by exposure to the chemical diacetyl, a butter flavoring agent used in microwave popcorn and other foods is inadequate. Despite urgent warnings from NIOSH that exposure to diacetyl poses a risk of a rare and fatal lung disease (bronchiolitis obliterans) and should be controlled, and a growing number of documented cases of the disease, OSHA has failed to act. There has been no response to a petition for an emergency standard filed last year by unions and health scientists. The Committee believes this matter warrants an emergency standard, but at a minimum, OSHA should develop a permanent standard on an expedited basis. Only recently has OSHA announced it will initiate a special emphasis program, but only for those establishments that manufacture butter-flavored microwave popcorn. The Committee understands that OSHA is also in the process of finalizing a national emphasis program that will expand enforcement activities beyond microwave popcorn plants to other food manufacturing and flavoring plants where diacetyl is used or produced, and that both emphasis programs will apply existing standards (including personal protective equipment, respiratory protection, and hazard communication), as well as OSHA's general duty authority, to require that exposures to this very toxic agent be controlled. The Committee directs that OSHA submit a report to the House and Senate Committees on Appropriations within 90 days of enactment, and quarterly thereafter, detailing its anticipated timeline for issuing a diacetyl standard on an emergency or expedited basis, and its progress in meeting that timeline. The Committee also requests that a separate report be provided no later than March 1, 2008, on the special and national emphasis programs, detailing the number of establishments inspected, citations issued, and follow-up activities taken to ensure that hazardous conditions are abated.

The bill includes $10,116,000 for the Susan Harwood training grant program, which is the same as the fiscal 2007 level. This program was not included in the budget request. The Committee is concerned that OSHA has again proposed elimination of this program, which supports worker safety and health training and education programs that are an important component of a comprehensive approach to worker protection. Within these funds, the bill provides $3,200,000 to extend funding for the institutional competency building training grants which commenced in September 2000 for program activities for the October 1, 2007, to September

30, 2008, period, provided that the grantees demonstrate satisfactory performance.

The May 12, 2007 incident involving a U.S. citizen with drug-resistant tuberculosis traveling via commercial airline demonstrates how serious this disease can be. Therefore, the bill does not include prior language prohibiting OSHA from enforcing the general industry respiratory protection standard for the annual fit testing of respirators for occupational exposure to tuberculosis (TB). OSHA's respiratory protection standard requires that respirators be provided to protect workers exposed to chemical and biological hazards. The Committee sees no reason to treat exposure to TB differently than exposure to all other hazards subject to OSHA's respirator standard. Annual fit testing of respirators for health care workers exposed to tuberculosis will also help protect these workers from other airborne infectious diseases. The Centers for Disease Control and Prevention (CDC) issued guidelines for preventing the transmission of tuberculosis in health care settings in December 2005. Those guidelines recommend that after a risk assessment is conducted to validate the need for respiratory protection, that fit testing should be performed during the initial respiratory protection program training, and that the period for testing thereafter be in accordance with the relevant Federal, State and local regulations. The Committee believes that it is appropriate that OSHA's respiratory protection standard apply to occupational exposure to tuberculosis and that the agency should not be further prevented from enforcing the annual fit testing requirements to address occupational exposure to tuberculosis in health care settings.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

The Committee recommends $313,478,000 for this agency, which is $11,908,000 above the fiscal year 2007 level and the same as the budget request. This agency enforces the Federal Mine Safety and Health Act in underground and surface coal and metal and nonmetal mines.

The Committee recommendation supports the retention of 170 inspector positions that MSHA reports it is on target to hire by the end of fiscal year 2007. The initial funding for these positions was provided in emergency supplemental appropriations for fiscal year 2006 following the coal mine tragedies in West Virginia and Kentucky. It is critical that MSHA maintain an adequate number of compliance inspectors, and the Committee is concerned by reports that the agency may be losing senior coal inspectors to retirement so swiftly that the plan to increase the inspector ranks could be jeopardized.

The Committee recognizes that passage of the Mine Improvement and New Emergency Response (MINER) Act in June 2006 is the first revision to Federal mine safety law since the Federal Mine Safety and Health Act became law in 1977. The Committee is concerned that progress on implementation of these provisions, which are critical to improving the safety of the nation's mines, has been slower than anticipated.

Thus, the Committee directs that the Secretary provide reports to the House and Senate Committees on Appropriations not later than 90 days after enactment, and quarterly thereafter on: (1) MSHA's progress in filling all allocated inspector positions, and completing the training of new inspectors, by district office; (2) MSHA's strategic plan for dealing with anticipated retirements from all positions during fiscal years 2008 through fiscal year 2012; (3) changes in the rate of employer contests, with particular regard to whether the formula used to determine the ratio of legal counsel to inspectors needs to be adjusted to ensure the office of the solicitor has resources consistent to ensure effective enforcement; (4) MSHA's progress in implementing the MINER Act, including the finalization of emergency response plans; and (5) information on resources devoted to emergency, ventilation and roof control plan reviews and approvals.

The Committee directs MSHA to provide annual reports on the random audits performed each year on mining machines and their certified components, starting with a report on fiscal year 2007 audits that shall be provided to the House and Senate Committees on Appropriations not later than 90 days after enactment. This report should also address agency recommendations to increase surveillance and enforcement of the misuse of "2G" tags, including the activities of repair and rebuilding shops.

The Committee concurs with the Department's plans to implement the Brookwood-Sago mine safety training grants and directs that no less than $500,000 be provided for the first round of these grants, which were authorized by the MINER Act.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

The Committee bill includes $576,118,000 for the Bureau of Labor Statistics (BLS), which is $27,995,000 above the fiscal year 2007 level and $1,675,000 above the budget request. The bill includes $497,854,000 in general funds for this account and authority to spend $78,264,000 from the employment security administration account of the Unemployment Trust Fund. The BLS is the principal fact-finding agency in the Federal government in the broad field of labor economics. Its principal surveys include the Consumer Price Index and the monthly unemployment series.

The bill provides that $5,000,000 may be used for the mass layoff statistics program under section 15 of the Wagner-Peyser Act. This program provides information on mass layoff actions that result in workers being separated from their jobs. This information is of assistance in identifying the causes and scope of worker dislocation and the characteristics of dislocated workers and can be used by the workforce investment and economic development systems in assisting employers and/or workers at the local level. The bill also continues language providing that the Current Employment Survey shall maintain content with respect to the collection of data for the women worker series.

The Committee recommends $192,599,000 for prices and cost of living, which is $450,000 above the budget request. While data are currently collected to measure changes in the cost of living by met-

ropolitan area, the Committee sees benefit in measuring the differences in the level of the cost of living for those areas and for States. The Committee includes $450,000 to develop a methodology for determining the cost of living by State that accounts for the different costs of housing, goods and services in each State. The Committee understands that BLS requires two years before it is able to transmit this methodology to the Congress, and requests that BLS provide an interim progress report as part of its fiscal year 2009 budget request. In addition, the Committee requests that the final report on a State-specific cost of living methodology include an estimate of what it would cost to implement the recommended methodology. That final report shall be provided to the House and Senate Committees on Appropriations no later than September 30, 2009.

Within the $86,084,000 provided for compensation and working conditions, the additional $1,225,000 above the request is to be used to conduct focused research studies on work-related injuries and illnesses. Such studies provide detailed information on the causes and means of preventing injuries and illnesses of particular concern, such as amputations, injuries and illnesses among truck drivers, and injuries and illnesses in high-risk industries. These types of studies were conducted previously by BLS through its work injury reports, but were largely suspended due to lack of resources. The additional funding over the request will help reestablish this useful series of reports, and provide important information to employers, researchers, and policymakers for their prevention activities.

OFFICE OF DISABILITY EMPLOYMENT POLICY

SALARIES AND EXPENSES

The Committee recommends $27,712,000 for the Office of Disability Employment Policy (ODEP), which is the same as the fiscal year 2007 level and $9,110,000 above the budget request. The Office provides policy guidance and leadership to eliminate employment barriers to people with disabilities.

The Administration only requested the funds necessary for the office to focus on its core mission of policy analysis, technical assistance, and the dissemination of effective practices that increase the employment opportunities for people with disabilities. The Committee believes that continuing the grant program will enhance the knowledge that will allow ODEP to provide optimal policy and technical assistance to the workforce investment system and its Federal partner agencies to ensure access and improve results for disabled customers.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

The Committee recommends $293,261,000 for departmental management activities, which is $5,659,000 below the fiscal year 2007 level and $39,025,000 above the budget request. This includes $292,943,000 in general funds, along with authority to transfer $318,000 from the employment security administration account of

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

Departmental management crosscut.—The Committee recommends a reduction of $250,000 below the request to eliminate the funds requested for competitive sourcing. This account is clearly not the only source of funds for this initiative. Significant resources have been spent by the Department over the last several years on contracting out government jobs. While the goal of this government-wide effort has been to make the government more efficient, OMB reports that in fiscal year 2006 government employees won competitions in more than 85 percent of the cases where competitive sourcing was used. The Committee has not seen compelling evidence of cost savings or increased efficiency achieved by competitive sourcing and is concerned that in some cases the competitions appear to encompass functions that could be considered inherently governmental or inappropriate for contractor performance. Therefore, the bill includes language providing that no funds appropriated in this title shall be used to carry out competitions under OMB Circular A–76 or any administrative directives on competitive sourcing until the Government Accountability Office (GAO) conducts a study of the Department's practices and the Committee has had 60 days to review GAO's recommendations. This moratorium does not affect the Department's ability to contract with the private sector for services not available in-house.

The Committee requests that GAO review the extent to which the Department has established a reliable and comprehensive system to track costs, savings, and the quality of work performed by contractors, as well as conducting an assessment of the Department's adherence to principles adopted in 2002 by the commercial activities panel chaired by the Comptroller General. Those principles include pursuing other methods to achieve a high performing workforce, establishing a fair process that would include allowing government employees to compete for new work, and the recognition that inherently governmental functions should be performed by Federal workers.

International Labor Affairs Bureau.—The Committee recommendation includes $72,516,000 for the international labor affairs bureau (ILAB), which is the same as the fiscal year 2007 level and $58,419,000 above the budget request. The Committee rejects the Administration's proposal to slash funding for ILAB by over 80 percent. In May 2006, the International Labor Organization (ILO) issued a report entitled "The End of Child Labor: Within Reach". The report states that child labor is in decline worldwide and that if the current pace of decline were to be sustained, the global commitment to stop child labor could feasibly eliminate most of the worst forms of this practice within 10 years. The Committee is therefore particularly concerned that the Department's budget request eliminates funding for child labor grants, including the U.S. contribution to sustain the successful efforts of the ILO's inter-

national program for the elimination of child labor. Withdrawing from these efforts would damage the credibility and reputation of the United States in the countries whose governments are real partners to the United States in this effort.

The Committee is aware of the ILO garment sector working conditions improvement project in Cambodia, and its success in improving worker conditions in garment factories, increasing worker and employer awareness of, and adherence to, core international labor standards and the rights of workers under Cambodian labor law. Another model which has not been linked directly to trade, but which has helped to address human rights issues in Central America, is the ombudsperson model. The Committee believes that some combination of these approaches could be helpful in other countries. Accordingly, the bill designates $5,000,000 within ILAB for activities to adapt these model programs to address worker rights in countries with trade preference programs with the United States. The Committee believes that implementation of this activity should be done in consultation with the Department of State.

Women's Bureau.—The Committee recommends $10,500,000 for the women's bureau, which is $834,000 over fiscal year 2007 and $668,000 over the request. The Committee encourages the women's bureau to continue to support national networks for women's employment that advance women in the workplace through education and advocacy. The Committee believes that organizations that continue to exceed annual performance goals and that are strategically aligned with the goals of the women's bureau deserve increased support.

Pandemic influenza preparedness.—The Secretary of Labor's role in pandemic influenza preparedness goes beyond the health and safety standards for health care workers and emergency responders discussed earlier in this report. The national strategy for pandemic influenza implementation plan recognizes that an influenze pandemic would have a government- and society-wide impact. The health and economic impact of a pandemic on the U.S. workforce would be profound. The American workforce would face illness, death, and significant health care expenses, as well as potential job loss due to business closures due to breakdowns in the supply chain or due to public health measures (such as banning of large public gatherings or quarantine orders). In addition, with shortages of workers due to absence for illness or to care for family members, or to comply with public health orders, some businesses or critical industries may face challenges complying with existing workplace regulations (e.g., wage and hour rules or staffing requirements). The national strategy plan states that "the Secretary of Labor will be responsible for promoting the health, safety, and welfare of employees and tracking changes in employment, prices, and other economic measurements." The Committee therefore requests that the Secretary submit a report to the House and Senate Committees on Appropriations by March 1, 2008 addressing the policy and regulatory issues under the Department's jurisdiction that would require review and adaptation in response to a pandemic, including, but not limited to, the Occupational Safety and Health Act, the Fair Labor Standards Act, the Family and Medical Leave Act, and disaster unemployment assistance.

Disparity in rates of unemployment.—The Committee notes with concern the continuing disparity in rates of unemployment for certain minority groups (including African Americans, Latinos, and Native Americans) and directs the Secretary to report to the House and Senate Committees on Appropriations by March 1, 2008 with a specific plan for addressing this problem.

OFFICE OF JOB CORPS

The Committee recommends $1,649,476,000 for Job Corps, which is $42,621,000 over fiscal year 2007 and $98,232,000 above the request on a comparable basis. The Job Corps, authorized by the Workforce Investment Act of 1998, is a nationwide network of residential facilities chartered by Federal law to provide a comprehensive and intensive array of training, job placement, and support services to at-risk young adults. The mission of Job Corps is to attract eligible young adults, teach them the skills they need to become employable and independent, and place them in meaningful jobs or further education. Participation in the program is open to people in the 16 to 24 age range who are unemployed, have dropped out of school, or who are at risk of being involved in the criminal corrections system.

The bill includes provisions transferring Job Corps operations, construction and renovation funding from the training and employment services account to the Office of the Secretary to reflect the current organizational status of the program. The Committee does not agree with the budget request to return Job Corps to the Employment and Training Administration. The bill therefore transfers $28,872,000 for Job Corps administration from Employment and Training Administration program administration to the Office of the Secretary. The bill also includes language that provides contracting authority to the Office of Job Corps.

For Job Corps operations the Committee recommends $1,507,684,000, which is $37,327,000 above the level for fiscal year 2007 and $85,312,000 above the budget request. Of the amount recommended, $916,684,000 is available for the period July 1, 2008 through June 30, 2009, and $591,000,000 is available for the period October 1, 2008 through June 30, 2009. The Committee does not agree with the budget request to reduce Job Corps slots by 4,310, reducing opportunities for disadvantaged youth who are left behind by traditional education programs to benefit from participation in Job Corps. Rather, the Committee's recommended increase in operations funding is designed to support 44,791 student training slots, reflecting an increase of 300 slots above the fiscal year 2007 level to accommodate the opening of a new center during fiscal year 2008. The bill includes a provision that this new student training slot level be achieved by the end of program year 2008.

The Committee is concerned that enrollment levels be maintained, and believes that an appropriate mix of national, regional and facility-specific outreach and recruitment strategies is needed to address this issue. Given the fact that the Job Corps only has the capacity to serve one percent of the over six million youth in our country that have been left behind by traditional education programs, the Committee is concerned that all available slots be filled. The Committee understands that there has been an ongoing

assessment of outreach and recruitment strategies and directs the Department to submit a report to the House and Senate Committees on Appropriations within 90 days of enactment outlining the strategies that the Office of Job Corps believes are necessary to address the issue of maintaining enrollment levels. The Committee requests that the report address concerns that the failure to transfer public affairs and public information staff from the Employment and Training Administration to the Office of Job Corps may be impeding critical outreach and recruitment activities.

The Committee understands that there is an ongoing need within Job Corps to make the salaries of academic and vocational instructors competitive with those of comparable institutions. The Committee agrees with the Department's plan to use $5,000,000 to provide a 5 percent increase in teacher salaries, in addition to the 2.5 percent increase in teacher salaries provided in fiscal year 2006 and the 2.5 percent increase scheduled for fiscal year 2007.

The Committee recognizes the importance of training and education for the construction industry and urges the Department to continue its partnerships to train Job Corps youth for careers in construction, including the high growth residential construction industry. The Committee encourages the Department to identify sites for potential expansion of construction trades training by employer-based industry groups and labor-management partnerships, so as to increase its capacity to address the workforce needs of this high growth industry. Increasing the number of students benefiting from industry-recognized training can help alleviate the shortage of skilled workers in this industry and further the goal of American homeownership.

The bill provides $112,920,000 for construction and renovation, which is $5,000,000 above the fiscal year 2007 level and $12,920,000 above the budget request. Of the amount recommended, $12,920,000 is available from July 1, 2008 through June 30, 2011, and $100,000,000 is available for the period October 1, 2008 through June 30, 2011.

Included in the amount for construction and renovation is $5,000,000 for a competitive program for existing Job Corp Centers to establish child care development centers. Historically, low-income young people with children have been the most difficult to serve population in Job Corps. Further expanding child care services on Job Corps campuses will enable more economically disadvantaged single parents to obtain the education, training, and parenting skills needed to make a better life for their children and for themselves. The Committee's recommendation includes this $5,000,000 as part of its initiative to help reduce the number of abortions in America by alleviating the economic pressures and other real life conditions that can sometimes cause women to decide not to carry their pregnancies to term.

The bill continues a provision to prohibit the use of Job Corps funding for compensation of an individual that is not a Federal employee at a rate in excess of Executive Level I. The Committee bill continues a provision providing that no funds from any other appropriation shall be used to provide meal services at or for Job Corps centers.

VETERANS EMPLOYMENT AND TRAINING

The Committee recommends $228,198,000 for veteran employment and training activities, which is $5,009,000 above the fiscal year 2007 level and $102,000 above the budget request. Within this amount, $197,143,000 is to be expended from the employment security administration account of the Unemployment Trust Fund for the State and Federal administration of veterans' employment and training activities, which includes the funding of local veterans' employment representatives and disabled veteran's outreach specialists who provide services to meet the employment needs of eligible veterans.

Funding for the veterans workforce investment program is provided at the fiscal year 2007 level, which is $84,000 more than the budget request. For the homeless veteran's reintegration program that has shown success in getting veterans who are homeless back into the economic mainstream, $23,620,000 is provided, which is an increase of $1,181,000 over fiscal year 2007 and the same as the budget request. The Committee supports the efforts within both the homeless veterans program and the State grant program to address the employment needs of incarcerated veterans to assure their successful reintegration into the community.

OFFICE OF THE INSPECTOR GENERAL

The Committee recommends $78,658,000 for the Office of the Inspector General (OIG), which is $5,892,000 above the fiscal year 2007 level and the same as the budget request. This includes $72,929,000 in general funds along with the authority to transfer $5,729,000 from the employment security administration account of the Unemployment Trust Fund.

The OIG was created by law to protect the integrity of Departmental programs as well as the welfare of beneficiaries served by those programs. Through a program of audits, investigations, and program evaluations, the OIG attempts to reduce the incidence of fraud, waste, abuse, and mismanagement, and to promote economy, efficiency, and effectiveness throughout the Department.

WORKING CAPITAL FUND

The Committee includes no direct appropriation for the working capital fund (WCF) for fiscal year 2008. For fiscal year 2007, $6,168,000 was provided. The Administration requested $12,000,000 for fiscal year 2008.

The Committee understands that the Department has completed a cost benefit analysis of options for the new core accounting system. The Committee requests that when a decision is made on the most viable alternative for implementing a new financial management solution for the Department, information on this solution be provided to the House and Senate Committees on Appropriations, together with a revised implementation schedule.

In previous years, the Committee has provided direct appropriations for the Department of Labor working capital fund. However, other Federal departments have self-sustaining working capital funds, and providing direct appropriations is inconsistent with the treatment of these entities. The purpose of a working capital fund

is to generate sufficient revenue to cover the full cost of operations, and to finance its continuing operations without direct appropriations.

GENERAL PROVISIONS

(INCLUDING TRANSFER OF FUNDS)

Sec. 101. The Committee modifies a prior provision to permit transfers of up to one percent between programs, projects or activities.

Sec. 102. The Committee repeats a prohibition on the purchase of goods that were in any part produced by indentured children.

Sec. 103. The Committee repeats a provision requiring the Secretary to issue a monthly transit subsidy (of not less than $110) to each of the Department's eligible employees in the National Capital region.

Sec. 104. The Committee requires the Department to report to the Committees on Appropriations on its plan for the use of demonstration, pilot, multiservice, research and multi-State projects under the Workforce Investment Act, including the up to 10 percent set-aside within the dislocated workers assistance national reserve, prior to the obligation of funds for these activities.

Sec. 105. The Committee repeats a provision in the 2007 Continuing Appropriations Resolution that requires the Secretary of Labor to award community-based job training initiative grants and grants for training and employment in high growth industries on a competitive basis.

Sec. 106. The Committee directs that grants made from funds available to the Department under the American Competitiveness and Workforce Improvement Act be used only for training activities in the occupations and industries for which employers use the visas that generate these funds, and that related activities be limited to those necessary to support such training. The bill does not apply this restriction to competitive grant awards made in response to solicitations issued prior to April 15, 2007, or to the grants that may be made under the provisions of section 107 of this title.

Sec. 107. The Committee provides that up to $20,000,000 of the funds available to the Department under section 414(c) the American Competitiveness and Workforce Improvement Act of 1998 may be used for grants to States for activities that enable trade adjustment assistance (TAA) participants and dislocated workers awaiting TAA certification to benefit from the health coverage tax credit authorized by the Trade Adjustment Assistance Reform Act of 2002.

Sec. 108. The Committee modifies a prior provision directing that the Department take no action to amend or to modify the definition of administrative costs, or the procedure for redesignation of local workforce investment areas until such time as legislation reauthorizing the Act is enacted. This provision is not intended to permit or require the Secretary of Labor to withdraw approval for such redesignation for a State that received approval not later than January 2, 2006.

Sec. 109. The Committee retains language included in the 2007 Continuing Appropriations Resolution that prohibits use of funds to

finalize or implement regulations under the Workforce Investment Act of 1998, the Wagner-Peyser Act of 1933, or the Trade Adjustment Assistance Reform Act of 2002, until such time as legislation reauthorizing the Workforce Investment Act or the Trade Adjustment Act is enacted. The Committee expects that while the Congress considers the reauthorization of these Acts, the Administration will refrain from unilateral changes to the administration, operation, and financing of employment and training programs.

Sec. 110. The Committee has included language requiring the Secretary of Labor to issue a final standard on employer payment for personal protective equipment (PPE) under the Occupational Safety and Health Act by November 30, 2007 that is to be no less protective than the proposed rule published on March 31, 1999. The bill provides that, in the event this final standard is not issued by November 30, 2007, the proposed rule shall become effective.

Sec. 111. The Committee has included language that prohibits the use of funds in this title to carry out competitive sourcing activities at the Department of Labor under OMB Circular A–76 until 60 days after the Committee receives a report by the Government Accountability Office.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HEALTH RESOURCES AND SERVICES

The Committee includes a program level total of $7,080,709,000 for health resources and services programs, which is $665,007,000 above the fiscal year 2007 funding level for these activities and $1,259,904,000 above the budget request. The Health Resources and Services Administration (HRSA) supports programs which provide health services to disadvantaged, medically underserved, and special populations; decrease infant mortality rates; assist in the education of health professionals; and provide technical assistance regarding the utilization of health resources and facilities.

Community health centers

As described in the "Increasing Access to Health Care for the Uninsured" initiative in the front of the report, the Committee provides $2,188,000,000 for community health centers (CHC), which is $199,961,000 above the fiscal year 2007 funding level and $199,533,000 above the budget request. These funds support programs which include community health centers, migrant health centers, health care for the homeless, and public housing health service grants. The increase provided in the bill will support the care of approximately one million additional patients, a 5.7 percent increase over the 16 million patients currently served in over 4,000 sites nationwide.

The Committee supports continued efforts to expand the health centers program into those areas of the country without current access to a health center. The Committee urges HRSA to implement such an expansion to address the lack of access in the neediest communities of the country, and not to limit new funding to certain

geographic areas, such as counties. The Committee has rejected bill language requested by the Administration setting aside $26,000,000 for high-poverty counties. Further, the Committee urges HRSA to make funding available to increase capacity at existing centers, and for service expansion awards adding or expanding mental health services, dental services, and pharmacy services at community health centers. HRSA should also use a portion of the increased funding to provide planning grants to help communities develop their plans for future applications. The Committee expects HRSA to implement any new expansion initiative using the existing, and statutorily-required, proportionality for urban and rural communities, as well as migrant, homeless, and public housing health centers.

Within the amount provided, $35,000,000 is included in bill language for base grant adjustments. These funds are intended to graphic the rising cost of health care at existing centers and to resolve specific financial situations beyond the control of the local health center, such as unusual increases in the number of uninsured patients seeking care. While the Committee fully supports the expansion of the CHC program, it recognizes the narrow operating margins of most health centers.

The Committee rejects the Administration's budget proposal to cancel the funding in the health centers loan guarantee program. This loan authority is important to give centers access to capital for infrastructure improvements.

The Committee recognizes the importance of increasing the use of health information technology (IT) at health centers. Health centers have demonstrated improved access to services, improved quality of care and improved patient outcomes by utilizing electronic health records and other health information technology (HIT) tools through their participation in health center controlled network initiatives, and other quality improvement initiatives such as the health disparities collaboratives. Given this success, the Committee urges HRSA to ensure that health centers have adequate resources to establish and expand health IT systems in order to further enhance the delivery of cost-effective, quality health care services.

The Committee recognizes the important role of CHCs in caring for people living with or at risk for hepatitis C (HCV). The Committee encourages the Bureau of Primary Care to increase health centers' capacity for delivery of medical management and treatment of HCV by implementing training and technical assistance initiatives, so that health centers are able to increase hepatitis C counseling, testing, medical management, and treatment services to meet the healthcare priorities of their respective communities.

The Committee encourages HRSA to continue its support of the National Center for Frontier Communities.

State health access grants

As described in the "Increasing Access to Health Care for the Uninsured" initiative section in the front of the report, the Committee bill provides $75,000,000 for State health access grants to begin to address the problems faced by the 46.6 million uninsured in our country. Grants would be awarded competitively to States that demonstrate they have a program design ready to implement and

that they have achieved the necessary State and local statutory or regulatory changes. States that have already developed a comprehensive health insurance access program would not be eligible to apply. The types of activities that could be supported through this grant include:

- "three share" community coverage (employer, State or local government, and the individual);
- reinsurance plans that subsidize a certain share of carrier losses within a certain risk corridor;
- subsidized high risk insurance pools;
- health insurance premium assistance;
- creation of a state insurance "connector" authority to develop new, less expensive, portable benefit packages for small employers and part-time and seasonal workers;
- development of statewide or automated enrollment systems for public assistance programs; and
- innovative strategies to insure low-income childless adults

Two types of State grants would be available: target grants ($2,000,000–4,000,000 annually per State) for States that choose to target particular populations such as uninsured children, small business employees, or uninsured seniors; or comprehensive grants ($7,000,000–10,000,000 annually per State) for large States or those that are planning more extensive coverage initiatives. The Committee intends that each grant be awarded based on a three-year grant period, subject to the availability of funds, with funding distributed each year based on attaining benchmarks that would be designated in the grant award. States shall be required to demonstrate their seriousness of intent by matching twenty percent of the Federal grant through non-Federal resources, which could be a combination of State, local, and private dollars from insurers and providers. Waiver of the matching requirement shall be possible if financial hardship is demonstrated. States shall also be required to demonstrate their ability to sustain the program without Federal funding after the end of the three-year grant period. HRSA should consider geographic diversity in the allocation of these awards.

States shall be required to report to HRSA the impact and results of their demonstration project at the conclusion of the three-year grant period. HRSA is encouraged to convene grantees periodically throughout the period of their award to share information with each other about their program experiences and gain ideas for refinement of their programs. The Committee directs that HRSA submit a comprehensive report to the Appropriations Committees of the House and Senate about the outcomes and lessons learned from each of the State demonstrations eighteen months after the three-year grant period ends.

Free clinics medical malpractice

The Committee provides $40,000 for payments of claims under the Federal Tort Claims Act to be made available for volunteer free clinic health care professionals, which is $1,000 below the fiscal year 2007 funding level and $60,000 below the budget request. The program extends Federal Tort Claims Act coverage to health care professional volunteers in free clinics in order to expand access to health care services to low-income individuals in medically under-

served areas. A free clinic must apply, consistent with the provisions applicable to community health centers, to have each health care professional "deemed" an employee of the Public Health Service, and therefore eligible for coverage under the Federal Tort Claims Act. To date, 65 applications from free clinics have been approved and almost 1,700 volunteer practitioners have been deemed.

National Hansen's disease program

The Committee provides $16,109,000 for the National Hansen's disease program, which is $137,000 above the fiscal year 2007 funding level and the same as the budget request. This program offers Hansen's disease treatment to 11 long-term residents who continue to receive care from the National Hansen's Disease Center and to others who receive care from grant-supported outpatient regional clinics. Other former long-term residents have been offered and elected to receive a living allowance from the program and now live independently. These programs provide treatment to about 3,000 of the 6,000 Hansen's disease sufferers in the continental United States.

National Hansen's disease program—buildings and facilities

The Committee provides $100,000 for National Hansen's disease buildings and facilities, which is $120,000 below the fiscal year 2007 funding level and the same as the budget request. These funds are used to finance the repair and upkeep of buildings at the Gillis W. Long Hansen's Disease Center at Carville, Louisiana.

Payment to Hawaii for treatment of Hansen's disease

The Committee provides $1,996,000 for the treatment of persons with Hansen's disease in the State of Hawaii, which is the same as the fiscal year 2007 funding level and $20,000 more than the budget request. The program, which provides a partial matching payment to the State of Hawaii, dates to the period of Father Damien's facility for sufferers of Hansen's disease. That facility now has less than 40 residents who live there by choice, and the grounds have been converted to a historical site. Most patients diagnosed with Hansen's disease in Hawaii are now treated in the same manner as new patients on the mainland; their care is handled on an out-patient basis, with the program paying for 256 active ambulatory Hansen's disease cases.

National Health Service Corps: Field placements

The Committee provides $40,443,000 for field placements, which is the same as the fiscal year 2007 funding level and $9,714,000 above the budget request. These funds are used to support the activities of National Health Service Corps (NHSC) obligors and volunteers in the field, including travel and transportation costs of assignees, training and education, recruitment of students, residents and clinicians, and retention activities. Salary costs of most new assignees are paid by the employing entity. The Committee feels it is important to maintain NHSC field placement strength to support the recruitment and mentoring of clinicians and to encourage their retention. Thus, the Committee rejects the Administration's proposal to cut the program. The NHSC supports 4,600 clinicians

across the country who provide medical and dental services to four million people in low-income and underserved communities.

The Committee is pleased by the increasing proportion of NHSC assignees being placed at community, migrant, homeless, and public housing health centers. The Committee encourages HRSA to further expand this effort to ensure that health centers have access to a sufficient level of health professionals through the NHSC, especially given recent efforts to expand the health centers program.

National Health Service Corps: Recruitment

The Committee provides $91,057,000 for recruitment activities, which is $5,827,000 above the fiscal year 2007 funding level and the budget request. The program awards scholarships to health professions students and assists graduates in repaying their student loans. In return for every year of support, these individuals are obligated to provide a year of service in health professional shortage areas of greatest need. The minimum obligation is two years. This funding will support the recruitment of more than 1,700 practitioners through the loan repayment and scholarship programs.

Health professions

The Committee provides $393,920,000 for all health professions training programs, which is $59,495,000 above the fiscal year 2007 funding level and $278,880,000 above the budget request. The Committee rejects the rescission proposals included in the budget request that would cancel unobligated balances available at institutions of higher education with a student loan revolving fund.

Training for diversity

As the first step in a continuing restoration and expansion of the diversity programs, the Committee provides $104,817,000, which is $41,031,000 or 64.3 percent above the fiscal year 2007 level and $95,084,000 above the budget request. The Committee is acutely aware of the needs identified in the landmark Institute of Medicine report, "Unequal Treatment," which issued recommendations to begin closing the profound gaps that exist in health care delivery and treatment. The report recommended increases in these diversity programs because they are the pipeline for training minority students in the health professions to serve in medically underserved communities.

Centers of excellence

The Committee provides $28,431,000 for centers of excellence, which is $16,551,000 above the fiscal year 2007 funding level. The budget request does not include funding for this program. The program is designed to strengthen the national capacity to educate underrepresented minority (URM) students in the health professions by offering special support to those institutions which train a significant number of URM individuals. Funds are used for the recruitment and retention of students and faculty, information resources and curricula, faculty and student research, and the development of plans to achieve institutional improvements. This increase will permit HRSA to fund the four centers of excellence at

historically black colleges and universities as well as approximately six Hispanic, Native American, and other centers of excellence. The Committee is pleased that HRSA has re-focused the centers of excellence program on providing support to historically minority health professions institutions. The Committee recognizes the important role of this program in supporting faculty and other academic programs at minority institutions.

Health careers opportunity program

The Committee provides $28,440,000 for the health careers opportunity program, which is $24,480,000 above the fiscal year 2007 funding level. The budget request does not include funding for this program. The program provides grants to eligible schools and health educational entities with the goal of increasing the number of disadvantaged students entering health and allied health professions programs. The additional funds provided will increase the size of the program six-fold, permitting the award of as many as 24 additional grants to operate programs that prepare disadvantaged students at the earliest levels of the educational pipeline for careers in health and allied health professions. The Committee urges HRSA to give priority consideration to awarding grants to those institutions with an historic mission of training minorities in the health professions.

Faculty loan repayment

The Committee provides $1,289,000 for the faculty loan repayment program, which is the same as the fiscal year 2007 funding level. The budget request does not include funding for this program. The program provides loan repayment for disadvantaged health professions students who serve as faculty for a minimum of two years. Their institutions are also required to make matching payments. The funding provided will support approximately thirty faculty with loan repayments of up to $20,000 per year.

Scholarships for disadvantaged students

The Committee provides $46,657,000 for scholarships for disadvantaged students, which is the same as the fiscal year 2007 funding level and $36,924,000 above the budget request. The program provides grants to eligible health professions and nursing schools to provide scholarships to eligible individuals from disadvantaged backgrounds, including students who are members of racial and ethnic minority groups. By statute, not less than 16 percent of the funds must go to schools of nursing. This funding level will permit over 15,000 students to receive scholarships.

Training in primary care and dentistry

The Committee provides $48,851,000 for training in primary care and dentistry, which is the same as the fiscal year 2007 funding level. The budget request does not include funding for this program. The training program is comprised of four elements: (1) family medicine; (2) general internal medicine and general pediatrics; (3) physician assistants; and (4) general and pediatric dentistry. The Committee intends that the general and pediatric dentistry

programs receive the same amount as was provided under the 2007 joint continuing funding resolution.

Area health education centers

The Committee provides $31,200,000 for area health education centers (AHEC) program, which is $2,519,000 above the fiscal year 2007 funding level. The budget request does not include funding for this program. The program provides cooperative agreements to medical and nursing schools to encourage the establishment and maintenance of community-based training programs in off-campus rural and underserved areas. Emphasis is also placed on enhancing the diversity of the health personnel workforce and improving the practice environment and the quality of care available in underserved areas. This funding increase will permit the AHECs, which operate in 46 States, to expand their networks of community-based training programs.

Allied health and other disciplines

The Committee provides $3,960,000 for allied health and other disciplines, which is the same as the fiscal year 2007 funding level. The budget request does not include funding for this program. The program assists eligible entities in meeting the costs associated with graduate psychology and chiropractic programs.

The Committee recognizes the importance of the graduate psychology education program, which provides interdisciplinary training for health service psychologists to provide mental and behavioral health care services to underserved populations, such as older adults, children, chronically ill persons, and victims of abuse or trauma, including returning military personnel. The need for behavioral and mental health services in an integrated health care system is significant and well documented. While being trained in both rural and urban communities, trainees also provide direct services to those who would otherwise not receive them. Since its establishment six years ago, trainees have worked with over thirty health professions and medical specialties. In addition, the program has increased the rate of students entering into and staying to practice in underserved areas following completion. Therefore, the Committee encourages HRSA to strengthen funding for the existing twenty grantees.

Geriatric programs

The Committee provides $31,548,000 for geriatric programs, which is the same as the fiscal year 2007 funding level. Funding for these programs is not included in the fiscal year 2008 budget request. The geriatric programs are comprised of three activities: (1) geriatric education centers; (2) the geriatric training program for physicians, dentists, and behavioral and mental health professionals; and (3) geriatric academic career awards. This funding supports about fifty geriatric education centers and training of 50,000 health care providers.

Public health, preventive medicine, and dental public health programs

The Committee provides $7,920,000 for public health, preventive medicine, and dental public health programs, which is the same as the fiscal year 2007 funding level. Funding for these programs is not included in the budget request. The program awards grants to support the education and training of the public health workforce to deal with new and unanticipated problems and to place these specialists in underserved areas. This funding will support approximately 8,000 students with traineeships and medical residents.

Nurse training programs

The bill provides $165,624,000, which is an increase of $15,945,000 or 10.7 percent over fiscal year 2007 and $60,317,000 over the budget request for nursing education programs. The Committee strongly disagrees with the President's request to cut these programs despite America's nursing shortage, which is projected to deepen—to over 1 million nurses—in the next decade without significant investment to train new nurses. This growing nursing shortage is having a detrimental impact on the entire health care system. Numerous studies have shown that nursing shortages contribute to medical errors, poor patient outcomes, and increased mortality rates. The aging of the baby boom generation increases the urgency of addressing the nursing shortage, since the boomers will require more nursing services as they age at the same time as many nurses—who are themselves members of the baby boom—retire. The increase provided in the bill provides a first step towards alleviating the long-term nursing shortage.

Advanced education nursing

The Committee provides $57,061,000 for advanced education nursing, which is the same as the fiscal year 2007 funding level. The President's budget does not include funds for this program. The program provides grant support to eligible entities to meet the costs of: (1) projects that support the enhancement of advanced nursing education and practice; and (2) traineeships for individuals in advanced nursing education programs. The program prepares registered nurses as nurse faculty, nurse practitioners, clinical nurse specialists, nurse midwives, nurse anesthetists, nurse administrators, public health nurses, and other nurse specialists for advanced practice roles. In fiscal year 2008, almost 3,000 students and 9,000 trainees will be supported.

Nurse education, practice and retention

The Committee provides $37,291,000 for nurse education, practice, and retention, which is the same as the fiscal year 2007 funding level and the budget request. The nurse education, practice and retention program is a broad authority with targeted purposes under three priority areas—education, practice and retention—in response to the growing nursing shortage. Fiscal year 2008 funding will support approximately 20 baccalaureate projects targeting expanded enrollment, 40 career ladder mobility projects, and almost 30 enhanced patient care delivery system projects.

Nursing workforce diversity

The Committee provides $16,107,000 for nursing workforce diversity, which is the same as the fiscal year 2007 funding level and the budget request. The program provides grants and contracts to schools of nursing and other eligible entities to meet the costs of special projects to increase nursing education opportunities for individuals who are from disadvantaged backgrounds, including racial and ethnic minorities, by providing student scholarships or stipends, pre-entry preparation, and retention activities. The program also contributes to the basic preparation of disadvantaged and minority nurses for leadership positions within the nursing and health care community. In fiscal year 2008, almost 21,000 minority students, 3,000 nursing program students, and 3,000 college pre-entry nursing students are expected to participate in the program. Almost 500 will receive scholarships.

Loan repayment and scholarship program

The Committee provides $44,000,000 for the nurse loan repayment and scholarship program, which is $12,945,000 above the fiscal year 2007 funding level and $256,000 above the budget request. This program offers student loan repayment to nurses or scholarships to nursing students in exchange for an agreement to serve not less than two years at a health care facility with a critical shortage of nurses. This funding will provide more than 1,000 loan repayment agreements and almost 300 scholarships.

Comprehensive geriatric nurse education

The Committee provides $3,392,000 for comprehensive geriatric nurse education, which is the same as the fiscal year 2007 funding level and the budget request. The comprehensive geriatric education program supports grants for (1) providing training to individuals who will provide geriatric care for the elderly; (2) develop and disseminate curricula relating to the treatment of the health care problems of elderly individuals; (3) train faculty members in geriatrics; or (4) provide continuing education to individuals who provide geriatric care. Nineteen training projects are expected to be funded in fiscal year 2008.

Nursing faculty loan program

The Committee provides $7,773,000 for the nursing faculty loan program, which is $3,000,000 above the fiscal year 2007 funding level and the budget request. The nursing faculty loan program supports the development of a student loan fund in schools of nursing to increase the number of qualified nursing faculty. Students may receive loans up to $30,000 per year for a maximum of 5 years. The program has a cancellation provision for up to 85 percent of the loan for recipients working full-time as nursing faculty for a period of 4 years. Fiscal year 2008 funding is expected to support grants to 67 institutions which operate loan funds.

The Committee recognizes that the growing nurse faculty shortage is directly linked to the nationwide shortage of registered nurses. According to the American Association of Colleges of Nursing's 2006–2007 survey, almost three quarters of the nursing schools offering baccalaureate and graduate nursing programs

pointed to faculty shortages as a major reason for turning away nearly 43,000 qualified applicants. In addition, the average ages of doctoral-prepared nurse faculty holding the ranks of professor, associate professor, and assistant professors are 59, 56, and 52 years, respectively. A wave of nurse faculty retirements is projected for the next ten years that will only worsen the crisis. The Committee urges the Secretary of Health and Human Services to continue efforts to address the nurse faculty shortage as well as the impending retirements of nurse faculty.

Children's hospitals graduate medical education payment program

The Committee provides $307,009,000 for the children's hospitals graduate medical education payment program, which is $10,000,000 above the fiscal year 2007 funding level and $196,991,000 above the budget request. The program provides support for graduate medical education training in children's teaching hospitals that have a separate Medicare provider number ("free-standing" children's hospitals). The funding in this program is intended to make the level of Federal graduate medical education support more consistent with other teaching hospitals, including children's hospitals which share provider numbers with other teaching hospitals. Payments are determined by formula, based on a national per-resident amount. Payments support training of resident physicians as defined by Medicare in both ambulatory and inpatient settings. The Committee believes this program is important to restoring the reimbursement inequity faced by pediatric hospitals, which provide high quality care to children with difficult and expensive conditions. This program supports 61 free-standing children's hospitals and the training of more than 5,100 medical residents on and off-site.

National practitioner data bank

The Committee does not provide funding for the national practitioner data bank for fiscal year 2008, which is the same as both the fiscal year 2007 appropriation and the budget request. The Committee recommendation and the budget request assume that the data bank will be self-supporting, with collections of $18,900,000 in user fees. Traditional bill language is included to ensure that user fees are collected to cover the full costs of the data bank operations. The national data bank receives, stores, and disseminates information on paid medical malpractice judgments and settlements, sanctions taken by Boards of Medical Examiners, losses of membership in professional societies, and certain professional review actions taken by health care entities. Insurance companies, State licensure boards and authorities, and other health care entities and professional societies are required to report information to the data bank within 30 days of each action. The coverage of the data bank includes dentists and physicians, and, with respect to malpractice settlements and judgments, other categories of licensed health professionals. Hospitals are required to search the data bank when a health care provider applies for employment and once every two years thereafter. State licensing boards, other health care entities, licensing authorities, and professional societies

also have access to the data bank. In fiscal year 2006, the board processed more than 3,600,000 queries.

Health care integrity and protection data bank

The Committee does not provide funding for the health care integrity and protection data bank (HIPDB) for fiscal year 2008. The Committee recommendation and the budget request assume that the data bank will be self-supporting, with collections of $4,000,000 in user fees. Traditional bill language is included to ensure that user fees are collected to cover the full costs of the data bank operations. HIPDB receives, stores, and disseminates information on final adverse actions taken against health care providers, suppliers, and practitioners, health care related civil judgments and criminal convictions. This information is collected from and made available to Government agencies and health plans. In fiscal year 2006, the bank processed more than 900,000 requests for information.

The Committee supports the consolidation of these two similar data banks into one program, the National Practitioner Data Bank, as proposed by the Administration, to maximize efficiencies.

Maternal and child health block grant

The Committee provides $750,000,000 for the maternal and child health (MCH) block grant, which is $57,000,000 above the fiscal year 2007 funding level and the budget request. States use the block grant to improve access to care for mothers, children, and their families; reduce infant mortality; provide pre- and post-natal care; support screening and health assessments for children; and provide systems of care for children with special health care needs. By statute, 85 percent of the first $600 million is allocated to States and 15 percent is allocated to Special Projects of Regional and National Significance (SPRANS). Amounts in excess of $600 million are allocated to Community Integrated Service Systems as well as State grants and SPRANS.

The Committee includes bill language identifying $170,991,000 for SPRANS activities and intends that the following amounts be provided within SPRANS for the listed activities:

$15,000,000 for an initiative increasing public awareness and resources for women preparing for birth;
$12,000,000 for a dental health initiative;
$5,800,000 for epilepsy services demonstrations;
$4,000,000 for sickle cell community demonstrations;
$3,800,000 for heritable disorders screening; and
$30,000,000 for autism early detection and intervention.

Public awareness for first time parents.—$15,000,000 is provided for new competitive grants to States to increase public awareness of resources available to women preparing for childbirth and new parents through advertising campaigns and toll-free hotlines. The Committee recommends this funding as part of its initiative to help reduce the number of abortions in America by alleviating the economic pressures and other real life conditions that can sometimes cause women to decide not to carry their pregnancies to term.

Dental health.—As described in the "Improving Access to Dental Care" initiative in the front of the report, $12,000,000 is provided for up to 25 competitive State grants to help expand access to oral

health services. $2,000,000 of this total is transferred from HRSA program management, the former placement of the oral health workforce activities program. States may use these grants for the purposes outlined in the Dental Health Improvement Act, such as encouraging more dentists to practice in shortage areas through such mechanisms as loan forgiveness and repayment for dentists; providing grants to establish or expand oral health services in community-based facilities; and expanding dental residency programs. States may also use these funds to integrate oral health services into the medical home concept for children with special health care needs, and for grants to ensure low-income pregnant women and women of child-bearing age have access to appropriate oral health services. States should develop proposals that address the shortage of dentists and dentists' reluctance for financial reasons to work in certain geographic areas and to serve low-income and Medicaid patients.

In addition, as indicated in the HRSA Program Management section, the Committee directs HRSA to strengthen its support of the oral health infrastructure within the agency and to appoint a chief dental officer.

The Committee is aware that dental disease disproportionately affects our nation's most vulnerable populations. New ways of bringing oral health care to underserved populations are needed to address geographic and other challenges that exist. The Committee encourages HRSA to explore innovative programs for delivering preventive and restorative oral health services, including State and community proposals and programs that seek to improve access to care in accordance with state licensing laws.

Epilepsy.—The Committee provides $5,800,000 for epilepsy service demonstrations, which doubles the funding for this program compared to fiscal year 2007. The epilepsy service programs improve access to comprehensive, coordinated health care and related services for children and youth with epilepsy in medically underserved areas. Funds are used to support the development and testing of a national public health awareness campaign to increase seizure recognition and improve access to care among minorities and underserved populations. Funds are also used to support a national technical assistance support center to reach additional States in need of technical support and model program development.

Sickle cell disease.—The Committee provides $4,000,000 to support the continuation of the seventeen community-based sickle cell disease outreach and supportive service centers. These centers coordinate followup on needs identified in sickle cell screening, provide referrals to networks of services, and support community education. The Committee also provides $2,184,000 for sickle cell anemia demonstrations, as discussed below, which are comprehensive university-based screening and treatment centers.

Heritable disorders.—The Committee provides $3,800,000 for heritable disorders screening, which doubles the funding for this program compared to fiscal year 2007. This screening program is designed to strengthen States' newborn screening programs and improve States' ability to develop, evaluate, and acquire innovative testing technologies, and establish and improve programs to pro-

vide screening, counseling, testing and special service for newborns and children at risk for heritable disorders.

The Committee urges HRSA to prioritize Fragile X as a key prototype in the development of cost-effective public health screening and genetic counseling programs. The Committee requests a report by July 1, 2008 on progress made in the development of a screening tool for Fragile X and in working with the National Institute of Child Health and Human Development to create the tests necessary for the inclusion of Fragile X in newborn screening programs.

The Committee commends HRSA for convening the Secretary's Advisory Committee on Heritable Disorders and Genetic Diseases in Newborns and Children to develop national recommendations for standardizing newborn screening programs in the U.S. and for funding the Regional Genetic Service and Newborn Screening Collaborative to address the maldistribution of genetic services and resources to bring services closer to local communities. However, the Committee is aware that wide disparities continue to exist among States in the number of conditions for which newborns are screened and in the service infrastructure for infants who test positive. The Committee encourages HRSA and the Secretary's Advisory Committee to consider developing written guidance for parents on the availability of additional screens that may not be required under State law.

Autism.—The Committee provides $30,000,000 for activities authorized in the Combating Autism Act, including the promotion of screening tools and the expansion of Leadership Education in Neurodevelopmental and Related Disabilities (LEND) training sites to diagnose autism spectrum disorders and related disabilities. The Committee believes it is critical to strengthen HRSA's activities targeting autism spectrum disorders to respond to this emerging national epidemic.

Vision screening.—The Committee understands that States currently conduct childhood screening programs through their MCH block grant. The Committee recognizes that vision disorders are the leading cause of impaired health in childhood, and that one in four school-age children has a vision problem significant enough to affect their learning. The Committee urges the States to strengthen their vision screening programs and to broaden the programs' geographic reach. In this effort, States are encouraged to take maximum advantage of the ongoing vision screening program conducted by the Centers for Disease Control and Prevention, which is increased by 40.6 percent to $3,466,000 in the bill.

Thalassemia.—The Committee reiterates its long-standing support for the continuation of funding for comprehensive thalassemia treatment centers under the SPRANS program. The Committee strongly encourages HRSA to continue this program and to coordinate closely its activities with the thalassemia clinical research network and the related voluntary organizations.

Hemophilia.—The Committee urges HRSA to maintain its funding support of the network of hemophilia treatment centers, which provide comprehensive disease management services to men and women with bleeding and clotting disorders.

Fetal Infant Mortality Review.—HRSA has operated the National Fetal Infant Mortality Review (NFIMR) program since 1990. NFIMR provides training and assistance to enhance cooperative partnerships among local community health professionals, public health officers, community advocates and consumers to reduce infant mortality. The goal is to improve local services and resources for women, infants and families, to remove barriers to care, and to ensure culturally appropriate, family friendly services. Such efforts are crucial to understanding and addressing infant health disparities in communities at highest risk and are a component of many existing Healthy Start Initiatives.

Sickle cell anemia demonstration program

The Committee provides $2,184,000 for the sickle cell anemia demonstration program, which is the same as the budget request and $4,000 above the fiscal year 2007 funding level. This program was created to develop systemic mechanisms for the prevention and treatment of sickle cell disease. It supports four university-based networks linked to local community health centers that provide treatment, education, continuity of care, and provider training for sickle cell anemia patients.

Traumatic brain injury

The Committee provides $8,910,000 for the traumatic brain injury (TBI) program. This is the same as the fiscal year 2007 funding level. The budget request does not include funding for this program. The TBI program funds the development and implementation of statewide systems to ensure access to care including prehospital care, emergency department care, hospital care, rehabilitation, transitional services, rehabilitation, education and employment, and long-term community support. Grants also go to State protection and advocacy systems. In fiscal year 2006, 45 States received TBI awards, and 57 State protection and advocacy systems were funded.

Healthy Start

The Committee provides $120,000,000 for Healthy Start, which is $18,482,000 above the fiscal year 2007 funding level and $19,497,000 above the budget request. The Committee recommends the $18,482,000 increase as part of its initiative to help reduce the number of abortions in America by alleviating the economic pressures and other real life conditions that can sometimes cause women to decide not to carry their pregnancies to term. Healthy Start provides discretionary grants to communities with high rates of infant mortality to provide ongoing sources of primary and preventive health care to mothers and their infants. Currently, 99 communities have Healthy Start grants. The increase provided in the bill will support approximately twenty new grants to communities.

Universal newborn hearing screening

The Committee recommendation includes $11,000,000 for the universal newborn hearing screening program, an increase of $1,196,000 over the fiscal year 2007 enacted level and $11,000,000

over the request. This program provides competitive grants to States for universal newborn hearing screening by means of physiologic testing prior to hospital discharge, audiologic evaluation by three months of age, and entry into a program of early intervention by six months of age.

Currently, 52 States and territories have received competitive grants for the purpose of implementing statewide early hearing detection and intervention (EHDI) programs. Since these grants have only been operational for a few years, the Committee believes that a small amount of continued Federal funding is critical at this time to ensure that State EHDI programs become fully operational and that screening programs are properly linked with diagnosis, early intervention, and the child's routine medical care. The Committee is concerned that even though approximately 90 percent of babies are now screened for hearing loss before one month of age, about one-third of those who are referred for screening do not receive diagnostic evaluations by three months of age. Moreover, only about half of the infants and toddlers diagnosed with permanent hearing loss are enrolled in appropriate early intervention programs by six months of age.

To avoid duplication, the Committee encourages HRSA to coordinate projects funded with this appropriation with projects related to early hearing detection and intervention by the National Center on Birth Defects and Developmental Disabilities, the National Institute on Deafness and Other Communication Disorders, the National Institute on Disability and Rehabilitation Research, and the Office of Special Education and Rehabilitative Services.

Emergency medical services for children

The Committee provides $19,800,000 for the emergency medical services for children (EMSC) program, which is the same as the fiscal year 2007 funding level. The budget request does not include funding for this program. Grants are provided to States and territories to incorporate pediatric components into existing emergency medical services systems and to schools of medicine to develop and evaluate improved procedures and protocols for treating children. In fiscal year 2006, 56 grants were awarded to States and territories.

Ryan White HIV/AIDS programs

The Committee provides a program level of $2,237,086,000 for Ryan White HIV/AIDS programs, which is $99,291,000 above the fiscal year 2007 funding level and $79,174,000 above the budget request. The bill also makes available $25,000,000 in program evaluation funding under section 241 of the Public Health Service for special projects of national significance. The Committee provides the maximum authorized level for the Ryan White Act. The bill includes language proposed by the Administration to make funds appropriated for Parts A and B available for three years to be consistent with the recent reauthorization. These programs provide medical and related support services to more than 500,000 people.

The Committee is pleased that HRSA intends to fund the minority HIV/AIDS initiative at the full authorized level established in the recent Ryan White CARE Act authorization of $135,100,000.

These programs are targeted to address the growing HIV/AIDS epidemic and its disproportionate impact upon communities of color, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders.

The recent Ryan White CARE Act reauthorization provides up to 25 percent of available funds under Parts A, B, and C for "support services," necessary for individuals with HIV/AIDS to achieve their medical outcomes. The Committee is aware that food and nutrition services—which have been provided under the Act since 1990—are essential to the comprehensive treatment of HIV/AIDS. Among other contributions, such services facilitate the absorption of medicine, mitigate pharmaceutical side effects, maintain immune system function, and stem muscle and weight loss. Accordingly, the Committee expects HRSA to make no change in the status of such services as eligible support services under Ryan White and work to promote access to food and nutrition services for Ryan White-eligible individuals.

The Committee is aware that over 30 percent of HIV-infected persons in the United States are also chronically infected with the hepatitis C virus (HCV). Chronic hepatitis C infection may lead to cirrhosis of the liver and liver cancer, and is the leading cause of liver transplantation in the U.S. In addition, chronic hepatitis C disease progresses more rapidly in HIV-infected persons, and end stage liver disease resulting from chronic hepatitis C infection is now a leading cause of death for people with HIV/AIDS. The Committee encourages HRSA to provide guidance to grantees to encourage them to proactively address HCV care and treatment among their HIV/HCV co-infected patient populations and provide more education and training to medical providers treating HIV/HCV co-infected persons. The Committee also encourages State AIDS drug assistance programs (ADAP) to provide coverage of therapies approved by the Food and Drug Administration for the treatment of HCV in HIV/HCV co-infected patients.

Emergency assistance

The Committee provides $636,300,000 for the Part A, emergency assistance program, which is $32,307,000 above the fiscal year 2007 funding level and the budget request. These funds provide grants to metropolitan areas with very high numbers of HIV/AIDS cases for outpatient and ambulatory health and social support services. Half of the amount appropriated is allocated by formula and half is allocated to eligible areas demonstrating additional need through a competitive grant process. The program will provide awards to 56 eligible metropolitan areas and transitional areas in fiscal year 2008.

The Committee has provided funds within the part A program to prevent substantial funding losses in both eligible metropolitan areas and transitional grant areas. Changes in the recent reauthorization significantly altered the method for allocating part A funds, and additional funds are required to create a stop loss against unanticipated cuts that threaten to disrupt access to needed medical care and support services for people living with HIV and AIDS. The Committee includes bill language to cap maximum fiscal year 2007

losses at 8.4 percent for eligible metropolitan areas and 13.4 percent for transitional grant areas.

When allocating fiscal year 2008 supplemental funds under part A of the Ryan White CARE Act, the Committee urges HRSA to provide additional increases to jurisdictions that have experienced cuts in their total awards relative to the amount awarded in fiscal year 2006.

Comprehensive care programs

The Committee provides $1,239,500,000 for Part B, comprehensive care programs, which is $44,000,000 above the fiscal year 2007 funding level and $23,982,000 above the budget request. The funds provide formula grants to States for the operation of HIV service delivery consortia in the localities most heavily affected, the provision of home and community-based care, continuation of health insurance coverage for infected persons, and purchase of therapeutic drugs. The Committee includes bill language identifying $830,593,000 of this total specifically to support State AIDS Drug Assistance Programs (ADAP), which is $41,047,000 above the fiscal year 2007 funding level and $16,047,000 above the budget request. The Part B program provides 59 grants to States and territories, 57 of which receive ADAP funding. In fiscal year 2005, 132,000 clients were served by ADAP. The Part B program also awards States supplemental grants for emerging communities, 19 of which are eligible for grants this year.

The Committee is concerned about the increasing incidence of HIV drug resistance among Americans living with HIV/AIDS. New, active HIV therapies are being developed that treat patients with HIV resistance. Current, national HIV treatment guidelines require that each patient's treatment regimen be individualized and include two or more active agents. CMS, in developing regulations for Medicare Part D plans, recognized the importance of making new HIV antiretrovirals available to providers and patients as soon as possible by requiring Part D plan pharmacy and therapeutics review committees to conduct expedited reviews of new HIV treatments within 90 days of FDA approval. Therefore, the Committee urges HRSA to ensure that State AIDS Drug Assistance Programs provide immediate access to all new antiretroviral therapies for their eligible clients.

Early intervention program

The Committee provides $216,700,000 for Part C, the early intervention services program, which is $22,979,000 above the fiscal year 2007 funding level and $16,879,000 above the budget request. Funds are used for discretionary grants to community health centers, family planning agencies, comprehensive hemophilia diagnostic and treatment centers, Federally-qualified health centers, county and municipal health departments and other non-profit community-based programs that provide comprehensive primary care services to populations with or at risk for HIV disease. The grantees provide testing, risk reduction counseling, transmission prevention, oral health, nutritional and mental health services, and clinical care. Optional services include case management, outreach, and eligibility assistance. Currently, 363 grantees provide com-

prehensive, primary care services to approximately 212,000 people in 49 States and territories.

The Committee urges HRSA to direct funding increases above the fiscal year 2007 level to existing Part C service areas rather than to expand the overall number of Part C programs. The number of Part C sites has continued to expand even in the absence of funding increases; existing programs are experiencing significant strains. There is already strong geographic diversity in the Part C program.

Children, youth, women, and families

The Committee provides $71,800,000 for Part D, children, youth, women, and families programs, which is $6,000 above the fiscal year 2007 funding level and the budget request. HIV-infected children, youth, women, and affected family members have multiple, complex medical, economic, and social service needs which often require more intensive care coordination, intensive case management, child and respite care, and direct service delivery to engage and maintain adolescents and mothers in care. Funds support innovative and unique strategies and models to organize, arrange for, and deliver comprehensive services through integration into ongoing systems of care. Currently, 89 grants support health care and support services for over 53,000 women, infants, children and youth living in 31 States, D.C. and Puerto Rico.

The Committee intends that at least 90 percent of part D funding be provided to existing service areas. Technical assistance may be provided to Part D grantees using up to 2 percent of the funds appropriated under this section. The Committee is aware of the efforts of Part D grantees to care for youth infected with HIV and urges HRSA to disseminate the effective practices and models of care developed by Part D grantees across all Ryan White CARE Act providers.

AIDS dental services

The Committee provides $13,086,000 for AIDS dental services, which is the same as the fiscal year 2007 funding level and the budget request. The program includes two components: the dental reimbursement program, which reimburses dental education programs for non-reimbursed costs incurred in providing care to AIDS patients, and the community-based dental partnership, which increases access to oral health services and provider training in community settings. In fiscal year 2005, 66 dental schools and post-doctoral dental education programs received partial reimbursement for the costs of serving 31,000 patients. In addition, 12 community-based dental partnership grants provided training to students and residents enrolled in dental education programs that provide care for people with HIV under direction of dentists in the community.

Education and training centers

The Committee provides $34,700,000 for AIDS education and training centers (AETCs), which is $1,000 less than the fiscal year 2007 funding level and $6,000,000 above the budget request. The program supports a network of 11 regional centers with more than

130 associated sites that conduct targeted, multi-disciplinary HIV education and training for health care providers.

Organ transplantation

The Committee provides $23,049,000 for organ donation and transplantation activities, the same as the fiscal year 2007 level and the budget request. These funds support a scientific registry of organ transplant recipients and the National Organ Procurement and Transplantation Network to match donors and potential recipients of organs, through a contract with the United Network for Organ Sharing (UNOS). In fiscal year 2005, more than 23,200 deceased donor organs were transplanted.

The Committee applauds the efforts of the Division of Transplantation to implement the new provision of Public Law 208–116, the Organ Donation and Recovery Improvement Act, which provides for reimbursement of travel and subsistence expenses of living organ donors. The Committee notes that the first awards under this new program are expected this spring and are anticipated to have a direct impact on increasing the rate of successful transplantations. The Committee further notes the successful implementation of the Organ Donation Breakthrough Collaborative, which has helped to increase the rate of organ donation.

The Committee commends HRSA for its leadership in promoting increased organ and tissue donations across the nation and encourages the Division of Transplantation to expand its partnership with the pulmonary hypertension (PH) community in this important area. In addition, the Committee commends UNOS for working with the pulmonary hypertension community to address concerns regarding the allocation of lungs for transplantation in PH patients. The Committee encourages UNOS to continue its dialogue to monitor any concerns regarding the methodology used to determine transplant eligibility for PH patients.

National cord blood inventory program

The Committee provides $3,963,000 for the national cord blood inventory program, which is the same as the fiscal year 2007 appropriation and $1,997,000 above the Administration request. The Committee strongly supports this program and has appropriated $27,720,000 for this purpose since 2004. 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. As of this date, approximately 300 cord blood units have been collected.

Cell transplantation program

The Committee provides $25,168,000 for the cell transplantation program, which is the same as the fiscal year 2007 funding level and $2,467,000 above the budget request. The C.W. Bill Young Cell Transplantation Program is the successor to the National Bone Marrow Donor Registry. Its purpose is to increase the number of transplants for recipients suitably matched to biologically unrelated donors of bone marrow and cord blood.

Office of pharmacy affairs

The Committee provides $2,940,000 for the office of pharmacy affairs, which is the same as the budget request. No funding was provided in fiscal year 2007 funding level. The 340B program requires drug manufacturers to provide discounts or rebates to certain entities that serve low-income patients. HRSA administers the program, calculates the 340B prices, and works with manufacturers to verify the pricing. Financial support for the office will help resolve identified deficiencies in the 340B drug pricing program and is intended to make major improvements in program operations.

In January, 2007, HRSA issued proposed guidelines that would make significant changes to the traditional definition of the term "patient" under the drug discount program authorized by Section 340B of the Public Health Service Act. The Committee has heard concerns about numerous aspects of the proposed guidelines, including the limitations to prescriptions resulting from outpatient services and requirements regarding patient health record information. The Committee urges HRSA to consider the concerns raised by the external community as it reviews the guidelines before publication in final form.

Poison control centers

The Committee provides $30,100,000 for poison control centers, which is $7,100,000 above the fiscal year 2007 funding level and $20,100,000 above the budget request. These funds support a grant program for 61 poison control centers, which fielded five million calls in 2006. In addition, funds are used to maintain a national toll-free number and to implement a media campaign to advertise that number, as well as to support the development of uniform patient management guidelines and the improvement of data collection.

Rural outreach grants

The Committee provides $52,962,000 for rural outreach grants, which is $14,077,000 above the fiscal year 2007 funding level. The Administration does not request funding for this program. The program administers more than 200 grants to deliver and improve rural health care services to more than 775,000 rural residents annually.

Rural health research

The Committee provides $9,500,000 for rural health research, which is $763,000 above the fiscal year 2007 funding level and the budget request. This activity supports eight rural health research centers and the Secretary's rural health advisory committee.

Rural hospital flexibility grants

The Committee provides $63,538,000 for rural hospital flexibility grants, which is the same as the fiscal year 2007 funding level. The budget request does not include funding for this program. The program is comprised of two components: (1) flexibility grants to States to assist small, at-risk rural hospitals that wish to convert to critical access hospitals and receive cost-based payments from Medicare and (2) small rural hospital improvement grants that pro-

vide modest amounts to hospitals to assist them in automation and compliance with confidentiality requirements. In fiscal year 2007, 92 grants are expected to be awarded to States for these activities.

Rural and community access to emergency devices

The Committee provides $2,000,000 for the rural access to emergency devices and the public access defibrillation demonstration program, which is $513,000 more than the fiscal year 2007 funding level. The Administration does not request funding for this program. The amount above the fiscal year 2007 level may be used for rural EMS training and equipment assistance. The program assists both urban and rural communities in increasing survivability from sudden cardiac arrest by providing funding for the purchase, placement, and training in the use of automated external defibrillators (AEDs).

An estimated 94 percent of all cardiac arrests that take place outside a hospital are deadly. Immediate cardiopulmonary resuscitation (CPR) and early defibrillation using an AED can more than double a victim's chance of survival. Communities with comprehensive AED programs, including training of anticipated rescuers, have achieved cardiac arrest survival rates of 40 percent or higher.

State offices of rural health

The Committee provides $9,000,000 for State offices of rural health, which is $859,000 above the fiscal year 2007 funding level and the budget request. The State office of rural health program creates a focal point for rural health within each of the fifty States. In each State, the office collects and disseminates information on rural health, coordinates rural health resources and activities, provides technical assistance to rural providers and communities, and helps communities recruit and retain health professionals.

Black lung clinics

The Committee provides $5,891,000 for black lung clinics, which is the same as the fiscal year 2007 funding level and $5,000 above the budget request. The program supports 15 grantees that treat about 11,000 patients who are active and retired coal miners and others with occupation-related respiratory and pulmonary impairments. Of the 15 grantees, six receive health center funding as well as black lung grants.

Radiation exposure screening and education program

The Committee provides $1,917,000 for the radiation exposure screening and education program, which is $2,000 below the fiscal year 2007 funding level and $13,000 above the budget request. This program provides seven grants to States, local governments, and healthcare organizations 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. 1,400 patients are served by the program.

Denali commission

The Committee concurs with the budget request and does not include funding for the Denali Commission. The fiscal year 2007 funding level is $39,283,000.

Family planning

The Committee provides $310,910,000 for the family planning program, which is $27,764,000 above the fiscal year 2007 funding level and $27,807,000 above the budget request. The Committee recommends the $27,764,000 increase as part of its initiative to help reduce the number of abortions in America by alleviating the economic pressures and other real life conditions that can sometimes cause women to decide not to carry their pregnancies to term. The program currently serves over five million low-income women and men at 4,400 clinics nationwide. This funding increase will allow the program to serve 98,000 new clients. Family planning funds in the bill are expected to prevent more than one million unintended pregnancies.

The program provides grants to public and private non-profit agencies to support a range of family planning and reproductive services, as well as related preventive health services such as patient education and counseling, breast and cervical cancer examinations, STD and HIV prevention education, counseling and testing and referral, and pregnancy diagnosis and counseling. The program is the only source of health care for many of its clients.

Healthcare-related facilities and other programs

The Committee includes funding for construction and renovation (including equipment) of health care and other facilities and other health-related activities. The Committee includes the following projects in the following amounts:

Project	Committee recommendation
A.O. Fox Memorial Hospital, Oneonta, NY for facilities and equipment	$250,000
Access Community Health Network, Chicago, IL for facilities and equipment for Chicago sites	225,000
Adirondack Medical Center, Saranac Lake, NY for facilities and equipment	250,000
Adrian College, Adrian, MI for nurse training programs, including facilities and equipment	250,000
Adventist Glen Oaks Hospital, Glendale Heights, IL for facilities and equipment	200,000
Adventist Health, Roseville, CA for expansions to the clinical information system, including purchase of equipment	250,000
Alamo Community College System, San Antonio, TX for facilities and equipment	300,000
Alaska Addictions Rehabilitation Services, Inc., Wasilla, AK for facilities and equipment	150,000
Alderson-Broaddus College, Philippi, WV for facilities and equipment for the nursing program	100,000
Alice Hyde Medical Center, Malone, NY for facilities and equipment	100,000
Alleghany Memorial Hospital, Sparta, NC for an electronic health records initiative, including equipment	150,000
Alle-Kiski Medical Center, Natrona Heights, PA for facilities and equipment	350,000
Alliance for NanoHealth, Houston, TX for facilities and equipment	450,000
AltaMed Health Services Corp., Los Angeles, CA for facilities and equipment	275,000
American Oncologic Hospital; Fox Chase Cancer Center, Philadelphia, PA for facilities and equipment	500,000
American Samoa, Pago Pago, AQ for facilities and equipment for the LBJ Medical Center	400,000
Armite County Medical Services, Liberty, MS for facilities and equipment	135,000
Arnold Palmer Hospital, Orlando, FL for facilities and equipment	200,000
Ashland County Oral Health Services, Ashland, OH for facilities and equipment	100,000
Asian Americans for Community Involvement, San Jose, CA for facilities and equipment for a community health clinic	378,000
Association for Utah Community Health, Salt Lake City, UT for health information technology for community health centers represented by the Association throughout the State	300,000
Atlantic Health Systems, Florham Park, NJ for an electronic disease tracking system	500,000

Project	Committee recommendation
Avis Goodwin Community Health Center, Dover, NH for facilities and equipment in Somerworth, NH	375,000
Avilsta Adventist Hospital, Louisville, CO for health information systems	200,000
Bad River Tribe of Lake Superior Chippewa, Odanah, WI for facilities and equipment for a health clinic	500,000
Ball Memorial Hospital, Muncie, IN, for facilities and equipment	100,000
Baltimore City Health Department, Baltimore, MD for facilities and equipment for mobile units	200,000
Baltimore Medical System, Baltimore, MD for facilities and equipment for a community health care facility	200,000
Baptist Health Medical Center—Heber Springs, Heber Springs, AR for facilities and equipment	75,000
Banert Hospital, Paterson, NJ for facilities and equipment	200,000
Banes-Kasson County Hospital, Susquehanna, PA for obstetrical care	150,000
Bare Family Health Center, Barre, MA for facilities and equipment	150,000
Bay Area Medical Clinic, Marinette, WI for facilities and equipment	200,000
BayCare Health System, Clearwater, FL for upgrades to medical information systems	200,000
Baylor Research Institute, Dallas, TX for facilities and equipment	100,000
Bayonne Medical Center, Bayonne, NJ for health information technology	300,000
Baystate Health Systems, Springfield, MA for facilities and equipment	200,000
Beaumont Hospital, Royal Oak, MI for a Core Molecular Laboratory, including facilities and equipment	500,000
Belmont University, Nashville, TN for facilities and equipment for the Health Science Center.	100,000
Bemidji State University, Bemidji, MN for a nurse training program	200,000
Benedictine Hospital, Kingston, NY for health information systems.	175,000
Benefis Healthcare, Great Falls, MT for facilities and equipment	300,000
Berea Health Ministry Rural Health Clinic, Inc., Berea, KY for facilities and equipment for a rural diabetes clinic	50,000
Bloomington Hospital Foundation, Bloomington, IN for for health information systems	200,000
Bloomsburg Hospital, Bloomburg, PA for facilities and equipment	200,000
Blount Memorial Hospital, Maryville, TN for purchase of equipment	100,000
Boone Hospital Center, Columbia, MO for facilities and equipment	200,000
Boriken Neighborhood Health Center, New York, NY for facilities and equipment	150,000
Boscobel Area Health Care, Boscobel, WI for facilities and equipment	300,000
Boston Medical Center, Boston, MA for facilities and equipment	500,000
Boston University Medical School, Boston, MA for facilities and equipment for biomedical research	250,000
Bridge Community Health Clinic, Wausau, WI for facilities and equipment	500,000
Bridgeport Hospital, Bridgeport, CT for facilities and equipment	100,000
Brockton Neighborhood Health Center, Brockton, MA for facilities and equipment	200,000
Brookside Community Health Center, San Pablo, CA for facilities and equipment	350,000
Brunswick County, Bolivia, NC for facilities and equipment for a senior center	150,000
Bryan W. Whitfield Hospital, Demopolis, AL for facilities and equipment	100,000
Bureau County Health Clinic, Princeton, IL to expand rural health services, including purchase of equipment	150,000
Cactus Health Services, Inc., Sanderson, TX for primary health care services in rural communities in Terrell and Pecos Counties	175,000
California Hospital Medical Center, Los Angeles, CA for facilities and equipment	400,000
California State University, Bakersfield, CA for nurse training programs, including purchase of equipment	200,000
Camillus House, Inc., Miami, FL for facilities and equipment	60,000
Canonsburg General Hospital, Canonsburg, PA for purchase of equipment	150,000
Cape Cod Free Clinic and Community Health Center, Mashpee, MA for facilities and equipment	150,000
Capital Park Family Health Center, Columbus, OH for facilities and equipment	200,000
Cardinal Stritch University, Milwaukee, WI for a nursing training program	100,000
Carolinas HealthCare System, Charlotte, NC for facilities and equipment	100,000
Carroll County Regional Medical Center, Carrollton, KY for facilities and equipment	200,000
Carroll County Youth Service Bureau, Westminster, MD for facilities and equipment for the Outpatient Mental Health Clinic	350,000
Center for Health Equity, Louisville, KY for a mobile health unit	225,000
Central Wyoming College, Riverton, WY for facilities and equipment at the Virtual Medical Skills	200,000
Center for Training Nurses in Rural Health Care	
CentroMed, San Antonio, TX for facilities and equipment	300,000
Champlain Valley Physician's Hospital, Plattsburgh, NY for facilities and equipment	250,000
Charles A. Dean Memorial Hospital, Greenville, ME for facilities and equipment	200,000
Chatham County Safety Net Collaborative, Savannah, GA for purchase of equipment	200,000
Cherry Street Health Services, Grand Rapids, MI for an electronic health records initiative, including equipment	200,000
Children's Friend and Family Services, Salem, MA for facilities and equipment	200,000
Children's Home of Pittsburgh, Pittsburgh, PA for facilities and equipment	200,000
Children's Hospital and Clinics of Minnesota, Minneapolis, MN for facilities and equipment	15,000

Project	Committee recommendation
Children's Hospital and Health System, Milwaukee, WI for purchase of equipment	350,000
Children's Hospital at Albany Medical Center, Albany, NY for facilities and equipment	200,000
Children's Hospital Medical Center of Akron, Akron, OH for facilities and equipment	300,000
Children's Hospital of Orange County, Mission Viejo, CA for purchase of equipment	150,000
Children's Hospital of The King's Daughters, Norfolk, VA for pediatric facilities and equipment	550,000
Children's Hospital, Denver, CO for facilities and equipment	200,000
Children's Hospitals and Clinics of Minnesota, Minneapolis, MN for facilities and equipment for the Mobile Pediatric Health Simulation Center	100,000
Children's Medical Center, Dayton, OH for CARE House, including facilities and equipment	100,000
Children's Memorial Hospital Chicago, IL for facilities and equipment	525,000
Children's National Medical Center, Washington, DC for facilities and equipment for emergency preparedness	500,000
Children's Specialized Hospital, Mountainside, NJ for facilities and equipment	300,000
Chippewa Valley Hospital, Durand, WI for facilities and equipment	125,000
Chiricahua Community Health Centers, Inc., Elfrida, AZ for facilities and equipment for the Bisbee/Naco Chiricahua community health center in Bisbee, AZ and the Douglas/El Frida Medical and Dental Border Healthcare Clinic in Douglas, AZ	400,000
Christian Health Care Center of New Jersey, Wyckoff, NJ for facilities and equipment	200,000
Christian Sarkine Autism Treatment Center, Indianapolis, IN for facilities and equipment	200,000
Christus Santa Rosa's Children's Hospital, San Antonio, TX for facilities and equipment	200,000
Cincinnati Children's Hospital Medical Center, Cincinnati, OH for purchase of equipment	300,000
Citrus County Board of County Commissioners, Inverness, FL for facilities and equipment	150,000
City of Austin, TX for facilities and equipment for the Travis County Hospital District	250,000
City of Chesapeake, VA for infant mortality and chronic disease prevention program, including equipment	100,000
City of Hueytown, AL for the Senior Citizens' Center, including facilities and equipment	200,000
City of Oakland, CA for facilities and equipment for a new youth center to house health services programs	500,000
City of Stockton, CA for facilities and equipment for a health care facility	300,000
City of Stonewall, OK for facilities and equipment	260,000
Clarion Health Center, Clarion, PA for purchase of equipment	100,000
Cleveland Clinic Huron Hospital, East Cleveland, OH for facilities and equipment	250,000
Cobb County Government, Marietta, GA for a senior health center, including facilities and equipment	325,000
Coffeyville Regional Medical Center, Coffeyville, KS for facilities and equipment	250,000
Coles County Council on Aging, Mattoon, IL for facilities and equipment	200,000
College Misericordia, Dallas, PA for facilities and equipment for the NEPA Assistive Technology Research Institute	275,000
Collier County, Naples, FL to develop a health care access network for the under- and uninsured, including information technology upgrades	342,000
Colorado State University, Fort Collins, CO for purchase of equipment	300,000
Columbia Memorial Hospital, Hudson, NY for health information systems	150,000
Columbus Children's Hospital, Columbus, OH for a telehealth project	100,000
Columbus Children's Hospital, Columbus, OH for purchase of equipment	300,000
Communi Care, Inc., Columbia, SC for health information systems, facilities, and equipment	285,000
Community College of Aurora, Aurora, CO for facilities and equipment	350,000
Community Dental Services, Albuquerque, NM for facilities and equipment	300,000
Community Health Care, Tacoma, WA for facilities and equipment	400,000
Community Health Center of Franklin County, Turners Falls, MA for health information systems	150,000
Community Health Works, Forsyth, GA for rural health care outreach	50,000
Community Hospital of Bremen, Bremen, IN for facilities and equipment	125,000
Community Hospital TeleHealth Consortium, Lake Charles, LA for a telehealth initiative	200,000
Community Medical Centers, Stockton, CA for facilities and equipment for Gleason House	200,000
Comprehensive Community Action Program (CCAP), Cranston, RI for facilities and equipment for dental care	100,000
Connecticut Hospice, Inc., Branford, CT for health information systems	300,000
Cook Children's Medical Center, Fort Worth, TX for facilities and equipment	600,000
Cooperative Education Service Agency 11 Rural Health Dental Clinic, Turtle Lake, WI for dental services	225,000
County of Modoc Medical Center, Alturas, CA for purchase of equipment	150,000
County of Peoria, Peoria, IL or facilities and equipment	200,000
County of San Diego, CA for Public Health Services for the purchase of equipment	286,000
Crousee Hospital, Syracuse, NY for purchase of equipment and improvement of electronic medical information	300,000
Crowder College-Nevada Campus, Nevada, MO for facilities and equipment for the Moss Higher Education Center	200,000
Crozer-Chester Medical Center, Upland, PA for facilities and equipment	300,000

Project	Committee recommendation
Cumberland Medical Center, Crossville, TN for facilities and equipment	150,000
Dartmouth-Hitchcock Medical Center, Lebanon, NH for facilities and equipment	275,000
Delaware Technical and Community College, Dover, DE for purchase of equipment	150,000
Denver Health and Hospital Authority, Denver, CO for facilities and equipment	300,000
Des Moines University and Broadlawns Medical Center, Des Moines, IA for a mobile clinic	200,000
Detroit Primary Care Access, Detroit, MI for health care information technology	300,000
Dixie County, Cross City, FL for facilities and equipment for the primary care facility	75,000
Dodge County Hospital, Eastman, GA for facilities and equipment	100,000
Drew County Memorial Hospital, Monticello, AR for facilities and equipment	200,000
DuBois Regional Medical Center, DuBois, PA for purchase of equipment and electronic medical records upgrades	200,000
East Carolina University, Greenville, NC for the Metabolic Institute, including facilities and equipment	350,000
East Tennessee Children's Hospital, Knoxville, TN for facilities and equipment	180,000
East Tennessee State University College of Pharmacy, Johnson City, TN for facilities and equipment	250,000
Easter Seals of Mahoning, Trumbull, and Columbiana Counties, Youngstown, OH for facilities and equipment	200,000
Eddy County, NM, for a regional substance abuse rehabilitation center, including facilities and equipment	150,000
Edgemoor Hospital, Santee, A for purchase of equipment	150,000
Eisenhower Medical Center, Rancho Mirage, CA for facilities and equipment	150,000
El Proyecto del Barrio, Arleta, ICA for facilities and equipment at the Azusa Health Center, Azusa, CA	250,000
El Proyecto del Barrio, Winnetka, CA for health information systems	150,000
Elizabeth City State University, Elizabeth City, NC for facilities and equipment for a science education building	200,000
Emerson Hospital, Concord, MA for facilities and equipment	200,000
Englewood Hospital and Medical Center, Englewood, NJ for facilities and equipment	150,000
Excela Health, Mt. Pleasant, MA for facilities and equipment	350,000
Fairfield Medical Center, Lancaster, OH for facilities and equipment	200,000
Fairview Southdale Hospital, Edina, MN for purchase of equipment	150,000
Family and Children's Aid, Danbury, CT for facilities and equipment for the Harmony Center	250,000
Family Behavioral Resource, Greensburg, PA for community health outreach activities	100,000
Family Center of the Northern, Neck, Inc., White Stone, VA for obstetric care services, including facilities and equipment	200,000
Family Health Center of Southern Oklahoma, Tishomingo, OK for facilities and equipment	100,000
Family HealthCare Network, Visalia, CA for electronic medical records upgrades	200,000
Family Medicine Spokane, Spokane, WA for rural training assistance	150,000
Florida Hospital College of Health Sciences, Orlando, FL for facilities and equipment	150,000
Florida Institute of Technology, Melbourne, FL for facilities and equipment for the Autism Research and Treatment Center	2,000,000
Florida Southern College, Lakeland, FL for purchase of equipment to support nursing programs	300,000
Floyd Valley Hospital, Le Mars, IA for facilities and equipment	100,000
Freeman Health System, Joplin, MO for purchase of equipment	255,000
Fulton County Medical Center, McConnelsburg, PA for facilities and equipment	250,000
Gardner Family Health Network, Inc., San Jose, CA for facilities and equipment	300,000
Gaston College, Health Education Institute, Dallas, NC for nurse training programs, including facilities and equipment	150,000
Gateway to Care, Houston, TX for health information technology	200,000
Gertrude A. Barber Center, Erie, PA for the Autism Early Identification Diagnostic and Treatment Center, including purchase of equipment	150,000
Glen Rose Medical Center, Glen Rose, TX for facilities and equipment	330,000
Glendale Adventist Medical Center, Glendale, CA for facilities and equipment	350,000
Glens Falls Hospital, Glens Falls, NY for facilities and equipment	375,000
Grady Health Systems, Atlanta, GA for electronic medical records upgrades	150,000
Grandview Hospital, Dayton, OH for facilities and equipment	150,000
Greater Hudson Valley Family Health Center,Inc., Newburgh, NY for facilities and equipment	75,000
Greater New Bedford Community Health Center, New Bedford, MA for health information systems	300,000
Griffin Hospital, Derby, CT for facilities and equipment	400,000
Gritman Medical Center, Moscow, ID for facilities and equipment	100,000
Gundersen Lutheran Health System, West Union, IA for a mobile health unit	250,000
Gunderson Lutheran, Decorah, IA for a Remote Fetal Monitoring Program, including purchase, of equipment	250,000
Halifax Regional Health System, South Boston, VA for an electronic health records initiative, including equipment	300,000
Hamilton Community Health Network, Flint, MI for health care information technology	200,000
Hampton University, Hampton, VA for health professions training	250,000

Project	Committee recommendation
Harris County Hospital District, Houston, TX for facilities and equipment	300,000
Harris County Hospital District, Houston, TX for facilities and equipment	200,000
Harris County Hospital District, Houston, TX for facilities and equipment for an outpatient physical and occupational therapy center	150,000
Harris County Hospital District, Houston, TX for facilities and equipment for the diabetes program	200,000
Harris Methodist Erath County Hospital, Stephenville, TX for facilities and equipment	140,000
Hatzoloh EMS, Inc., Monsey, INY for purchase of ambulances	125,000
Hawkeye Community College, Waterloo, IA for facilities and equipment for a health center	350,000
Healing Tree Addiction Treatment Solutions, Inc., Sterling, CO for facilities and equipment	150,000
HEALS Dental Clinic, Huntsville, AL for facilities and equipment.	75,000
HealthCare Connection, Cincinnati, OH for an electronic health records initiative, including equipment	150,000
HealthEast Care System, St. Paul, MN for health information systems	500,000
Heartland Community HealthlClinic, Peoria, IL for facilities and equipment	300,000
Hektoen Institute for Medical Research Beloved Community Wellness Program, Chicago, IL for facilities and equipment	250,000
Helen DeVos Children's Hospital, Grand Rapids, MI for facilities and equipment	100,000
Henry Mayo Newhall Memorial Hospital, Valencia, CA for facilities and equipment	200,000
Highland Community Hospital, Picayune, MS for health information systems	200,000
Highlands County, Sebring, FL for facilities and equipment for the veterans service office	400,000
Holy Name Hospital, Teaneck, NJ for facilities and equipment	150,000
Home Nursing Agency, Altoona, PA, for telehealth services, including purchase of equipment	100,000
I Hormel Foundation, Austin, MN for facilities and equipment for the cancer research center	400,000
Hospice of Northwest Ohio Toledo Center, Toledo, OH for health information systems	100,000
Hospice of the Western Reserve, Cleveland, OH for a pediatric care program	150,000
Houston County Hospital District, Crockett, TX for facilities and equipment	200,000
Howard Community College,Columbia, MD for facilities and equipment for radiologic technology	150,000
Hudson Alpha Institute for Biotechnology, Huntsville, AL for facilities and equipment	275,000
Hudson Headwaters Health Network, Inc., Glens Falls, NY for health information systems	100,000
Humility of Mary Health Partners, Youngstown, OH for health information technology	200,000
Humphreys County Memorial Hospital, Belzoni, MS for facilities and equipment	175,000
Hunterdon Medical Center, Flemington, NJ for facilities and equipment	500,000
Hunter's Hope Foundation, Orchard Park, NY, including purchase of equipment	200,000
Huntsville Hospital, Huntsville, AL for facilities and equipment	175,000
Hurley Medical Center, Flint, MI for health information systems	200,000
Idaho Caring Foundation, Inc., Boise, ID for oral health services for low-income children	300,000
Idaho State University, Pocatello, ID for the Advanced Clinical Simulation Laboratory, including facilities and equipment	200,000
Illinois Masonic Medical Center, Chicago, IL for facilities and equipment	250,000
Illinois Primary Health Care Association, Springfield, IL for health information systems for clinic sites across the State	225,000
India Community Center, Militias, CA for facilities and equipment for the medical clinic	300,000
Indiana University Bloomington, IN for facilities and equipment for the School of Nursing	75,000
Indiana University School of Medicine, Gary, IN for facilities and equipment for the Northwest Indiana Health Research Institute	400,000
Indiana University School of Medicine, Indianapolis, IN for facilities and equipment	150,000
Indiana University Southeast New Albany, IN for facilities and equipment for the School of Nursing	75,000
Inland Behavioral Health Services, Inc., San Bernardino, CA for facilities and equipment	500,000
Institute for Family Health, New Paltz, NY for health information systems across all eight academic health centers	100,000
Institute for Research and Rehabilitation, Houston, TX for purchase of equipment	200,000
INTEGRIS Health, Oklahoma City, OK for a telemedicine demonstration	200,000
Intermountain Healthcare, Salt Lake City, UT for an electronic health records initiative, including equipment	170,000
Jameson Hospital, New Castle, PA for facilities and equipment	250,000
Jasper Memorial Hospital, Monticello, GA for facilities and equipment	40,000
Jefferson Regional Medical Center Nursing School, Pine Bluff, AR for facilities and equipment	200,000
Jenkins County GA Hospital, Millen, GA for facilities and equipment	250,000
John Wesley Community Health Institute, Bell Gardens, CA for facilities and equipment for the Bell Gardens Health Center	150,000
Johnson Memorial Hospital, Stafford Springs, CT for facilities and equipment	250,000
Johnston Memorial Hospital, Smithfield, NC for facilities and equipment	200,000
Kalamazoo Valley Community College, Kalamazoo, MI for purchase of equipment	350,000
Kennedy Krieger Institute, Baltimore, MD for facilities and equipment for the International Center for Spinal Cord Injury facility	450,000
Kent State University Stark Campus, North Canton, OH for facilities and equipment	500,000

Project	Committee recommendation
Kent State University, Ashtabula, OH for facilities and equipment	200,000
Kilmichael Hospital, Kilmichael, MS for facilities and equipment	175,000
Kirkwood Community College, Cedar Rapids, IA for facilities, equipment and curriculum for an advanced medical simulation instruction center	200,000
Knox Community Hospital, Mount Vernon, OH for facilities and equipment	275,000
La Clinica de la Raza, Oakland, CA for facilities and equipment for the San Antonio Neighborhood Health Center	250,000
La Rabida Children's Hospital, Chicago, IL for facilities and equipment	225,000
Lake Erie College of Osteopathic Medicine, Erie, PA for the Drug Information Center	200,000
Lakeland Community College, Kirtland, OH for a health information training program, including facilities and equipment	100,000
Lamar University, Beaumont, TX for the Community and University Partnership Service, including facilities and equipment	150,000
Lanai Women's Center, Lani City, HI for facilities and equipment	100,000
Laurens County Health Care System, Clinton, SC for an electronic health records initiative, including equipment	100,000
Lawrence Hospital Center, Bronxville, NY for facilities and equipment	225,000
League Against Cancer, Miami, FL for purchase of equipment	200,000
Liberty County, FL, Bristol, FL for facilities and equipment for a medical facility	300,000
Liberty Regional Medical Center, Hinesville, GA for facilities and equipment	100,000
Limestone Community Care, Inc. Medical Clinic, Elkmont, AL for facilities and equipment	75,000
Lincoln Community Health Center, Durham, NC for facilities and equipment	200,000
Lincoln Medical and Mental Health Center, Bronx, NY for facilities and equipment	200,000
Lodi Memorial Hospital, Lodi, CA for a telehealth project	175,000
Loretto, Syracuse, NY for facilities and equipment for elderly health care and skilled nursing programs	250,000
Los Angeles Orthopaedic Hospital, Los Angeles, CA for facilities and equipment in the Lowman Center	275,000
Louisville Metro Department of Public Works, Louisville, KY for facilities and equipment for a mobile health unit	250,000
Lourdes Medical Center of Burlington County, Willingboro, NJ for purchase of equipment	150,000
Loyola University Health System, Maywood, IL for facilities and equipment	250,000
Lucile Packard Children's Hospital, Palo Alto, CA for facilities and equipment	200,000
Madison Center, South Bend, IN for facilities and equipment for a clinic for attention deficit hyperactivity disorder	150,000
Madison County Memorial Hospital, Rexburg, ID for facilities and equipment	200,000
Madison County, Virginia City, MT for facilities and equipment	200,000
Madison St. Joseph Health Center, Madisonville, TX for facilities and equipment	120,000
Maine Center for Marine Biotechnology, Gulf of Maine Research Institute, Portland, ME for facilities and equipment	100,000
Maine Primary Care Association, Augusta, ME for health information systems in community health centers across the State	50,000
Manchester Memorial Hospital, Manchester, CT for facilities and equipment	300,000
Marana Health Center, Marana, AZ for facilities and equipment	125,000
Marias Medical Center, Shelby, MT for purchase of equipment	200,000
Marquette General Hospital, Marquette, MI for facilities and equipment	300,000
Marshalltown Medical and Surgical Center, Marshalltown, IA for high resolution medical imaging, including purchase of equipment	300,000
Mary Scott Nursing Center, Dayton, OH for facilities and equipment	200,000
Maryland State Dental Association, Columbia, MD for facilities and equipment for mobile dental care units	150,000
Maryville University, St. Louis, MO for facilities and equipment at the Center for Science and Health Professions	200,000
Mason County Board of Health, Maysville, KY for facilities and equipment	300,000
Massachusetts College of Pharmacy and Health Sciences, Worcester, MA for health information technology systems	200,000
Maury Regional Hospital, Columbia, TN for facilities and equipment	250,000
Meharry Medical College, Nashville, TN for facilities and equipment	300,000
Memorial Hermann Baptist Beaumont Hospital, Beaumont, TX for facilities and equipment	200,000
Memorial Hermann Healthcare System, Houston, TX for facilities and equipment	200,000
Memorial Hermann Southwest Hospital, Houston, TX for facilities and equipment	100,000
Mendocino Coast District Hospital, Fort Bragg, CA for facilities and equipment	300,000
Menominee Indian Tribe of Wisconsin, Keshena, WI for facilities and equipment for the Family Wellness Center	375,000
Mercy College of Northwest Ohio, Toledo, OH for facilities and equipment for the continuing professional education division	200,000
Mercy Health Foundation, Durango, CO for facilities and equipment for a community health clinic	200,000

Project	Committee recommendation
Mercy Hospital Grayling, Grayling, MI for facilities and equipment	125,000
Mercy Hospital, Buffalo, NY for facilities and equipment	100,000
Mercy Medical Center, Redding, CA for facilities and equipment	200,000
Mercy Medical Center-House of Mercy, Des Moines, IA for facilities and equipment related to substance abuse	275,000
Mercy Memorial Hospital, Monroe, MI for facilities and equipment	200,000
Mercy Ministries Health Center, Laredo, TX for a mobile health unit	100,000
Mercy Suburban Hospital, Norristown, PA for facilities and equipment	300,000
Methodist Hospital of Southern California, Arcadia, CA for facilities and equipment	550,000
Methodist Hospital, Houston, TX for purchase of equipment	200,000
Metropolitan Hospital, New York, NY for facilities and equipment	100,000
MetroWest Medical Center Framingham Union Hospital, Framingham, MA for facilities and equipment for interpreting services	75,000
Miami Beach Community Health Center, Miami Beach, FL for facilities and equipment	150,000
Middle Tennessee State University, Murfreesboro, TN for facilities and equipment for the school of nursing	200,000
Middlesex Community College, Lowell, MA for facilities and equipment for the health education programs	200,000
Middletown Regional Hospital, Middletown, OH for facilities and equipment for the Greentree Science Academy in Franklin, OH	100,000
Mid-Ohio FoodBank, Columbus, OH for facilities and equipment	200,000
Miles Community College, Miles City, MT for the Pathways to Careers in Healthcare initiative	200,000
Mission Hospitals, Asheville, NC for facilities and equipment	200,000
Missouri Delta Medical Center, Sikeston, MO for purchase of equipment	200,000
Monroe Clinic, Monroe, WI for health care information technology	250,000
Monroe County Hospital, Forsyth, GA for facilities and equipment	45,000
Montefiore Medical Center, Bronx, NY for health information systems	75,000
Montgomery Area Nontraditional Equestrians, Pike Road, AL for facilities and equipment to serve the disabled	100,000
Morehead State University, Morehead, KY to improve rural health	300,000
Morris Heights Health Center, Inc., Bronx, NY for facilities and equipment	100,000
Morton Hospital and Medical Center, Taunton, MA for facilities and equipment	300,000
Mount Nittany Medical Center, State College, PA for facilities and equipment	200,000
Mount Vernon Hospital, Mount Vernon, NY for facilities and equipment	200,000
Mount Wachusett Community College, Gardner, MA for facilities and equipment	325,000
Muhlenberg Community Hospital, Greenville, KY for facilities and equipment	150,000
Naugatuck Valley Community College, Waterbury, CT for facilities and equipment for the nursing program	100,000
Nebraska Hospital Association Research and Education Foundation, Lincoln, NE for a telehealth demonstration, including purchase of equipment	250,000
New York College of Osteopathic Medicine, Old Westbury, NY for disease management and patient advocacy programs, including purchase of equipment	300,000
New York Presbyterian Hospital, New York, NY for facilities and equipment	500,000
Newark Beth Israel Medical Center, Newark, NJ for facilities and equipment	200,000
Newark-Wayne Community Hospital, Newark, NY for facilities improvements and digital health care equipment	500,000
Newport Hospital, Newport, RI for facilities and equipment	300,000
Newton Memorial Hospital, Newton, NJ for purchase of equipment	150,000
Niagara Falls Memorial Medical Center, Niagara Falls, NY for facilities and equipment	400,000
Norman Regional Health System, Norman, OK for telehealth and electronic medical records initiatives	200,000
NorthEast Ohio Neighborhood Health Services, Inc., Cleveland, OH for facilities and equipment	250,000
Northeast Wisconsin Technical College, Green Bay, WI for a mobile health clinic	175,000
Northern Dutchess Hospital, Rhinebeck, NY for health information technology systems.	200,000
Northern Westchester Hospital, Mount Kisco, NY for facilities and equipment	100,000
Northland Medical Center, Princeton, MN for purchase of equipment	250,000
Northwest Community Health Care, Pascoag, RI for facilities and equipment	300,000
Northwest Hospital Intermediate Care Unit, Randallstown, MD for facilities and equipment	100,000
Northwest Kidney Centers, Seattle, WA for facilities and equipment	100,000
Northwest Nazarene University, Nampa, ID for facilities and equipment	100,000
Northwestern Memorial Hospital, Chicago, IL for facilities and equipment for Prentice Women's Hospital	375,000
Oakland University School of Nursing, Rochester, MI for facilities and equipment	250,000
Oaklawn Adult Group Home, Goshen, IN for facilities and equipment	150,000
Oakwood Healthcare System Foundation, Dearborn, MI for facilities and equipment for the Western Wayne Family Health Center	200,000
Ocean Beach Hospital, Ilwaco, WA for a telepharmacy program	350,000

Project	Committee recommendation
Ohio State University Comprehensive Cancer Center, Columbus, OH for James Cancer Survivorship Center for construction of facilities	150,000
Ohio State University Medical Center, Columbus, OH for facilities and equipment	200,000
Oklahoma University College of Medicine—Tulsa, Tulsa, OK for facilities and equipment	150,000
Olympic Community Action Program, Port Angeles, WA for facilities and equipment for the OlyCAP Oral Health Center	50,000
Oregon Coast Community College, Newport, OR for facilities and equipment for health professions education	75,000
Osceola County Health Department, Poinciana, FL for facilities and equipment	150,000
Osceola Medical Center, Osceola, WI for facilities and equipment	150,000
Our Lady of Lourdes Memorial Hospital, Binghamton, NY for facilities and equipment	325,000
Palisades Medical Center, North Bergen, NJ for facilities and equipment	250,000
Palmetto Health Foundation, Columbia, SC for facilities and equipment	1,000,000
Parkland Health Center, Farmington, MO for facilities and equipment	200,000
Passavant Area Hospital, Jacksonville, IL for facilities and equipment	200,000
Pattie A. Clay Regional Medical Center, Richmond, KY for facilities and equipment	225,000
Pee Dee Healthy Start, Florence, SC for programs to improve maternal and child health	88,000
Peninsula Hospital Center, New York, NY for health information systems	200,000
People, Inc., Williamsville, NY for electronic health records upgrades	200,000
Peralta Community College, Oakland, CA for facilities and equipment for the nursing program at Highland Hospital	200,000
Person Memorial Hospital, Roxboro, NC for facilities and equipment	200,000
Phoenix Children's Hospital, Phoenix, AZ for health information systems	250,000
Placer County, Auburn, CA for construction of the Children's Health Center/Emergency Shelter	250,000
Pointe Coupee Better Access Community Health, New Roads, LA for facilities and equipment	100,000
Ponce Center of Autism, Municipality of Ponce, PR for facilities and equipment at the Autism Center	225,000
Powell County Medical Center, Deer Lodge, MT for facilities and equipment	100,000
Powell Valley Health Care, Powell, WY for electronic information technology	300,000
Prairie Star Health Center, Hutchinson, KS for facilities and equipment	200,000
Preston Memorial Hospital, Kingwood, WV for facilities and equipment	275,000
Project Access Spokane, Spokane, WA for healthcare delivery to low income residents	200,000
ProMedica Continuing Care Service Corporation, Adrian, MI for a telemedicine initiative	150,000
Provena Saint Joseph Hospital, Elgin, IL for facilities and equipment	300,000
Providence Health System, Anchorage, AK to improve services in underserved regions	200,000
Putnam Hospital Center, Carmel, NY for facilities and equipment	200,000
Quebrada Health Center, Municipality of Camuy, PR for purchase of equipment	125,000
Quincy Valley Medical Center, Quincy, WA for facilities and equipment	150,000
Rancho Santiago Community College District, Santa Ana, CA for facilities and equipment for a medical education complex	150,000
Reading Hospital School of Nursing, West Reading, PA for nurse training programs including facilities and equipment	100,000
Reformed Presbyterian Woman's Association, Pittsburgh, PA for facilities and equipment for a skilled nursing facility	200,000
Regional Children's Hospital, Johnson City, TN for facilities and equipment	100,000
Rhode Island Quality Institute, Providence, RI for health information technology in conjunction with Rhode Island mental health organizations	250,000
Rio Arriba County, Espanola, NM for facilities and equipment for the Health Commons	750,000
Riverside County Regional Medical Center, Moreno Valley, CA for facilities and equipment	225,000
Riverside County Regional Medical Center, Moreno Valley, CA for facilities and equipment	140,000
Riverside Health System, Newport News, VA for the Patient Navigator Program	150,000
Roosevelt Hospital, New York, NY for facilities and equipment	200,000
Rosebud Sioux Tribe, Rosebud, SD for facilities and equipment	100,000
Roswell Park Cancer Institute, Buffalo, NY for facilities and equipment	300,000
Rural Health Technology Consortium for facilities and equipment	200,000
Rush University Medical Center, Chicago, IL for facilities and equipment for the Center for Advanced Medical Response	225,000
Saginaw Valley State University, University Center, MI for purchase of equipment	350,000
Saint Mary's Health Care, Grand Rapids, MI for an electronic health records initiative, including equipment	150,000
Sam Rogers Health Clinic, Kansas City, MO for facilities and equipment	200,000
San Antonio Hospital Foundation, Upland, CA for facilities and equipment	450,000
San Francisco Medical Center Outpatient Improvement Programs, Inc., San Francisco, CA for facilities and equipment	450,000
San Mateo County, Redwood City, CA for facilities and equipment for the San Mateo Medical Center Emergency Department	400,000

Project	Committee recommendation
San Ysidro Health Center, San Ysidro, CA for facilities and equipment	100,000
Sandoval County, Bernalillo, NM for a telemedicine initiative, including purchase of equipment	200,000
Santa Rosa Memorial Hospital, Orange, CA for facilities and equipment	150,000
Schneck Medical Center, Semour, IN for facilities and equipment	375,000
Scotland Memorial Hospital, Laurinberg, NC for facilities and equipment	200,000
Seattle Cancer Care Alliance Seattle, WA for facilities and equipment	100,000
Sharp Rehabilitation Services, San Diego, CA for facilities and equipment	150,000
Shasta Community Health Center, Redding, CA for facilities and equipment	150,000
Shawano County Rural Health Initiative, Shawano, WI for rural health care	75,000
Sidney Health Center, Sidney, MT for purchase of equipment	200,000
Sierra Nevada Memorial Foundation, Grass Valley, CA for an electronic health records initiative	250,000
Sistersville General Hospital, Sisterville, WV for facilities and equipment	225,000
Skagit Valley Hospital Cancer Care Center, Mount Vernon, WA for facilities and equipment	275,000
Soldiers and Sailors Memorial Hospital, Wellsboro, PA for purchase of equipment	200,000
Somerset Medical Center, Somerville, NJ for electronic health records upgrades	350,000
South Broward Hospital District, Hollywood, FL for facilities and equipment	250,000
South Carolina HIV/AIDS Council, Columbia, SC for health outreach	185,000
South Nassau Communities Hospital, Oceanside, NY for facilities and equipment	200,000
South Shore Hospital, South Weymouth, MA for facilities and equipment	300,000
Southampton Hospital, Southampton, NY for facilities and equipment	300,000
Southeast Alabama Medical Center, Dothan, AL for facilities and equipment for the Southeast Regional Cancer Screening Program	350,000
Southeast Community College, Cumberland, KY for facilities and equipment for an allied health training center	100,000
Southeast Missouri State University, Cape Girardeau, MO for facilities and equipment	0
Southern Methodist University, Dallas, TX for purchase of equipment	150,000
Southern Vermont Recreation Center Foundation, Springfield, VT for facilities and equipment for a medical rehabilitation unit	100,000
Southwest Tennessee Community College, Memphis, TN for facilities and equipment	200,000
St. James Hospital and Health Centers, Chicago Heights, IL for facilities and equipment for the Olympia Fields campus	225,000
St. Agnes Hospital, Fresno, CA for purchase of equipment	160,000
St. Ambrose University, Davenport, IA for facilities and equipment	150,000
St. Anthony Community Hospital, Warwick, NY for facilities and equipment	100,000
St. Anthony Hospital, Chicago, IL for facilities and equipment	200,000
St. Anthony Memorial Health Centers, Hammond, IN for facilities and equipment	275,000
St. Bernard Health Center, Inc., Chalmette, LA for facilities and equipment	200,000
St. Bernardine Medical Center, San Bernardino, CA for facilities and equipment	200,000
St. Camillus Health and Rehabilitation Center, Syracuse, NY for the brain injury program, including facilities and equipment	300,000
St. Catharine College, St. Catharine, KY for the allied health science program, including facilities and equipment	175,000
St. Charles Parish, LaPlace, LA for purchase of equipment	150,000
St. Clair Hospital, Pittsburgh, PA for facilities and equipment	200,000
St. Claire Regional Medical Center, Morehead, KY for facilities construction	200,000
St. Elizabeth Medical Center, Utica, NY for facilities and equipment	400,000
St. Francis Hospital, Escanaba, MI for facilities and equipment	125,000
St. Francis Medical Center, Trenton, NJ for facilities and equipment	250,000
St. James Parish Hospital, Lutcher, LA for facilities and equipment	200,000
St. John's North Shore Hospital, Harrison Township, MI for facilities and equipment	200,000
St. Joseph of the Pines, Southern Pines, NC for an electronic health records system	100,000
St. Joseph Regional Medical Center, South Bend, IN for health care information technology	275,000
St. Joseph's Hospital Mercy Care Services, Atlanta, GA for health information technology	300,000
St. Joseph's Hospital, Buckhannon, WV for facilities and equipment	100,000
St. Joseph's Hospital, Savannah GA for facilities and equipment	275,000
St. Joseph's Regional Medical Center, Paterson, NJ for health information technology	200,000
St. Joseph's/Candler Health System, Savannah, GA for purchase of equipment	200,000
St. Luke's Quakertown Hospital, Quakertown, PA for facilities and equipment	400,000
St. Luke's Regional Medical Center, Ltd., Boise, ID for purchase of equipment	200,000
St. Mary Medical Center Foundation, Langhorne, PA for facilities and equipment	100,000
St. Mary Medical Center, Apple Valley, CA for the electronic intensive care unit	500,000
St. Mary's Hospital Foundation, Grand Junction, CO for facilities and equipment for the Saccomanno Education Center	200,000
St. Mary's Hospital, Madison, WI for facilities and equipment	150,000
St. Mary's Medical Center, Huntington, WV for facilities and equipment for the Center for Education	400,000

Project	Committee recommendation
St. Mary's Regional Medical Center, Reno, NV for facilities and equipment	250,000
St. Patrick Hospital and Health Sciences Center, Missoula, MT for an electronic medical records system	300,000
St. Peter's Hospital Foundation, Albany, NY for facilities and equipment for the St. Peter's Breast Center	200,000
St. Petersburg College, St. Petersburg, FL for facilities and equipment	250,000
St. Vincent Hospital, Billings, MT for facilities and equipment	300,000
St. Vincent's Charity Hospital, Cleveland, OH for facilities and equipment	450,000
St. Vincent's Medical Center, Bridgeport, CT for facilities and equipment	200,000
St. Xavier University, Chicago, IL for facilities and equipment	200,000
Stamford Hospital, Stamford, CT for facilities and equipment	200,000
Stark Prescription Assistance Network, Canton, OH for facilities and equipment	150,000
State Fair Community College, Sedalia, MO for facilities and equipment	300,000
Stewart-Marchman Center, Inc., Daytona Beach, FL for facilities and equipment	150,000
Stony Point Ambulance Corps, Stony Point, NY for facilities and equipment	375,000
Summers County Commission, Hinton, WV for facilities and equipment for the Appalachian Regional Healthcare Hospital	230,000
Swedish Covenant Hospital, Chicago, IL for facilities and equipment	250,000
Sylvan Grove Hospital, Jackson, MS for facilities and equipment	50,000
Tangipahoa Parish, Loranger, LA for facilities and equipment	100,000
Tarleton State University, Stephenville, TX for the Rural Nursing Education Program, including purchase of equipment	200,000
Tarrant County Infant Mortality Task Force, Ft. Worth, TX for education and outreach programs	100,000
Taylor Regional Hospital, Hawkinsville, GA for facilities and equipment	55,000
Temple Health and Bioscience Economic Development District, Temple, TX for facilities and equipment	250,000
Teton Valley Hospital and Surgicenter, Driggs, ID for purchase of equipment	200,000
Texas A&M University—Kingsville, Kingsville, TX for facilities and equipment for a research facility	150,000
Texas Institute for Genomic Medicine, College Station, TX for facilities and equipment	125,000
Texas Tech University Health Sciences Center, El Paso and Lubbock, TX for facilities and equipment for the West Texas Center for Influenza Research, Education and Treatment	550,000
Texas Tech University Health Sciences Center, Lubbock, TX for health professionals training, including facilities and equipment	100,000
Thomas Jefferson University Breast Cancer Center, Philadelphia, PA for facilities and equipment	400,000
Thomason General Hospital, El Paso, TX for facilities and equipment	350,000
Thundermist Health Center, Woonsocket, RI for health information technology	500,000
Tohono O'odham Nation, sells, AZ for facilities and equipment for its diabetes and dialysis program	100,000
Toledo Children's Hospital, Toledo, OH for facilities and equipment for a palliative care program	75,000
Tomorrow's Child/Michigan SIDS, Lansing, MI for facilities and equipment	200,000
Town of Argo, AL for facilities and equipment for the Senior Citizens' Center for Health and Wellness	100,000
Translational Genomics Research Institute, Phoenix, AZ for facilities and equipment	500,000
Transylvania Community Hospital, Inc., Brevard, NC for facilities and equipment	275,000
Tulare District Hospital, Tulare, CA for an electronic medical record system	150,000
Tuomey Healthcare System, Sumter, SC for health information systems	200,000
Twin City Hospital, Dennison, OH for facilities and equipment	300,000
Union Hospital, Terre Haute, IIN for health information technology	200,000
Uniontown Hospital, Uniontown, PA for facilities and equipment for the chest pain center	300,000
Unity Health Care, Washington, DC for health information systems	200,000
University Community Hospital/Pepin Heart Hospital, Tampa, FL for purchase of equipment	200,000
University Health System, San Antonio, TX for facilities and equipment	175,000
University of Alabama, Tuscaloosa, AL for a telehealth initiative	100,000
University of Arizona Medical Center, Tucson, AZ for facilities and equipment	400,000
University of Arkansas for Medical Sciences, Little Rock, AR for facilities and equipment	200,000
University of Arkansas for Medical Sciences, Little Rock, AR for facilities and equipment at the Antenatal and Neonatal Guidelines, Education, and Learning System (ANGELS)	180,000
University of Arkansas Medical School Cancer Research Center, Little Rock, AR for facilities and equipment	325,000
University of California, Davis Health System, Sacramento, CA for facilities and equipment for the Center for Education	420,000
University of Chicago Hospitals, Chicago, IL for facilities and equipment	225,000
University of Illinois College of Medicine, Peoria, IL for facilities and equipment	200,000
University of Iowa, Iowa City, IA for facilities and equipment for a public health research and education building	100,000
University of Iowa, Iowa City, IA for facilities and equipment for an advanced biomedical research institute	100,000
University of Kansas Research Center, Lawrence, KS for facilities and equipment	425,000
University of Massachusetts Memorial Medical Center, Worcester, MA for health information technology	350,000

Project	Committee recommendation
University of Memphis, Memphis, TN for facilities and equipment for the community health building	200,000
University of Miami, Miami, FL for equipment at the Center for Research in Medical Education	150,000
I University of Michigan Health System, Ann Arbor, MI for facilities and equipment for the C.S. Mott Children's and Women's Hospitals	350,000
University of North Alabama, Florence, AL for facilities and equipment for a science building	225,000
University of North Texas, Denton, TX for the center for Computational Epidemiology, including facilities and equipment	350,000
University of Northern Colorado, Greeley, CO to develop the National Center for Nursing Education, including facilities and equipment	350,000
University of South Florida, Tampa, FL for the Florida Cancer Clinical Trials Project	400,000
University of Tennessee of Chattanooga, Chattanooga, TN for a low birth weight study	400,000
University of Texas Southwestern Medical Center, Dallas, TX for facilities and equipment for the sickle cell program	300,000
University of Texas Southwestern Medical Center, Dallas, TX for purchase of equipment	200,000
University of Virginia Health System, Charlottesville, VA for a telehealth project for southwest VA	150,000
University of Wisconsin-Oshkosh, Oshkosh, WI for facilities and equipment	165,000
Utah Navajo Health System, Inc., Montezuma Creek, UT for telehealth systems	100,000
Valley Cooperative Health Care, Hudson, WI for health information systems	75,000
Vanguard University Nursing Center, Costa Mesa, CA for facilities and equipment	200,000
Village Network Boys' Village Campus, Wooster, OH for facilities and equipment	250,000
Virtua Memorial Hospital Burlington County, Mount Holly, NJ for purchase of equipment	200,000
Visiting Nurse Association Healthcare Partners of Ohio, Cleveland, OH for telehealth	400,000
Wadsworth Rittman Hospital Foundation, Wadsworth, OH for facilities and equipment	400,000
Wake County, Raleigh, NC for facilities and equipment for Holly Hill Hospital	300,000
Washington County, GA Regional Medical Center, Sandersville, GA for facilities and equipment	250,000
Washington Hospital Center, Washington, DC for facilities and equipment	200,000
Washington Parish, Bogalusa, LA for health care centers, including facilities and equipment	100,000
Wayne Memorial Hospital, Jesup, GA for facilities and equipment	300,000
West Jefferson Medical Center, Marrero, LA for facilities and equipment	200,000
West Shore Medical Center, Manistee, MI for facilities and equipment	150,000
West Side Community Health Services, St. Paul, MN for facilities and equipment	150,000
West Virginia University Hospital, Morgantown, WV for facilities and equipment	175,000
Western North Carolina Health System, Asheville, NC for health information technology	300,000
Whidden Memorial Hospital, Everett, MA for facilities and equipment	275,000
White County Memorial Hospital, Monticello, IN for facilities and equipment	210,000
White Memorial Medical Center, Los Angeles, CA for facilities and equipment	400,000
White Plains Hospital Center, White Plains, NY for facilities and equipment	225,000
Whiteside County Department of Health, Rock Falls, IL for facilities and equipment	200,000
Whittemore Peterson Institute for Neuro-Immune Disease, Sparks, NV for facilities and equipment	200,000
Wind River Community Health Center, Riverton, WY for facilities and equipment	250,000
Wing Memorial Hospital, Palmer, MA for facilities and equipment	200,000
Winneshiek Medical Center, Decorah, IA for purchase of medical equipment	230,000
Wolfson Children's Hospital, Jacksonville, FL for purchase of equipment	300,000
Woodhull Medical and Mental Health Center, Brooklyn, NY for equipment for a hospital-based radiologic technology school	230,000
Woodruff County Nursing Home, McCrory, AR for facilities and equipment	200,000
Wyoming County Community Hospital, Warsaw, NY for facilities and equipment	100,000
YMCA of Central Stark County, Canton, OH for facilities and equipment	500,000
York Memorial Hospital, York, PA for facilities and equipment	92,000
Youth Crisis Center, Jacksonville, FL for facilities and equipment	200,000
Zucker Hillside Hospital, Glen Oaks, NY for facilities and equipment	250,000

Bioterrorism hospital grants to states

The Committee provides funding for this activity in the Office of the Secretary, Assistant Secretary for Preparedness and Response, as requested in the President's request and provided in the Continuing Appropriations Resolution, 2007.

Telehealth

The Committee provides $7,000,000 for telehealth, which is $181,000 above the fiscal year 2007 funding level and the budget request. The telehealth program works with and supports commu-

nities in their efforts to develop cost-effective uses of telehealth technologies. These technologies bring health services to isolated populations and health-related education to the practitioners who serve them. The program supports 16 grants for networks along with five regional resource centers.

Program management

The Committee provides $142,191,000 for the cost of Federal staff and related activities to coordinate, direct, and manage the programs of the Health Resources and Services Administration, which is $4,103,000 below the fiscal year 2007 funding level and $2,000,000 below the budget request. The Committee reduces funding for this account by $2,000,000 because it intends to support the dental shortages demonstration currently funded in program management in the MCH SPRANS dental health initiative.

The Committee is concerned that there is a widespread lack of awareness among health care providers that cardiovascular disease is the leading killer of women in the United States. The Committee encourages HRSA to conduct an education and awareness campaign for physicians and other health care professionals relating to the prevention, diagnosis, and treatment of heart disease, stroke and other cardiovascular diseases in women.

The unfortunate death earlier this year of a 12-year old Maryland boy from a brain infection stemming from an abscessed tooth has focused the Committee's attention on the issue of access to oral health care for underserved populations. As the agency that supports programs that provide services to disadvantaged, medically underserved and special populations, the Committee believes that HRSA should be actively involved in addressing this problem. The Committee was disturbed to learn that the lack of administrative support for oral health infrastructure within HRSA and collaborative oral health initiatives among HRSA bureaus and with other Federal agencies has made it nearly impossible for HRSA staff to respond to States' needs. The Committee believes that HRSA must appoint a chief dental officer who can coordinate the agency's oral health activities, focus on rebuilding the HRSA dental corps and provide direction for HRSA field officers. The Committee directs HRSA to report to the Committee no later than October 30, 2007 on its activities to name a chief dental officer.

HEALTH EDUCATION ASSISTANCE LOANS PROGRAM ACCOUNT

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

The Committee provides $1,000,000 to liquidate obligations from loans guaranteed prior to 1992, which is $3,000,000 below the fiscal year 2007 funding level and the same as budget request.

The Committee provides $2,906,000 for HEAL program management, which is $8,000 above the fiscal year 2007 funding level and the same as the budget request.

VACCINE INJURY COMPENSATION TRUST FUND

The Committee makes available the release of $57,547,000 from the Vaccine Injury Compensation Trust Fund in fiscal year 2008, which is $1,676,000 above the fiscal year 2007 funding level and the same as the budget request.

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

Trust funds made available in the bill will support the liability costs of vaccines administered after September 30, 1988. They will also support the $3,528,000 in costs incurred by the agency in the operation of the program, which is $454,000 less than the fiscal year 2007 funding level and the same as the budget request.

CENTERS FOR DISEASE CONTROL AND PREVENTION

DISEASE CONTROL, RESEARCH, AND TRAINING

The Committee provides a program level total of $6,457,832,000 for the Centers for Disease Control and Prevention (CDC), which is $255,160,000 above the fiscal year 2007 funding level and $475,181,000 above the budget request. Of the funds provided, $316,079,000 shall be derived from evaluation set-aside funds available under section 241 of the Public Health Service Act, which is $50,979,000 above the fiscal year 2007 set-aside and $50,079,000 above the requested set-aside. The Committee includes an undistributed reduction of $2,000,000 within this account.

With the exception of the public health and health services block grant, which has a statutorily-determined formula distribution, all funds provided in this appropriation are awarded via competitive grant/cooperative agreement or contract, administratively-determined formula, or are awarded on a sole-source basis where only one eligible partner is determined. Funding is typically awarded to States, localities, public health departments, higher education institutions, private industry, or nonprofit voluntary groups or associations and is reviewed by outside peer reviewers.

The CDC assists State and local health authorities and other non-governmental health-related organizations to understand, control, and reduce disease and other health problems. The activities of CDC focus on several major priorities, including providing core public health functions, responding to urgent public health threats, monitoring the nation's health using scientific methods, building the nation's public health infrastructure, promoting health throughout each life-stage, and providing leadership in the implementation of nationwide prevention strategies to encourage respon-

sible behavior and adoption of lifestyles that are conducive to good health.

Infectious diseases

The Committee provides a program level of $1,913,302,000 for infectious diseases, which is $109,071,000 above the fiscal year 2007 funding level and $118,934,000 above the budget request. Of the funds provided, $12,794,000 shall be derived from evaluation set-aside funds available under section 241 of the Public Health Service Act, as proposed in the budget request.

Immunization and respiratory diseases

The Committee provides a program level of $636,159,000 for immunization and respiratory diseases, which is $68,155,000 over the fiscal year 2007 funding level and $91,182,000 above the budget request. Of the amount provided, $12,794,000 is to be derived from section 241 evaluation set-aside funds, as provided in fiscal year 2007 and as proposed in the request. In addition, the current vaccines for children program is expected to provide $2,761,957,000 in vaccine purchases and distribution support in fiscal year 2008, for a total of $3,398,116,000 for immunization and respiratory diseases activities in fiscal year 2008.

In fiscal year 2007, CDC reorganized within the coordinating center for infectious diseases to combine activities related to respiratory diseases with immunization activities. In addition, a new influenza division was created within this new national center for immunization and respiratory diseases.

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

The Committee recommends $516,273,000 for the immunization program authorized by section 317 of the Public Health Service Act, which is $58,750,000 above the fiscal year 2007 funding level and $91,150,000 above the budget request. The Committee is aware that prior to 2000 and the introduction of new vaccines, such as the recent human papillomavirus vaccine, the 317 immunization program was adequately providing vaccines to children and adolescents traditionally dependent on the public sector for support, but who were not eligible for the vaccines for children program.

Currently, the 317 immunization program is falling far short of the need. The current estimate of the cost to fully immunize a female through age 18 is over $1,240 and for a male it is over $936—this compares with a total cost of $186 for females and males in 1999. As a result of these increased vaccine costs, the number of children receiving vaccines under the 317 program has fallen from 747,000 in 1999 to an estimated 279,000 in 2006. The Committee

recommendation is the first step toward the goal of fully immunizing all eligible individuals. The additional funding included above the fiscal year 2007 appropriation will allow approximately 42,000 additional children and adolescents to receive the full vaccine schedule compared to the estimated number of those who will be served in 2007.

The Committee is concerned that immunization levels for vaccines routinely recommended for many adolescents and adults lag far behind coverage levels for vaccines for children. The Committee understands that CDC led a process during the early 1990s that resulted in the development of immunization action plans (IAPs) in all 50 States and in many major urban areas to achieve 90 percent immunization coverage for vaccines recommended for young children. These IAPs were the result of community planning efforts led by State and local health departments and included detailed actions thought to be needed to achieve coverage goals, activities that could be undertaken with available resources and estimates of the resources required for such efforts. The Committee believes that while maintaining the commitment to and the coverage levels for children, a similar process may be useful for reaching adolescent and adult immunization goals, and encourages CDC to provide funding to States or local organizations that receive section 317 immunization grant funds to develop community adolescent and adult immunization planning demonstrations to achieve 90 percent immunization coverage for vaccines routinely recommended for adolescents and adults. These models should include existing and new efforts planned within existing resources; new activities needed and estimates for those needs.

The Committee is pleased with the report on the section 317 immunization program that CDC provided and requests that the report be updated and promptly submitted by February 1, 2008, to reflect fiscal year 2009 cost estimates. The updated report also should include an estimate of optimum State and local operations funding as well as CDC operations funding needed relative to current levels to conduct and support childhood, adolescent, and adult programs. This estimate should include the cost of vaccine administration; surveillance and assessment of changes in immunization rates; vaccine storage, handling and quality assurance; implementation of centralized vaccine distribution and other vaccine business improvement practices; needs to support provider and public outreach and education on new vaccines; identification of barriers to immunization and strategies to address such barriers; maintenance, utilization, and enhancement of immunization information systems, including integration with public health preparedness and other public health information technology systems; innovative strategies to increase coverage rates in hard-to-reach populations and geographic pockets of need; vaccine safety; and other non-vaccine resource needs of a comprehensive immunization program. Each of these activities is critical to ensuring the delivery of life-saving vaccines to our nation and has been under-funded in recent years.

The Committee recommends $82,575,000 for immunization and respiratory diseases program operations, which is $19,759,000 above the fiscal year 2007 funding level and $32,000 above the

budget request. This funding supports vaccine tracking, vaccine safety, and prevention activities. Included within the total is $19,800,000 to provide funds to States to increase demand for influenza vaccine with the intention that by doing so, U.S. vaccine production capacity also will be stimulated.

The Committee recommends $37,311,000 for activities related to preparing for and responding to a pandemic influenza, which is $10,354,000 below the fiscal year 2007 funding level and the same as the budget request. Included within this total is $19,800,000 to develop a repository of pandemic virus reference strains for manufacturing and $14,850,000 to increase the stock of diagnostic reagents for influenza.

Vaccine safety datalink.—In fiscal year 2006, the Committee requested that the National Institute of Environmental Health Sciences (NIEHS) convene a panel of expert, independent researchers for the purpose of exploring the possibility of using the CDC's vaccine safety datalink (VSD) to conduct a study that could "identify or rule out any association between thimerosal exposure in pediatric vaccines and increased rates of autism." The expert panel convened in May 2006 and issued a report, which recommended that gaps and uncertainties in the VSD be addressed prior to the consideration of further studies of autism and thimerosal using the VSD. Given that the VSD ten-year contract totals more than $120,000,000, the Committee urges CDC to report to the House Committee on Appropriations no later than March 1, 2008 on its response to the NIEHS recommendations. This report should include information about current and ongoing CDC studies that address the potential association between thimerosal exposure in pediatric vaccines and neurodevelopmental disorders including autism.

HIV/AIDS, viral hepatitis, STD and TB prevention

The Committee provides $1,042,303,000 for HIV/AIDS, viral hepatitis, sexually transmitted diseases (STD), and tuberculosis (TB) prevention, which is $32,112,000 above the fiscal year 2007 funding level and $14,495,000 below the request.

Within the total, $715,463,000 is for domestic HIV/AIDS prevention and research, which is $17,413,000 above the fiscal year 2007 funding level and $29,644,000 below the budget request. This funding level supports HIV research, surveillance, epidemiologic and laboratory studies, and prevention activities. CDC provides funds to State and local health departments to develop and implement integrated community prevention plans. The Committee supports the domestic HIV/AIDS initiative and provides $63,000,000 for the testing component of the initiative within CDC, which is $18,000,000 more than the fiscal year 2007 funding level and $30,000,000 less than the budget request. The Committee does not provide a set-aside within this funding for the early diagnosis grant program and notes that currently no States have adopted the HIV testing policies designated for eligibility to receive funding under this new authorization.

Within the total, $18,615,000 is for the viral hepatitis program, which is $1,000,000 more than the fiscal year 2007 funding level and $1,025,000 more than the budget request. The division of viral

hepatitis provides the scientific and programmatic foundation for the prevention, control, and elimination of hepatitis virus infections in the U.S.

Within the total, $157,537,000 is for the sexually transmitted diseases (STD) prevention program, which is the same as the fiscal year 2007 funding level and $227,000 more than the budget request. The division of STD prevention provides national leadership through research, policy development, and support of effective services to prevent sexually transmitted diseases and their complications such as infertility, adverse outcomes of pregnancy, and reproductive tract cancer. CDC assists health departments, health-care providers, and non-governmental organizations and collaborates with other governmental entities through the development, syntheses, translation, and dissemination of timely, science-based information; the development of national goals and science-based policy; and the development and support of science-based programs that meet the needs of communities.

Within the total, $150,688,000 is for the tuberculosis program, which is $13,699,000 more than the fiscal year 2007 funding level and $13,897,000 more than the budget request. The TB program provides grants to States and large cities for a broad range of tuberculosis control activities. In addition, the CDC supports State and local laboratories and conducts research, epidemiological investigations, and education and training seminars.

HIV/AIDS in minority communities.—Funds are provided within the total for domestic HIV/AIDS prevention and research programs to support activities that are targeted to address the growing HIV/AIDS epidemic and its disparate impact on communities of color, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders.

Hepatitis B.—The Committee applauds CDC's efforts to develop and implement a new strategy to screen individuals at risk for chronic hepatitis B. As only approximately one-third of individuals with hepatitis B are aware of their condition, the Committee urges CDC to continue to collaborate with the National Institute of Diabetes and Digestive and Kidney Diseases in the development of a public health strategy to expand the screening of individuals at risk for chronic hepatitis B. In addition, the Committee notes that accurate national statistics are lacking as to the number of Americans infected with hepatitis B, as existing population-based surveys have not included Asian/Pacific islander groups in whom hepatitis B is by far the most common. The Committee is aware that there are now six pharmaceutical products available for the treatment of hepatitis B and that three of them have become available in the last two years. The significant improvement in treatment options increases the timeliness of an aggressive screening program for hepatitis B.

Hepatitis C.—The Committee is concerned that more than 75 percent of the 4 million people with hepatitis C are unaware of their condition because the condition is often asymptomatic until advanced liver damage develops. Therefore, the Committee urges CDC to implement an aggressive screening program. In addition to targeting at-risk populations, the Committee urges the consideration of age-based screening policies to more effectively reach in-

fected populations. The Committee also urges CDC to support a campaign of public announcements that will highlight the need for appropriate screening and medical follow-up for target populations.

The Committee also recognizes the alarming rate of individuals co-infected with hepatitis C and HIV, and that end-stage liver disease secondary to hepatitis C is now the leading cause of death for individuals with HIV disease. The Committee urges that funding be focused on expanding the capability of State health departments, particularly to enhance resources available to the hepatitis C State coordinators and for increased screening initiatives. The Committee also encourages the division of viral hepatitis to collaborate with the Health Resources and Services Administration (HRSA) to implement improved HCV screening programs for HIV-infected individuals served by HRSA programs.

Global tuberculosis.—TB is an enormous public health crisis in the developing world, killing millions of people in the prime of their lives every year. Despite the development of effective treatments against TB fifty years ago, there have never been more people infected with the disease in the history of the world. Approximately 2 billion people (approximately 30 percent of the world's population) have been infected with mycobacterium tuberculosis, the causative agent of TB. TB is a leading cause of death in HIV-infected individuals and in women of childbearing age. Each year, TB takes the lives 2 million people and there are 8 million new cases; another million die of the combination of HIV and TB. To help stem this growing pandemic, the Committee provides funding to enhance and expand the existing CDC cooperative agreement on TB vaccine research.

Intensified support and activities to accelerate control (ISAAC).—The Committee applauds CDC for implementing the ISAAC initiative for targeting TB in African Americans and along the U.S.-Mexico border, universal genotyping of all culture positive TB cases, and expanding clinical trials and development of new tools for the diagnosis and treatment of TB. The Committee notes with concern, however, reports of extensively drug resistant tuberculosis strains in Africa that demonstrate extremely high mortality rates. The Committee urges CDC to continue to provide leadership and technical expertise to other nations experiencing outbreaks of extensively drug resistant tuberculosis and to coordinate activities with other Federal and international health agencies.

Multi-drug resistant (MDR) tuberculosis and extensively drug resistant tuberculosis (XDR–TB).—The Committee is extremely concerned about MDR TB and XDR–TB. The Committee urges CDC to expand resources for global TB control to enhance, maximize, and target resources for surveillance, including laboratory testing, and control of TB in the U.S. and around the world, while ensuring preparedness and response capacity for both MDR TB and XDR–TB.

Tuberculosis elimination and laboratory cooperative agreements.—The Committee is concerned that CDC is not meeting its commitment to fully implement the new funding formula under the TB elimination and laboratory cooperative agreements. The Committee supports the CDC distribution formula that would award funds in proportion to the number and complexity of TB cases in a jurisdiction and urges CDC to accelerate and complete the imple-

mentation of this new formula as soon as possible to ensure Federal TB funds are awarded to reflect the actual number and complexity of TB cases in each jurisdiction.

Zoonotic, vector-borne, and enteric diseases

The Committee provides $70,342,000 for zoonotic, vector-borne, and enteric diseases, which is $272,000 more than the fiscal year 2007 funding level and $7,390,000 more than the budget request. Within this total, no less than the level allocated in fiscal year 2007 for the West Nile virus program is recommended for fiscal year 2008.

The new national center for zoonotic, vector-borne, and enteric diseases was created in 2007 through a reorganization of the infectious disease program. This center provides national and international scientific and programmatic leadership addressing zoonotic, vector-borne, foodborne, waterborne, mycotic, and related infections to identify, investigate, diagnose, treat, and prevent these diseases. The programs focus on the continuing challenge of emerging and re-emerging zoonoses and the ecologies from which these diseases have emerged, while recognizing the importance of working collaboratively, not just across CDC and the traditional public health community, but also with agricultural, wildlife, companion animal, and environmental agencies and organizations.

Preparedness, detection, and control of infectious diseases

The Committee provides $164,498,000 for preparedness, detection, and control of infectious diseases, which is $8,532,000 more than the fiscal year 2007 funding level and $34,857,000 more than the budget request. Within the total, $19,228,000 is to address the growing problem of antimicrobrial resistance, which is $1,748,000 more than the fiscal year 2007 funding level and $1,776,000 more than the budget request.

The new national center for preparedness, detection, and control of infectious diseases will provide greater focus on preparedness and response capacity for new and complex infectious disease outbreaks, and will manage and coordinate emerging infectious diseases, integrate laboratory groups, and facilitate increased quality and capacity in clinical laboratories. The center will serve as a focal point for engaging outside agencies and partners in quality laboratory systems and improved healthcare settings.

Community-associated Methicillin-resistant Staphylococcus aureus (CA–MRSA).—The Committee is concerned about the explosion in virulence and prevalence of MRSA strains in the U.S. Compounding this problem is a fundamental shift from primarily hospital-based transmission to community-based transmission of MRSA. The spread of CA–MRSA through perfectly healthy community members with no hospital contact concerns the Committee. Within the funds provided, the Committee encourages CDC to conduct a strong, extramural research program in MRSA epidemiology and pathophysiology. The Committee encourages CDC to maximize this MRSA research through continued support for entities with established MRSA research programs.

Health promotion

The Committee provides $1,002,212,000 for health promotion, which is $42,550,000 above the fiscal year 2007 funding level and $43,480,000 above the budget request.

Chronic disease prevention, health promotion, and genomics

The Committee provides $869,479,000 for chronic disease prevention, health promotion, and genomics, which is $34,481,000 more than the fiscal year 2007 funding level and $35,284,000 more than the budget request. Chronic diseases have had a profound human and economic toll on our nation. More than 1.7 million Americans die of a chronic disease each year, accounting for approximately 70 percent of all deaths in the U.S. The programs funded through this budget activity provide support for State and community programs, surveillance, prevention research, evaluation, and health promotion.

Within the total provided, the Committee includes the following amounts for chronic disease prevention, health promotion, and genomics activities:

$48,744,000 for heart disease and stroke programs, which is $4,431,000 above the fiscal year 2007 funding level and $4,475,000 above the budget request;

$69,157,000 for diabetes programs, which is $6,287,000 above the fiscal year 2007 funding level and $6,351,000 above the budget request;

$326,100,000 for cancer prevention and control programs, which is $19,379,000 more than the fiscal year 2007 funding level and $19,691,000 more than the budget request (included within this total is $19,605,000 for the WISEWOMAN program, $9,000,000 to carry out activities authorized by Johanna's Law, and $6,505,000 for activities related to ovarian cancer);

$22,797,000 for arthritis and other chronic diseases programs, which is $764,000 more than the fiscal year 2007 funding level and $787,000 more than the budget request (included within this total is $8,402,000 for the epilepsy program);

$104,347,000 for tobacco programs, which is the same as the fiscal year 2007 funding level and $106,000 above the budget request;

$42,250,000 for nutrition, physical activity and obesity programs, which is $899,000 more than the fiscal year 2007 funding level and $941,000 more than the budget request (included within this total is $2,300,000 for the fruit and vegetable program formerly known as the 5-a-day program);

$27,544,000 for health promotion, which is $224,000 more than the fiscal year 2007 funding level and $254,000 more than the budget request (within the total, $3,466,000 is provided for the visual screening education program and $1,000,000 is provided within community health promotion for activities related to sleep disorders);

$56,449,000 for school health programs, which is $500,000 more than the fiscal year 2007 funding level and $556,000 more than the budget request (within the amount provided, $500,000 shall be used to develop and policy to manage the

risk of food allergies and anaphylaxis in schools and to provide parents with enhanced information on these conditions via the Internet);

$48,530,000 for the safe motherhood/infant health programs, which is $4,412,000 more than the fiscal year 2007 funding level and $4,456,000 more than the budget request;

$10,000,000 for new demonstration grant program to prevent teen pregnancy, which was not requested by the Administration;

$13,140,000 for oral health programs, which is $1,500,000 more than the fiscal year 2007 funding level and $1,511,000 more than the budget request;

$29,556,000 for prevention centers, which is $30,000 less than the fiscal year 2007 funding level and the same as the budget request;

$26,386,000 for steps to a healthier U.S., which is $17,299,000 less than the fiscal year 2007 funding level and the same as the budget request;

$37,553,000 for REACH, which is $3,414,000 more than the fiscal year 2007 funding level and $3,449,000 more than the budget request; and,

$6,926,000 for genomics, which is the same as the fiscal year 2007 funding level and $7,000 more than the budget request.

Alzheimer's disease and healthy aging.—There is growing scientific evidence that many of the same strategies that preserve overall health may also help prevent or delay the onset of cognitive impairment and dementia. For example, statins used for heart disease may hold promise in the fight against Alzheimer's disease and epidemiological studies show that individuals taking anti-inflammatory drugs to treat conditions such as arthritis have a lower occurrence of Alzheimer's; others appear to link known risk factors for diabetes and heart disease with those for Alzheimer's disease. In light of this evidence, three years ago Congress launched a CDC brain health initiative to promote greater public awareness and communication, better surveillance on the burden of the disease in communities, public health interventions and greater prevention research.

Blindness prevention.—Despite the fact that half of all blindness can be prevented through education, early detection and treatment, it is estimated that the number of blind and visually impaired people will double by 2030 if nothing is done to curb vision problems. The Committee strongly supports CDC's vision health initiative.

Cancer survivorship.—The Committee supports the CDC's efforts to address the needs of the approximately 10 million cancer survivors living with, through, and beyond cancer. The Committee is especially supportive of efforts to provide comprehensive services to cancer patients and survivors through multiple partnerships, which in turn provide individuals with one-stop resources.

Chronic kidney disease.—The Committee previously has expressed concern regarding the need to expand public health strategies to combat chronic kidney disease (CKD) given that many individuals are diagnosed too late to initiate treatment regimens that could reduce morbidity and mortality. There are 20 million Americans who have CKD, and another 20 million who are at risk of de-

veloping the disease. Individuals with diabetes or hypertension have especially high vulnerability. Kidney disease is the ninth leading cause of death in the U.S., and death by cardiovascular disease is 10 to 30 times higher in kidney dialysis patients than in the general population. The Committee encourages CDC to continue development of a public health strategy for chronic kidney disease.

Colorectal cancer.—Colorectal cancer is the third most commonly diagnosed cancer among both men and women in the U.S. and the second leading cause of cancer-related deaths. When colorectal cancer is detected and treated early, survival is greatly enhanced. The Committee is pleased with the leadership of CDC's national colorectal cancer roundtable in promoting the availability and advisability of screening to both health care providers and the general public. The Committee encourages CDC to continue to expand its partnerships with State health departments, professional and patient organizations, and private industry to combat this devastating disease.

Community-based approaches to address obesity.—The Committee recognizes the importance of community-based approaches to address our national obesity epidemic which results from poor nutrition and lack of physical activity. These innovative and cost-effective programs establish sustainable policy and environmental change in the area of healthy eating and active living to address the chronic disease and obesity crisis.

Diabetes.—Diabetes is the sixth leading cause of death in the U.S., and costs the nation an estimated $132,000,000,000 in direct and indirect costs. Approximately 14.6 million Americans are diagnosed with diabetes, and an estimated 6.2 million people are undiagnosed and remain untreated. The incidence of the disease in America has increased approximately 14 percent in the last two years alone, and over 1.5 million new cases of diabetes are diagnosed each year. CDC estimates that one in three children born today will develop diabetes in their lifetime.

The collateral health effects of diabetes can be devastating, often causing heart disease, stroke, blindness, kidney failure, pregnancy complications, amputations of the leg, foot, and toe, as well as contributing to deaths related to influenza and pneumonia. Known preventive measures can reduce the devastating consequences of diabetes, but these preventions are not currently practiced universally. The Committee believes that public awareness campaigns must be promoted to reach the general population so that individuals with diabetes are encouraged to take appropriate measures to check their blood glucose levels and to take action to prevent or slow the progression of their disease. A goal of the CDC is to increase the percentage of individuals with diabetes who receive annual eye and foot exams, and at least two A1C measures per year.

It is estimated that maintaining a certain blood glucose level (A1C target of less than seven) would reduce the health complications of diabetes and achieve direct and indirect medical cost savings. The Committee encourages CDC to establish additional national public-private partnerships to leverage Federal resources with private-sector contributions to expand the national diabetes education program. These new efforts could augment public aware-

ness campaigns encouraging individuals with diabetes to be tested and know their A1C levels so that they and their healthcare professionals can take appropriate action to control their condition.

Epilepsy.—The Committee supports the CDC epilepsy program, which has made considerable progress over the past decade in establishing and advancing a public health agenda to meet the needs of Americans with epilepsy. The Committee applauds CDC's activities to train first-responders, educators, school nurses, employers, family caregivers, and other health care professionals in the recognition, diagnosis and treatment of seizures.

Food allergies.—The Committee is concerned with the sharp increase in the incidence of food allergies among children, and requests CDC produce a report to the Committee by April 15, 2008 detailing the national incidence of children with reported food allergies, possible causes of the reported increased incidence, and steps the CDC recommends to address this growing national threat to children's health.

Genetics of diabetic kidney disease.—The Committee acknowledges CDC for its collaboration with the National Institute of Diabetes and Digestive and Kidney Diseases to implement the Genetics of Kidneys in Diabetes (GoKinD) Study, a large scale effort to identify the genetic determinants of diabetic kidney disease. The Committee urges CDC to take steps to ensure that GoKinD biosamples are made available to the research community in a sustainable and long-term manner, such as through a central biorepository, so that this valuable genetic collection can be efficiently mined for knowledge that could lead to the development of new therapies to treat diabetic kidney disease.

Gynecologic cancer education and awareness program.—The Committee is encouraged by the progress that has been made by CDC, in coordination with the Office of Women's Health, to initiate a national education campaign on gynecologic cancers. In the absence of an available screening test, the Committee understands that the best way for gynecologic cancers to be detected early is for women and health professionals to recognize its signs and symptoms. The Committee is pleased that these efforts were authorized in statute with the passage of Johanna's Law: The Gynecologic Cancer Education and Awareness Act. The Committee provides funding for activities authorized by Johanna's Law to support the continuation and expansion of this program. Within the total, a portion is to be allocated toward the completion of a report to Congress providing a description of past and present activities of the Department of Health and Human Services to increase awareness and knowledge of the public with respect to different types of cancer, including gynecologic cancers as well as past efforts to increase awareness and knowledge of health care providers with respect to different types of cancer, including gynecologic cancers.

Heart disease and stroke.—The Committee remains strongly supportive of CDC's new division for heart disease and stroke prevention. Heart disease, stroke, and other cardiovascular diseases continue to be the leading cause of death in every State; however, effective prevention efforts are not practiced universally. Additionally, the current surveillance systems in the U.S. cannot directly track progress towards achieving the goal of Healthy People 2010,

which is to reduce the epidemic burden of heart disease and stroke. The Committee continues to support the goal of providing funding for basic implementation of CDC's heart disease and stroke prevention program in each State. The Committee is aware that many States still need this program and understands that CDC's national competition allowed non-funded States to apply for this program for the first time since 2002, but required all 33 funded States to re-compete for support.

Inflammatory bowel disease.—It is estimated that up to 1.4 million people in the U.S. suffer from Crohn's disease or ulcerative colitis, collectively known as inflammatory bowel disease (IBD). The Committee has included funding to continue this important initiative.

Interstitial cystitis.—The Committee is pleased by the progress made by CDC on educating the public and professional communities about interstitial cystitis (IC). In addition to generating public attention to IC, the Committee encourages CDC to develop and implement a comprehensive structured outreach plan for the provider community.

National school lunch and breakfast program.—The Committee is aware that the disparity of national standards is having a negative effect on national school lunch and breakfast programs. Therefore, the Committee encourages CDC to work with the Secretary of the U.S. Department of Agriculture to establish uniform national nutrition standards for all schools participating in the national school lunch and breakfast programs and to define what it means to implement the dietary guidelines for Americans.

Oral health.—The Committee recognizes that to reduce disparities in oral diseases will require additional and more effective efforts at the State and local levels. The Committee has provided funding to strengthen State capacities to assess the prevalence of oral diseases and the associated health burden, to target resources and interventions, such as additional water fluoridation and school-linked sealant programs, and resources to the underserved, to assess trends in oral diseases, and to evaluate changes in policies and programs. The Committee encourages CDC to advance efforts to reduce the disparities and burden from oral diseases, including those that are closely linked to chronic diseases such as diabetes and heart disease.

Primary immunodeficiency diseases.—Within funds available, the Committee encourages CDC to support the national physician education and public awareness campaign for primary immunodeficiency syndrome. The campaign has featured public service announcements, physician symposia, publications, and the development of website and educational materials, as well as mailings to physicians, school nurses, daycare centers, and others. Together with the private investments in this activity, the campaign has directly resulted in a three-fold increase in diagnosis, testing, and treatment since the campaign began.

Psoriasis.—As many as 7.5 million Americans are affected by psoriasis and/or psoriatic arthritis—chronic, inflammatory, painful and disfiguring diseases for which there are limited treatment options and no cure. The Committee understands that there are very few efforts to collect epidemiologic and other related data on indi-

viduals with psoriasis and psoriatic arthritis, and as such, researchers and clinicians are limited in their longitudinal understanding of these diseases and their effects on individual patients. The Committee encourages CDC to support longitudinal studies to learn about key attributes such as response to treatment, substantiating the waxing and waning of psoriasis, understanding associated manifestations like nail disease and arthritis, the relationship of psoriasis to other public health concerns such as the high rate of smoking and obesity among those with the disease as well as the association of psoriasis with other serious medical conditions such as diabetes and heart attack. The Committee believes a national registry that collects longitudinal psoriasis and psoriatic arthritis patient data will help improve the care and outcomes for people with these diseases by increasing the understanding of: psoriasis incidence/prevalence, the distribution of disease severity, risk factors, and the incidence/prevalence of co-morbidities.

Pulmonary hypertension.—The Committee continues to encourage CDC to foster greater awareness of pulmonary hypertension, a rare blood vessel disorder of the lung in which the pressure in the pulmonary artery rises above normal levels and may become life threatening. When pulmonary hypertension occurs in the absence of a known cause, it is referred to as primary pulmonary hypertension. Secondary pulmonary hypertension (SPH) means the cause is known. Emphysema and bronchitis are common causes of SPH. Other less frequent causes are the inflammatory or collagen vascular diseases such as scleroderma, CREST syndrome, or systemic lupus erythematosus. Congenital heart diseases that cause shunting of extra blood through the lungs like ventricular and atrial septal defects, chronic pulmonary thromboembolism, HIV infection, liver disease and diet drugs like fenfluramine and dexfenfluramine also are causes of pulmonary hypertension.

Sleep disorders.—The Committee is aware that sleep disorders are critically under-addressed contributors to many chronic diseases and has provided $1,000,000 for CDC's participation in the national sleep awareness roundtable, a partnership with other Federal agencies and the health community, and to integrate messages about sleep into the national public health network. The Committee also urges CDC to incorporate sleep and sleep related disturbances into established CDC surveillance systems.

Teen pregnancy prevention demonstration grants.—A new $10,000,000 initiative is recommended for grants to State and local public health departments, school districts, and nonprofit organizations to support factually and medically accurate, age-appropriate approaches to preventing teen pregnancies, including information about both abstinence and contraception, and dissemination of science-based tools and strategies to prevent HIV, STD, and teen pregnancy. The Secretary of Health and Human Services shall require each applicant for financial assistance under this program to certify that all materials proposed in the application and funded during the project period of the grant are medically accurate. The Secretary of Health and Human Services shall require a panel of medical experts to review all grant applications and assess whether the materials proposed are medically accurate. These demonstration projects shall be evaluated based on their success in reducing

the rate of teen pregnancies in their respective communities. The Committee's recommendation for this activity is part of its initiative to reduce the number of abortions in America by alleviating the economic pressures and other real life conditions that can sometimes cause women to decide not to carry their pregnancies to term.

Underage drinking.—The Committee recognizes the importance of monitoring risk factors that science has demonstrated contribute to youth drinking, and urges CDC to develop and continue its work to monitor and report on the level of risk faced by youth from exposure to alcohol advertising.

Birth defects, developmental disabilities, disability and health

The Committee provides $132,733,000 for birth defects, developmental disabilities, disability and health, which is $8,069,000 more than the fiscal year 2007 funding level and $8,196,000 more than the budget request. This program collects, analyzes, and makes available data on the incidence and causes of birth defects and developmental disabilities.

Within the total, the Committee provides the following amounts for birth defects, developmental disabilities, disability, and health activities:

$38,750,000 for birth defects and developmental disabilities, which is $227,000 above the fiscal year 2007 funding level and $266,000 above the budget request (included within this total is $2,496,000 for the folic acid program);

$72,987,000 for human development and disability, which is $6,976,000 above the fiscal year 2007 funding level and $7,043,000 above the budget request (included within this total is $16,500,000 for autism activities and $10,500,000 for early hearing detection and intervention activities); and,

$20,996,000 for blood disorders, which is $866,000 more than the fiscal year 2007 funding level and $887,000 more than the budget request (included within this total is $18,187,000 for the hemophilia program).

Amputee population.—There are currently more than 1.9 million Americans living with limb loss due to diabetes, trauma, cancer, and cardiovascular disease. The Committee recognizes that one of the greatest challenges facing individuals with limb loss is access to necessary health and rehabilitative services. The Committee applauds CDC for its efforts to address these challenges through the work of the disability and health team and strongly supports CDC's resource and information center, which assists individuals living with disabilities, and their families, in need of information on medical, physical, and emotional needs, and resources and support to reintegrate socially and economically into society.

Attention deficit/hyperactivity disorder (AD/HD).—Current estimates indicate that AD/HD affects almost 4.5 million school-age children and can last into adulthood. Only half of all children with AD/HD receive necessary treatment, with lower diagnostic and treatment rates among girls, minorities and children in foster care. The Surgeon General has reported a severe lack of professionals trained to diagnose and treat the condition effectively. The Com-

mittee continues to support the AD/HD activities of the National Center on Birth Defects and Developmental Disabilities as it responds to the overwhelming demand for information and support services, reaches special populations in need, and educates health and education professionals on AD/HD.

Cerebral palsy.—The Committee is pleased with CDC's progress in autism and developmental disabilities surveillance and is encouraged to learn of the launch of the largest ever epidemiologic study of potential causes of autism spectrum disorders. The Committee encourages CDC to build upon these successes and to also focus on the development of surveillance and research activities focused on cerebral palsy, another priority public health concern.

Cooley's anemia.—The Committee remains pleased with the progress that CDC has made with regard to the establishment of a blood safety surveillance program for Cooley's anemia patients, who are the largest consumers of red blood cells. CDC maintains an archive of tested and analyzed blood samples, as well as monitoring for other complicating factors.

Down syndrome.—The Committee commends CDC for initiating a study to document the onset and course of secondary and related developmental and mental disorders in individuals with Down syndrome. The Committee encourages further research relating to these areas of dual diagnosis.

Duchenne and Becker muscular dystrophy (DBMD).—The Committee is aware of recent efforts by CDC to develop a Duchenne and Becker muscular dystrophy patient registry that will provide a virtual web interface that identifies and characterizes the patient population, provides, as examples, common data elements and clinical endpoints for clinical trials, and accelerates translational research through broader clinical trial networks. This patient registry will serve as a model for rare disease. The Committee encourages the agency to work directly with the patient and scientific communities to accelerate this project with a goal for its launch of March 1, 2008, and to the extent possible and practicable, to align these efforts with any cross-agency initiative to coordinate focus and investments in rare disease patient registries. The Committee also urges CDC to work with the Agency for Healthcare Research and Quality to finalize the DBMD care considerations and integrate the care considerations as part of the DBMD international patient registry.

Early hearing detection and intervention.—Within the total provided, $10,500,000 is designated for the early hearing detection and intervention (EHDI) program for newborns, infants, and young children with hearing loss. This funding will allow States to continue to invest in developing appropriate surveillance and tracking systems to provide timely and appropriate diagnostic and intervention services to infants and toddlers. Funding also may be used to support applied research projects related to increasing the accuracy of newborn hearing screening, improving the effectiveness of tracking and surveillance programs, determining the etiology and epidemiology of childhood hearing loss, and analyzing the costs and benefits of such programs. The Committee encourages CDC to assist States in clarifying how EHDI surveillance, tracking, and data management programs are affected by the Health Insurance Port-

ability and Accountability Act and the Family Education Rights and Privacy Act. The Committee urges CDC to coordinate its efforts with the Health Resources and Services Administration, the National Institute on Deafness and Other Communication Disorders, the National Institute on Disability and Rehabilitation Research, and the Office of Special Education and Rehabilitative Services.

Fetal alcohol syndrome (FAS).—The Committee is concerned about the prevalence of FAS in the U.S. and notes that drinking during pregnancy continues to be the nation's leading known preventable cause of mental retardation and birth defects. The Committee encourages CDC to continue and enhance efforts to prevent, reduce, and diagnose FAS disorders. The Committee requests that CDC submit a progress report within six months on the contributions made to preventing and reducing FAS disorders, and for CDC's future plans, including programmatic and funding priorities.

Folic acid education campaign.—The Committee is aware of a recent analysis conducted by CDC that showed folate concentrations among non-pregnant women of child bearing age have decreased by 16 percent from 1999–2000 through 2003–2004. These findings are troubling and the Committee is concerned that women are not receiving an adequate level of folic acid to prevent neural tube defects. Within the funds provided, the Committee has included sufficient resources for CDC to expand the folic acid education campaign and inform more women and healthcare providers about the benefits of folic acid, particularly the Hispanic population.

Fragile X.—The Committee supports the CDC's continuation of public health activities in the areas of fragile X, fragile X-associated tremor/ataxia syndrome, and fragile X-associated premature ovarian failure. The Committee encourages CDC to focus its efforts primarily on increasing epidemiological research, surveillance, and screening efforts, with particular attention towards collecting epidemiological data on the incidence and prevalence of fragile X and related conditions, including autism. The Committee urges CDC to support the development of a national registry to track patients living with fragile X. The Committee also encourages CDC to distribute existing educational materials to the health care professional community and the public and not to create new, duplicative educational materials. The Committee requests that CDC report to the House and Senate Committees on Appropriations, no later than April 15, 2008 with a progress update on CDC's efforts and spending priorities as they relate to fragile X.

Hemophilia.—The Committee recognizes the many accomplishments of the blood disorders division and the network of hemophilia treatment centers. The Committee expects CDC to continue its efforts to support and expand access to comprehensive chronic disease management for people with bleeding and clotting disorders and to improve outreach to the growing numbers of women with bleeding disorders.

Hereditary hemorrhagic telangiectasia (HHT).—The Committee encourages CDC to establish a hereditary hemorrhagic telangiectasia resource center to increase identification of people affected with HHT, and increase knowledge, education and outreach of this largely preventable life-threatening condition. The Com-

mittee encourages CDC to provide information on effective evidence-based interventions and treatments to prevent premature death in the HHT population, improve outcomes and the quality of life for people living with HHT by creating a database to collect and analyze data, support epidemiology studies, provide surveillance, and train health care professionals.

Marfan syndrome.—The Committee continues to be interested in Marfan syndrome, a heritable condition that affects the connective tissue. In the Marfan syndrome, the connective tissue is defective and does not act as it should—it degenerates. Because connective tissue is found throughout the body, the Marfan snydrome can affect many body systems, including the skeleton, eyes, heart and blood vessels, nervous system, skin, and lungs. The problems that occur in the heart and blood vessels are the most life-threatening aspects of the Marfan syndrome. Many individuals with Marfan syndrome are undiagnosed or misdiagnosed until they experience a cardiac complication, frequently due to valvular prolapse or aortic aneurysms. The Committee encourages CDC to increase awareness of the condition and requests a report on these outreach activities as part of CDC's fiscal year 2009 budget justification.

National Birth Defects Prevention Study.—The Committee supports CDC's efforts in the area of birth defects surveillance, research, and prevention and encourages CDC to continue the promising research being conducted by the regional centers for birth defects research and prevention and to increase assistance to States to implement community-based birth defects tracking systems, programs to prevent birth defects, and activities to improve access to health services for children with birth defects. The Committee encourages the CDC to expand the birth defects studied in the National Birth Defects Prevention Study to include single gene disorders, like fragile X.

Paralysis.—To meet the growing demand for information, resources, and public health services by individuals with paralysis, the Committee supports efforts to expand a paralysis resource center.

Preterm birth.—Preterm birth is a serious and growing public health problem that occurs in 12.5 percent of all births in the U.S. The Committee strongly encourages CDC to conduct additional epidemiological studies on preterm birth, including the relationship between pre-maturity, birth defects, and developmental disabilities. The Committee also encourages the establishment of systems for the collection of maternal-infant clinical and biomedical information to link with the pregnancy risk assessment monitoring system (PRAMS) and other epidemiological studies of pre-maturity in order to track pregnancy outcomes and prevent preterm birth.

Spina bifida.—The Committee recognizes that spina bifida is the leading permanently disabling birth defect in the U.S. While spina bifida and related neural tube defects are highly preventable through adequate daily folic acid consumption, and its secondary effects can be mitigated through appropriate and proactive medical care and management, such efforts have not been adequately supported to result in significant reductions in these costly conditions. The Committee encourages CDC to use resources for quality of life activities related to improving medical and psychosocial treatment.

The Committee continues to strongly support CDC's collaboration with the Agency for Healthcare Research and Quality to develop a patient registry.

Tourette syndrome.—The Committee commends CDC for its continued work on developing a public health education and research program for Tourette syndrome. This program educates parents, physicians, educators, and other health care workers about the disorder and expands on the scientific knowledge base on prevalence, risk factors, and co-morbidities of Tourette syndrome.

Tuberous sclerosis complex (TSC).—TSC is a genetic disorder that causes uncontrollable tumor growth. Because this disorder can affect multiple organs of the body, it is difficult to diagnose, track and properly treat. The Committee encourages CDC to develop an initiative to collect and analyze data from the nationwide network of TSC clinics; support surveillance and epidemiological studies; and to educate health care professionals and teachers who come into contact with TSC patients.

Health information and service

The Committee provides a program level total of $254,028,000 for health information and service, which is $31,375,000 more than the fiscal year 2007 program level and $10,532,000 more than the budget request. Of the funds provided, $183,924,000 shall be derived from evaluation set-aside funds available under section 241 of the Public Health Service Act. The evaluation set-aside is $49,689,000 more than the fiscal year 2007 funding level and $48,789,000 more than the budget request.

Health statistics

The Committee provides $120,000,000 for health statistics, which is $10,979,000 more than the fiscal year 2007 funding level and $10,079,000 more than the budget request. The health statistics program is responsible for collecting, interpreting, and disseminating data on the health status of the U.S. population and the use of health services. Surveys include the National Health Interview Survey, the National Health and Nutrition Examination Survey (NHANES), the National Health Care Survey, the National Vital Statistics System, and the National Survey of Family Growth.

The Committee commends the national center for health statistics (NCHS) for fulfilling its mission as the nation's premiere health statistics agency and for ensuring the credibility and integrity of the data it produces. In particular, the Committee congratulates NCHS for its timely release of critical data and encourages it to continue making information, including data from NHANES and the National Health Interview Study, accessible to the public as soon as possible.

Additionally, the Committee is interested in the National Survey of Family Growth (NSFG) and includes an additional $200,000 over fiscal year 2007 for NCHS to make necessary improvements to the survey to increase sample size in order to produce annual statistics and to strengthen the statistics for teenagers and minority and low-income groups. The Committee's recommendation for the NSFG is part of its initiative to help reduce the number of abortions in America by alleviating the economic pressures and other

real life conditions that can sometimes cause women to decide not to carry their pregnancies to term.

Food allergies.—Life-threatening food allergies severely impair the quality of life for allergic children and their parents. For reasons that scientists can not yet explain, food allergies appear to be afflicting more and more children each year. The Committee is disappointed that CDC does not currently track the incidence of food allergies as it does for other conditions. The Committee strongly urges CDC to include the incidence of food allergies in the National Health Interview Survey, or a comparable annual tracking mechanism.

Genomics.—The National Health and Nutrition Examination Survey (NHANES) is a continuous survey representative of the U.S. population that assesses health and nutrition status. With the success and continual improvement of genomic technologies, the Committee believes that the next improvement in this survey will be to genotype participants of past and future NHANES surveys using large-scale genotyping platforms (with appropriate consideration for consent, privacy, and confidentiality), as part of CDC's beyond gene discovery initiative, and assess the impact of genetic variation on public health, along with nutrition and environmental factors.

Nontuberculous mycobacteria (NTM).—The Committee is concerned that NTM incidence continues to rise. Mycobacteria are environmental organisms found in both water and soil that cause substantial respiratory damage. The Committee continues to encourage the national center for health statistics to include questions regarding NTM testing in ongoing surveys to gain a better understanding of the epidemiology of this emergent disease.

Nutrition monitoring.—The Committee affirms America's commitment to nutrition for all and encourages NCHS and the Agricultural Research Service at the U.S. Department of Agriculture to develop a national nutrition monitoring system. Such system should support both management decision-making and research needed to address and improve the crisis of obesity, nutrition-related diseases, physical inactivity, food insecurity, and the poor nutritional quality of the American diet, as well as provide the data needed to protect the public against environmental pathogens and contaminants.

Vital statistics.—The Committee values NCHS and its critical role in monitoring our nation's health. The Committee is troubled that NCHS lacks the support it needs to collect a full year's worth of data on births, deaths, and other vital information. CDC should ensure that NCHS has sufficient funds to contract with the vital records jurisdictions for the purchase of 12 months of vital statistics data under the agreed upon terms of the vital statistics cooperative program. In addition, CDC should develop a plan on how to directly support jurisdictions as they implement electronic systems that will improve the timeliness, quality, and security of birth and death data.

Public health informatics

The Committee provides $94,855,000 for public health informatics, which is $24,214,000 more than the fiscal year 2007

funding level and $453,000 more than the budget request. Information systems and information technology extend the traditional reach of public health professionals. Activities funded through public health informatics include on-going collaborative efforts to build a national network of public health information systems to enhance detection and monitoring, surveillance, data analysis and interpretation, preparedness, communications, and response.

Pandemic influenza.—The Committee provides $24,545,000 for pandemic influenza activities as requested by the Administration. Within this total, $14,645,000 is to develop a vaccine registry to monitor vaccine use and distribution that will supplement already existing State registries to include adults and $9,900,000 is for real-time assessment and evaluation of influenza interventions.

Physician registry.—The Committee directs the national center for public health informatics to continue to fund at a level of $325,000 from existing appropriations the establishment of a nationwide database of contact information for practicing physicians that can be used by Federal agencies and State and local health departments in the event of a terrorist attack, natural disaster, pandemic, or other severe public health emergency. The Committee expects this effort to be coordinated with the Office of the Assistant Secretary for Preparedness and Response to avoid any programmatic duplication.

Health marketing

The Committee provides a program level of $39,173,000 for health marketing, which is $3,818,000 less than the fiscal year 2007 funding level and the same as the budget request. Health marketing uses commercial, non-profit, and public service marketing, and communication science practices to better understand people's health-related needs and preferences, to motivate changes in individuals and organizations to protect and improve health, and to develop and enhance partnerships with public and private organizations.

Environmental health and injury prevention

The Committee provides $305,151,000 for environmental health and injury prevention, which is $17,047,000 more than the fiscal year 2007 funding level and $17,477,000 more than the budget request.

Environmental health

The Committee provides $165,005,000 for environmental health, which is $15,518,000 more than the fiscal year 2007 funding level and $15,741,000 more than the budget request. The environmental health program focuses on preventing disability, disease, and death caused by environmental factors through laboratory and field research.

Within the total, the Committee provides the following amounts for environmental health activities:

$40,473,000 for the environmental health laboratory, which is $13,491,000 above the fiscal year 2007 funding level and $13,531,000 above the budget request;

$56,731,000 for general environmental health activities, which is $2,027,000 above the fiscal year 2007 funding level and $2,108,000 above the budget request (included within this total is $26,533,000 for the environmental health outcome tracking network; funding is not provided for arctic health or volcanic emissions activities);

$31,898,000 for asthma programs, which is the same as the fiscal year 2007 funding level and $48,000 more than the budget request; and,

$35,903,000 for childhood lead poisoning prevention programs, which is the same as the fiscal year 2007 funding level and $54,000 more than the budget request.

Asthma.—The Committee is pleased with the work that CDC has done to address the increasing prevalence of asthma. However, the increase in asthma among children remains alarming. The Committee encourages CDC to continue to expand its outreach aimed at increasing public awareness of asthma control and prevention strategies, particularly among at-risk populations in underserved communities. To further facilitate this effort, CDC is urged to support community-based interventions that apply effective approaches demonstrated in research projects within the scientific and public health community.

Biomonitoring.—The Committee applauds CDC's biomonitoring efforts and encourages CDC to continue this program and to continue to improve its efforts to communicate these results in context. In particular, the CDC's National Report on Human Exposure to Environmental Chemicals is a significant new information database that provides invaluable information for setting research priorities and for tracking trends in human exposures over time. Accordingly, the Committee continues to support the CDC environmental health laboratory's efforts to provide exposure information by conducting biomonitoring for environmental chemicals. The Committee urges CDC to devote a greater proportion of program resources to implement the recommendations of the National Academies' National Research Council, particularly with regard to the development of necessary methods to interpret human biomonitoring concentrations in the context of potential health risk and the enhancement of efforts to communicate results in context. CDC is encouraged to collaborate with toxicologists, health scientists, laboratory analytical chemists, and Environmental Protection Agency scientists in this effort.

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

Climate change.—Additional scientific research is needed to further understand the potential health effects of global climate change and to identify tools to educate health professionals about adaptation strategies. The Committee encourages CDC to begin to develop public health research, technical assistance, and surveillance programs to understand the impacts of climate change on health.

Landmine survivors.—The Committee commends CDC for its effective response to the public health threat posed by landmines and improvised explosive devices. Within the funds provided, the Committee urges CDC to support programmatic and geographic expansion to include those injured by civil strife and terrorism, including, but not limited to, landmines.

Mercury and arsenic exposure.—The Committee recognizes the extraordinary services of the environmental health laboratory to develop new and improved biomonitoring methods to accurately and rapidly assess human exposure to mercury and arsenic, including exposure to the form of mercury in thimerosal, and to improve health risk assessment by expanding studies of the relationship between biomonitoring exposure levels and disease.

National Report on Dietary and Nutritional Indicators in the U.S. Population.—The Committee supports the efforts of the environmental health laboratory and its commitment to improving the measurement of dietary and nutritional indicators in the American people. The Committee is aware that many Americans are confused about which foods to eat to improve and maintain their health. The Committee is also aware that there is a wide gap between recommended dietary intake and what people eat. Consequently, without knowledge of what levels of most dietary or nutritional indicators actually are in people's bodies, it is difficult for public health officials and others to improve the diet and nutritional status of Americans. The Committee recognizes that future reports will provide this essential information, which is not available in any other document in either the private or public sector. A publicly funded program that monitors human levels of vitamins, trans fats and omega-3 fatty acids, and other indicators of nutritional and dietary status is needed to provide the hard scientific data needed to make critical decisions about nutritional health for the nation.

Newborn screening quality assurance program.—Within the funds provided for the environmental health laboratory, the Committee provides $7,000,000 for the newborn screening quality assurance program. Funds also are included for the biomonitoring program to enhance State public health laboratory biomonitoring capabilities, including upgrading facilities and equipment and bolstering workforce capacity, and to provide adequate technical assistance and training to States in biomonitoring. Increased funds for newborn screening are provided for additional technical assistance to State newborn screening labs, new screening tools, and methods to increase accuracy and expand the number of disorders screened, and population-based pilot testing to ensure the effectiveness of new screening tools.

Trans fat.—The Committee is supportive of the division of laboratory sciences and its commitment to improving the measurement of risk factors associated with heart disease, stroke, and other cardiovascular disease. Dietary fat profiles have a significant impact on health. The Committee is aware that experimental evidence shows an increasing risk of heart disease associated with trans fat intake, and that many State and local governments are proposing bans in restaurants and schools. A publicly funded surveillance system to monitor trans fat levels and other fatty acids, such as omega-3 fatty acids, in humans is needed to assess the im-

pact of public health interventions to reduce the intake of trans fat. In addition, the lipid standardization program currently offers standardization services for lipids to Federally-funded and other public health research labs and also is well-equipped to standardize trans fat measurement.

Injury prevention and control

The Committee provides $140,146,000 for the injury prevention and control program, which is $1,529,000 more than the fiscal year 2007 funding level and $1,736,000 more than the budget request. Within the total, $5,816,000 is provided for the traumatic brain injury program, which is $529,000 more than the fiscal year 2007 funding level and $537,000 more than the budget request.

Injuries are the leading cause of death among children and adults under 44 years of age in the U.S. In 2004, more than 167,000 people died from injuries and violence and over 29 million people sustained injuries serious enough to require treatment in an emergency department. The injury prevention and control program supports intramural research, injury control research centers, extramural research grants, and technical assistance to State and local health departments to prevent premature death and disability and to reduce human suffering and medical costs caused by injury and violence.

Child maltreatment.—The Committee applauds CDC's activities in the area of child maltreatment. A growing body of research indicates that childhood abuse and neglect may contribute significantly to the development of both acute and chronic health conditions throughout the lifespan, including obesity and heart disease. The Committee encourages CDC to develop a network of consortia that will address research and training, as well as the dissemination of best practices and prevention efforts, on the health harms of child abuse and neglect.

Children and adolescents.—Within the total, the Committee includes sufficient funds for CDC to support an additional injury control research center that will conduct research on injury and injury prevention related to children and adolescents. The Committee believes that children and adolescent populations have special and underserved needs in injury control. Injury is the leading cause of death and disability among children and teenagers in the U.S. Currently, there is no center that focuses exclusively on childhood and adolescent injuries even though children and adolescents are affected by injury more than any other segment of the population.

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

National violent death reporting system.—The Committee is supportive of the national violent death reporting system (NVDRS) and has included funds to continue implementation of the NVDRS in fiscal year 2008. The Committee urges CDC to continue to work

with private health and education agencies as well as State agencies in the development and implementation of this injury reporting system.

Occupational safety and health

The Committee provides a program level total of $310,937,000 for occupational safety and health, which is $56,838,000 above the fiscal year 2007 funding level and $57,939,000 above the budget request. Of the amount provided, $88,361,000 is to be derived from section 241 evaluation set-aside funds, rather than $87,071,000 as provided in fiscal year 2007 and proposed in the budget request.

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

Within the total, the Committee provides the following program levels for occupational safety and health research activities:

$21,806,000 for education and research centers, which is $1,982,000 above the fiscal year 2007 funding level and $2,112,000 above the budget request;

$12,732,000 for personal protective technology development activities, which is the same as the fiscal year 2007 funding level and $84,000 above the budget request;

$112,834,000 for the national occupational research agenda, which is $13,648,000 more than the fiscal year 2007 funding level and $13,728,000 more than the budget request;

$50,000,000 for the World Trade Center treatment and monitoring program for 9/11 responders and recovery personnel, which is double the amount requested by the Administration in the Public Health and Social Services Emergency Fund;

$25,200,000 for mining research, which is $13,000,000 less than the fiscal year 2007 funding level and $12,748,000 less than the budget request; and,

$88,365,000 for other occupational safety and health research, which is $4,208,000 more than the fiscal year 2007 funding level and $4,763,000 more than the budget request.

Cancer incidence and mortality study.—The Committee continues to be pleased with the progress of research and the translation of that research into practice under the national occupational research agenda. Within the funding provided, the Committee encourages NIOSH to continue its study of former manufacturing workers through the initiation of a cancer incidence and mortality study within this population.

Mining research.—The Committee notes that an additional $13,000,000 for research to develop mine safety technology and to make improvements to leased facilities has been provided to NIOSH within the fiscal year 2007 supplemental appropriations bill (P.L. 110–28). The period of availability for the supplemental funding extends through fiscal year 2008.

World Trade Center.—The Committee includes report language under the Public Health and Social Services Emergency Fund section requesting that the Secretary of Health and Human Services, together with the Director of NIOSH, submit a comprehensive long-term plan, including cost estimates, regarding a program of medical monitoring and treatment of all individuals exposed to toxins at the World Trade Center site following the terrorist attacks of September 11, 2001.

The Committee notes that an additional $50,000,000 for the treatment and monitoring program has been provided to NIOSH within the fiscal year 2007 supplemental appropriations bill (P.L. 110–28). The supplemental funding is available until expended.

Global health

The Committee provides $381,337,000 for global health, which is $47,299,000 above the fiscal year 2007 funding level and $1,618,000 above the budget request.

Through its global health activities, CDC coordinates, cooperates, participates with, and provides consultation to other nations, U.S. agencies, and international organizations to prevent and contain diseases and environmental health problems and to develop and apply health promotion activities. In cooperation with Ministries of Health and other appropriate organizations, CDC tracks and assesses evolving global health issues and identifies and develops activities to apply CDC's technical expertise to be of maximum public health benefit.

Within the total, the following amounts are included for global health activities:

$122,769,000 for the global AIDS program, which is the same as the fiscal year 2007 funding level and $1,546,000 more than the budget request;

$144,438,000 for the global immunization program, which is the same as the fiscal year 2007 funding level and $55,000 more than the budget request;

$32,479,000 for global disease detection, which is the same as the fiscal year 2007 funding level and $13,000 more than the budget request;

$8,985,000 for the global malaria program, which is the same as the fiscal year 2007 funding level and $4,000 more than the budget request, and;

$72,666,000 for other global health activities, which is $47,299,000 more than the fiscal year 2007 funding level and the same as the budget request.

Pandemic influenza.—The Committee provides $69,300,000 for pandemic influenza activities as requested by the Administration. Within this total, $17,820,000 is for rapid outbreak response for high-priority countries, $3,960,000 is for human-animal interface studies, and $47,520,000 is for international surveillance, diagnosis, and epidemic investigations.

Malaria.—The Committee recognizes that malaria is a global emergency affecting mostly poor women and children. While malaria is treatable and preventable, tragically it remains one of the leading causes of death and disease worldwide. The Committee appreciates the integral and unique role that the CDC malaria pro-

gram plays in national and global efforts to prevent and control malaria. The Committee urges CDC to expand malaria-related research, program implementation, and evaluation. Insecticide resistance and drug resistance have the real potential to compromise global malaria efforts and point to the need for the development and testing of new technologies and materials for insecticide-treated nets and new anti-malarial therapies. The Committee is concerned that failure to support these efforts could seriously impair future control efforts. Additionally, the Committee encourages CDC to provide technical assistance and support program research in non-African malaria-affected countries, which, in turn, can then be used to strengthen control efforts in African countries.

Terrorism preparedness and response

The Committee provides $1,598,751,000 for terrorism preparedness and response, which is $57,451,000 above the fiscal year 2007 funding level and $94,376,000 above the budget request. CDC distributes grants to State, local, and territorial public health agencies; centers for public health preparedness; and other to support infrastructure upgrades to respond to all potential hazards, including acts of terrorism or infectious disease outbreaks. Funds are used for needs assessments, terrorism response planning, training, strengthening epidemiology and surveillance, and upgrading laboratory capacity and communications systems. Activities support the establishment of procedures and response systems, and build the infrastructure necessary to respond to a variety of disaster scenarios.

Within the total, the Committee provides the following amounts for terrorism preparedness and response activities:

$789,948,000 is for upgrading State and local capacity, which is $5,606,000 more than the fiscal year 2007 funding level and $91,681,000 more than the budget request (included within the total is $734,536,000 for the bioterrorism cooperative agreement program);

$136,815,000 is for upgrading CDC capacity, which is the same as the fiscal year 2007 funding level and $223,000 more than the budget request;

$9,500,000 is for the anthrax research study, which is $4,383,000 less than the fiscal year 2007 funding level—the Administration's budget request did not include funding for this activity;

$81,153,000 is for the biosurveillance activities, which is $2,593,000, more than fiscal year 2007 funding level and $7,028,000 less than the budget request (included within this total is $50,000,000 for BioSense and $21,028,000 for quarantine stations); and,

$581,335,000 is for the strategic national stockpile, which is $56,635,000 above the fiscal year 2007 funding level and the same as the budget request.

BioSense.—The Committee has not provided the full budget request for the BioSense program due to concerns that this and other similar syndromic and event detection systems across the Federal government may not be the most efficient and effective way to detect the presence of pathogens. State and local health departments

have principal responsibility for protecting the public's health and therefore take the lead in conducting disease surveillance and supporting response efforts. According to a June 2005 Government Accountability Office (GAO) report, many State, local, and private networks are not being utilized to collect data and State and local health departments do not find the data collected to be useful. The Committee has invested $189,100,000 in the BioSense program since fiscal year 2003, but does not have a comprehensive plan for its development and full scale implementation.

The Committee requests, that not later than April 1, 2008, GAO submit a report to the House and Senate Committees on Appropriations that evaluates BioSense. This report should include an analysis of the ability of hospitals and Federal, State, and local public health officials to respond to emergencies based on the information received from BioSense versus local surveillance data; comparisons of the costs and benefits of operating BioSense with State, local, and private surveillance systems; annual and long-term cost and timeline estimates for the development and implementation of BioSense; and recommended benchmarks and performance indicators that should be developed as part of a comprehensive plan.

Leased aircraft.—The Committee is concerned about recent reports that the three leased aircraft that are available to CDC for public health emergency situations are rarely used. The fiscal year 2006 cost for maintaining access to these jets was approximately $8,500,000. The Committee requests that CDC prepare a report to the House and Senate Committees on Appropriations by no later than 30 days after enactment of this Act and then provide semi-annual updates thereafter on the cost of the aircraft, purpose of each trip, and passengers on the aircraft for each trip. The report also should provide a justification for maintaining leases for three aircraft.

Public health research

The Committee provides $31,000,000 for public health research, which is the same as the fiscal year 2007 funding level and the budget request. The Committee provides these funds through the section 241 evaluation set-aside funds as provided in fiscal year 2007 and as proposed in the budget request.

Through the public health research funding, CDC supports high-quality public health research that studies the best methods for making the transition from research to practice. Funds support research that is proposed by experienced investigators working with communities, health practitioners, and policymakers to address local priority health concerns.

Public health improvement and leadership

The Committee provides $199,237,000 for public health improvement and leadership, which is $9,429,000 above the fiscal year 2007 funding level and $8,825,000 above the budget request. Within this total, the Committee provides $6,000,000 for the CDC Director's discretionary fund.

This activity supports several cross-cutting areas within CDC. Included is the CDC's leadership and management function, which funds the CDC office of the director, coordinating centers, and each

constituent center and office. The public health improvement and leadership funding also supports the CDC's public health workforce and career development efforts, and the director's discretionary fund.

Public health professionals.—The Committee is concerned about documented shortages in State health departments of applied epidemiologists and laboratory scientists—core public health professionals. The Committee urges CDC to provide a stable, dedicated source of funding for existing fellowship training programs designed to alleviate these shortages.

The Committee includes the following projects in the following amounts:

Project	Committee recommendation
Adler Aphasia Center, Maywood, NJ for a program to improve communication and other life skills for people with aphasia	$100,000
Advocate Good Shepard Hospital, Barrington, IL for the expansion of an ongoing pilot project to address the growing problem of childhood obesity among elementary schools in Lake County, IL	30,000
Alameda County Public Health Department, Office of AIDS Administration, Oakland, CA for an HIV/AIDS prevention and testing initiative	250,000
Baylor College of Medicine, Houston, TX for epidemiological research and educational outreach related to childhood cancer in cooperation with the Vannie E. Cook Jr. Cancer Foundation in McAllen, TX	200,000
Bayside Community Center, San Diego, CA for its STEPS health education and outreach program for senior citizens	150,000
Berean Community & Family Life Center, Brooklyn, NY for obesity prevention programs and community health and wellness education	200,000
Bienestar Human Services, Inc., Los Angeles, CA to expand a mobile HIV rapid testing program in East Los Angeles	125,000
Boys and Girls Club of Delaware County, Jay, OK for equipment and operating expenses for programs to improve diet, physical activity, and emotional health	300,000
California State University-Fullerton, Fullerton, CA for programs aimed at preventing obesity and promoting health in children	250,000
Charles R. Drew Wellness Center, Columbia, SC for an obesity focused wellness program	235,000
Charter County of Wayne, Michigan, Detroit, MI for Infant Mortality Prevention services	200,000
Chez Panisse Foundation, Berkeley, CA for the school lunch initiative to integrate lessons about wellness, sustainability and nutrition into the academic curriculum	250,000
Children's Hunger Alliance, Columbus, OH for programs to prevent childhood obesity	200,000
Columbus Children's Research Institute, Columbus, OH for the Center for Injury Research and Policy	200,000
County of Marin, San Rafael, CA for research and analysis related to breast cancer incidence and mortality in the county	250,000
CREATE Foundation, Tupelo, MS for childhood obesity prevention programs	300,000
Dupage County, Wheaton, IL for a county-wide physical fitness assessment pilot project	150,000
East Carolina University, Brody School of Medicine, Greenville, NC for a project to study the problem of racial disparities in cardiovascular diseases	200,000
El Puente, Brooklyn, NY for an obesity, diabetes, STD, and HIV/AIDS prevention program for adolescents and their families as well as control and management of asthma and other environmentally connected diseases	220,000
Friends of the Congressional Glaucoma Caucus Foundation, Lake Success, NY to provide glaucoma screenings and follow-up in the Phoenix, AZ area	75,000
Friends of the Congressional Glaucoma Caucus Foundation, Lake Success, NY to provide glaucoma screenings and follow-up in the Virgin Islands	350,000
Georgia Chapter of the American Lung Association, Smyrna, GA to study the relationship between residential floor coverings and distributive patterns of airborne particulates	350,000
Haitian American Association Against Cancer, Inc., Miami, FL for cancer education, outreach, screening and related programs	240,000
Healthy Eating Lifestyle Principles, Monterey, CA for a program to improve nutrition by promoting the accessibility and consumption of fresh fruits and vegetables in schools	175,000
Home Instruction Program for Preschool Youngsters-Florida, Coral Gables, FL to create a preventative health care model	150,000
Ingalls Development Foundation, Harvey, IL for a comprehensive cancer prevention and early detection program, focusing on minority populations	225,000
International Rett Syndrome Association, Clinton, MD for education and awareness programs regarding Rett syndrome	150,000

Project	Committee recommendation
Kips Bay Boys and Girls Club, Bronx, NY for a nutrition and anti-obesity demonstration program for 6- to 12-year-old children	300,000
Long Island University, Brooklyn, NY for asthma education, counseling, and prevention programs	200,000
Louisville Department of Public Health and Wellness, Louisville, KY for improving and providing preventative healthcare to men to address disease and obesity prevention, oral health, and stress management	100,000
Middle Tennessee State University, Murfreesboro, TN for research and education regarding ways of increasing physical activity and fitness among children and adolescents	300,000
Myositis Association, Washington, DC to develop a national patient registry for individuals afflicted with myositis	75,000
Natividad Medical Center, Salinas, CA for a diabetes care management program	125,000
Nevada Cancer Institute, Las Vegas, NV for a comprehensive program to reduce cancer incidence and mortality rates and address cancer health disparities	200,000
North Shore Health Project, Gloucester, MA for outreach and education on hepatitis C	100,000
Plymouth State University, Plymouth, NH for the Partners Enabling Active Rural Living Institute to develop an evidence-based model for promoting and enabling appropriate daily physical activity in rural communities	150,000
Providence Cancer Center, Portland, OR for the rural and underserved cancer outreach project	75,000
Pulmonary Hypertension Association, Silver Spring, MD for public education and outreach	200,000
San Antonio Metropolitan Health District, San Antonio, TX for further studies and public health outreach regarding environmental health concerns at and near the former Kelly Air Force Base	200,000
SHAREing and CAREing, Astoria, NY to provide culturally sensitive breast health education, referrals for screenings/diagnostic and support services for medically underserved and uninsured minority women	100,000
Silent Spring Institute, Newton, MA for studies of the impact of environmental pollutants on breast cancer and women's health	100,000
Southeastern Center for Emerging Biologic Threats, Atlanta, GA for programs related to bioterrorism and emerging biological threats	100,000
St. Elizabeth's Medical Center, Wabasha, MN to support a disease prevention pilot program to reduce the incidence of heart disease	100,000
St. Francis Medical Center Foundation, Lynwood, CA for health education and outreach	100,000
St. John's Regional Medical Center, Oxnard, CA for diabetes prevention and management programs	200,000
St. John's Well Child and Family Center, Los Angeles, CA for a patient education program to address obesity, diabetes, and hypertension	100,000
University of Arizona College of Medicine, Tucson, AZ for diabetes educational outreach programs	170,000
University of Findlay Center for Public Health Preparedness, Findlay, OH for training programs on school safety and workplace violence avoidance	300,000
University of North Texas Health Science Center, Fort Worth, TX for the Center for Minority Health, Education, Research and Outreach	300,000
University of South Florida, Tampa, FL to create, implement, and evaluate programs to assist school-aged children in becoming physically active and healthy	375,000
University of Texas Pan American, Edinburg, TX for the South Texas Border Health Disparities Center's program on preventing obesity in minority populations	200,000
University of Texas, Brownsville, TX for studies regarding the health of the Hispanic population in the Rio Grande Valley	250,000
Virgin Islands Perinatal Inc., Christiansted, VI for implementation of chronic disease management and prevention modalities to minimize adverse outcomes related to diabetes and hypertension	150,000
Voorhees College, Denmark, SC for a demonstration program on reversing diabetes in minority communities	135,000
Wayne County Department of Public Health, Detroit, MI for a lead poisoning assessment, prevention, and intervention program	275,000
WestCare Foundation, Las Vegas, NV, for the Batterers Intervention Program in Needles, CA and surrounding communities	500,000
Yale New Haven Hospital, New Haven, CT to develop a comprehensive ovarian cancer prevention and early detection program	300,000
YBH Project, Inc., Albany, GA for nutrition, fitness, and education programs for middle school students and their families	100,000

Preventive health and health services block grant

The Committee provides $109,000,000 for the preventive health and health services block grant, which is $10,000,000 above the fiscal year 2007 funding level. The budget request does not include funding for this program. This block grant provides flexible funds to States by formula for a wide range of public and preventive

health activities. The flexibility afforded to the States, allows them to target funds to address chronic diseases, such as diabetes, arthritis, heart disease, and stroke, to direct funds to meet challenges of outbreaks of infectious diseases, such as West Nile virus and influenza, and/or to implement prevention and control programs related to injury and abuse.

Buildings and facilities

The Committee provides $10,500,000 for buildings and facilities, which is $123,900,000 below the fiscal year 2007 funding level and $9,500,000 below the budget request. These funds support efficient maintenance and operations of existing facilities to protect the interest and investment of the government so that deterioration of CDC facilities does not occur again.

Business services and support

The Committee provides $344,377,000 for business services and support, which is the same as the fiscal year 2007 funding level and $24,500,000 above the budget request. Some of the activities that are supported through this funding are administrative services and programs, the human resources center, capital planning and investment control, financial management, security and emergency preparedness, and information technology services.

It is the Committee's intention that funds provided in business services and support are sufficient to carry out CDC's business functions. The Committee will not support programmatic "tapping" to achieve additional funding in this area and appreciates that CDC has made efforts to curtail this practice. If additional funding is required for activities within this or any other budget line, the Committee expects CDC to work with the Department of Health and Human Services to prepare reprogramming requests to be submitted to the House and Senate Committees on Appropriations.

NATIONAL INSTITUTES OF HEALTH

The Committee recommends an appropriation of $29,649,887,000 for the National Institutes of Health (NIH), which is $750,000,000 above the fiscal year 2007 appropriation and $1,028,646,000 above the request.

As described in the "Advancing Biomedical Research" initiative in the front of the report, the Committee has made difficult choices in order to provide a $750,000,000 increase for biomedical research supported by NIH. The Committee hopes to stop the funding rollercoaster NIH has experienced during the past decade and provide a substantial and sustainable growth path for the future.

The funding level recommended by the Committee would provide 10,666 new and competing grants, an increase of 545 over fiscal year 2007. The number of total grants would rise to 39,003. The recommendation would also reverse the two-year freeze in the inflationary adjustment of grants, with an average two percent increase for new grants. The recommendation is attentive to the pipeline issue, providing funding for three programs to support young investigators as well as a two percent average increase in research training stipends. The Committee fully funds the Administration's request of $300,000,000 for transfer to the global fund for AIDS,

malaria and tuberculosis and continues the National Children's Study with an appropriation of $110,900,000. The Common Fund is supported as a set-aside within the Office of the Director at the statutory minimum of $495,153,000 rather than through an assessment of institute and center budgets. The Committee also preserves the taxpayer's investment in the research labs on the NIH campus by increasing the buildings and facilities account by $40,000,000.

The following chart displays the funding provided to each of the 27 appropriations that comprise the total NIH appropriation. The full name of each institute and center is included in the table along with its acronym. These acronyms will be used throughout the report rather than repeating the full name of the institute or center. Funding levels are also shown in the detailed table at the back of the report.

NATIONAL INSTITUTES OF HEALTH

[Dollars in thousands]

Institutes/Centers	Fiscal year 2008 Committee	2008 Committee compared to—	
		Fiscal year 2007	2008 Budget
National Cancer Institute (NCI)	4,870,382	+72,743	+88,268
National Heart, Lung, and Blood Institute (NHLBI)	2,965,775	+42,846	+40,362
National Institute of Dental & Craniofacial Research (NIDCR)	395,753	+6,050	+6,031
Nat. Inst. of Diabetes & Digestive & Kidney Diseases (NIDDKD)	1,731,893	+26,025	+23,848
National Institute of Neurological Disorders and Stroke (NINDS)	1,559,106	+23,561	+22,087
National Institute of Allergy and Infectious Diseases (NIAID)	4,632,019	+264,311	+39,537
National Institute of General Medical Sciences (NIGMS)	1,966,019	+30,211	+24,557
Nat. Inst. of Child Health and Human Development (NICHD)	1,273,863	+19,156	+8,917
National Eye Institute (NEI)	677,039	+9,923	+9,219
National Institute of Environmental Health Sciences (NIEHS)	652,303	+10,301	+14,897
National Institute on Aging (NIA)	1,062,833	+15,573	+15,685
Nat. Inst. Arthritis & Musculoskeletal & Skin Diseases (NIAMS)	516,044	+7,804	+7,962
Nat. Inst. on Deafness & Other Communication Disorders (NIDCD)	400,305	+6,637	+6,623
National Institute of Nursing Research (NINR)	139,527	+2,123	+1,727
National Institute on Alcohol Abuse and Alcoholism (NIAAA)	442,870	+6,611	+6,365
National Institute on Drug Abuse (NIDA)	1,015,559	+14,938	+15,194
National Institute of Mental Health (NIMH)	1,425,531	+21,037	+20,110
National Human Genome Research Institute (NHGRI)	493,996	+7,505	+9,560
National Institute of Biomedical Imaging and Bioengineering (NIBIB)	303,318	+6,431	+2,855
National Center for Research Resources (NCRR)	1,171,095	+37,855	+58,597
National Center for Complementary and Alternative Medicine (NCCAM)	123,380	+1,804	+1,681
National Center on Minority Health and Health Disparities (NCMHHD)	202,691	+3,247	+8,196
John E. Fogarty International Center (FIC)	67,599	+1,153	+1,005
National Library of Medicine (NLM)	325,484	+4,634	+12,922
Office of the Director (OD)	1,114,422	+67,521	+597,360
Buildings and Facilities	121,081	+40,000	−14,919
Total	29,649,887	+750,000	+1,028,646

NATIONAL CANCER INSTITUTE

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

rehabilitation. NCI provides training support for research scientists, clinicians and educators, and maintains a national network of cancer centers, clinical cooperative groups, and community clinical oncology programs, along with cancer prevention and control initiatives and outreach programs to rapidly translate basic research findings into clinical practice.

Unprecedented gains.—The Committee is pleased to note the important gains returned by the nation's investment in cancer research. These investments are proving to be important steps toward advances in diagnosis, treatment and prevention for many cancers. For example, the Cancer Biomedical Informatics Grid (caBIG) will allow investigators to manage and share clinical data in real time in a move toward "digital biology". The Cancer Genetic Markers of Susceptibility initiative will scan the entire human genome and identify genetic changes associated with either increased or decreased risk for breast and prostate cancer. The Cancer Genome Atlas, done in conjunction with NHGRI, will test the complex science and technology framework needed to systematically identify and characterize genomic changes associated with cancer. The repository named REMBRANDT developed by NCI and NINDS is a publicly available bionformatics knowledge base of primary brain tumor data. The new Clinical Proteomics Program is developing the standards needed to characterize patterns of protein markers in human serum for very early detection of cancer. The Nanotechnology Alliance for Cancer began harnessing nanotechnologies for cancer diagnostics, targeted imaging, and drug delivery.

Cancer metastasis to bone.—A frequent complication of cancer is its spread to bone (bone metastasis) that occurs in up to 80 percent of patients with myeloma and 70 percent of patients with either breast or prostate cancer—causing severe bone pain and pathologic fractures. Only 20 percent of breast cancer patients and five percent of lung cancer patients survive more than five years after discovery of bone metastasis. The Committee understands that immune response plays a role in cancer metastasis and encourages NCI to focus research in the emerging area of osteoimmunology. The Committee encourages NCI, as well as NIAMS, NIA, and NIDDK, to support research to determine mechanisms to identify, block and treat cancer metastasis to bone. Furthermore, the Committee encourages NCI to expand research on osteosarcoma to improve survival and quality of life and to prevent metastatic osteosarcoma in children and teenagers who develop this cancer. In addition, NCI is encouraged to strengthen research on tumor dormancy as it relates to bone metastasis.

Gynecologic cancers.—Today, in the United States, one woman will be diagnosed with a gynecologic cancer every seven minutes. That is almost 200 per day and 80,000 in a given year. Furthermore, almost 30,000 women die from a gynecologic cancer each year. Existing NCI funding for specialized programs of research excellence (SPOREs), program projects, the early detection network, and investigator initiated grants has accelerated basic, molecular-based research discoveries for gynecologic cancers. The Committee encourages NCI to give priority to gynecologic cancers under its nanotechnology plan, its oncology biomarker qualifications initia-

tive, and its cancer genomics atlas project, jointly conducted with NHGRI. This will allow laboratory discoveries to be translated into clinical applications at the bedside causing a decrease in the mortality rates for women with gynecologic cancer.

Gynecologic oncology clinical trials.—The Committee recognizes NCI's longstanding commitment to improving the health of women through gynecologic oncology clinical trials. These trials have led to the identification of new therapeutic agents and techniques for treating gynecologic cancers. This effort has directly produced improved outcomes for ovarian cancer patients as a result of changes in the way ovarian cancer is treated and the development of a vaccine for preventing the virus that causes cervical cancer. The Committee encourages NCI to continue its support of gynecologic oncology clinical trials through public-private partnerships with the pharmaceutical and biotechnology industries and the NCI-sponsored cancer centers and cooperative groups.

HPV Vaccine and cervical cancer.—The Committee encourages NCI to study if there are clinical and cost benefits of prospectively tracking pap test results and outcomes in women who have been vaccinated for human papillomavirus (HPV). The Committee encourages NCI to support research that will identify the most cost-effective management strategy for cervical cancer screening in the era of HPV vaccines and to identify the circumstances where pap test/HPV screening fails in vaccinated women.

Liver cancer.—The Committee notes that the incidence of primary liver cancer continues to increase. Liver cancer is one of the few cancers experiencing continuing increases in mortality, and treatment options remain very limited. The Committee encourages NCI to work closely with NIDDK to develop a basic, clinical and translational research program designed to reverse these trends and enhance survivability.

Pancreatic cancer.—The Committee recognizes that pancreatic cancer is the country's fourth leading cause of cancer death among men and women. While NCI support for pancreatic cancer research has increased during the past several years, unfunded opportunities remain. The Committee strongly encourages the Institute to continue to support the existing pancreatic cancer SPORES and to consider using separate pay lines for each cancer within the SPORE program.

Lymphoma.—The incidence rates for non-Hodgkin lymphoma in the general population have doubled since the 1970s. The reasons for its increased incidence are not clear. The Committee recommends an enhanced commitment to research focusing on the possible environmental links to lymphoma. The Committee suggests that NCI direct funds to: (1) studies on the identification of environmental-genetic interactions which may influence the development of lymphoma; (2) studies of adequate scope to assure the identification of environmental risk factors for specific subtypes of lymphoma; (3) small studies designed to improve detection and quantification of historically difficult-to-measure environmental factors; (4) studies that are directed toward enhancing the understanding of the role of the immune system in the initiation and progression of lymphoma; and, (5) studies that examine the simultaneous presence of a wide profile of infectious agents among indi-

viduals with lymphoma. Lymphoma is often diagnosed in young adulthood and middle age, and survivors may experience immediate, but also late and long-term effects of the disease and treatment. Although there are effective treatments for Hodgkin lymphoma, survivors of this form of lymphoma may have a wide range of side effects from the disease and will require long-term monitoring and follow-up care to address the long-term effects. The Committee encourages NCI to dedicate some of its survivorship research to problems confronted by lymphoma survivors.

Lymphatic research and lymphatic diseases.—The Committee recommends that NCI support research on lymphedema, a chronic, progressive and historically neglected complication that must be endured by many cancer survivors. The Committee also encourages the Institute to support the study of lymphangiogenesis and lymphatic imaging, which are critical to a greater understanding of cancer metastasis and lymphedema.

Ovarian cancer.—Today, in the United States, there is no widely available screening test for ovarian cancer. More than 22,000 women will be diagnosed with ovarian cancer this year and 16,000 women are expected to die from it. Ovarian cancer has a high mortality rate, 55 percent over five years, mainly because there is no proven effective method for early detection. Research is being conducted on glycomic profiling which may identify unique patterns of glycosylation that may be more sensitive and specific than CA–125, an existing blood marker, in identification of early stage ovarian cancer. Circulating plasma proteins, another blood marker, could also possibly serve as biomarkers to differentiate women with ovarian cancer from healthy women. The Committee encourages NCI to make randomized, prospective studies that would lead to the validation and acceptance of these and other biomarkers for the early detection of ovarian cancer a priority.

Clinical trial participation.—Despite efforts to improve participation in cancer clinical trials, only three percent of adult cancer patients participate in trials, and the participation by senior citizens is even more limited. The Committee strongly encourages NCI to support research to investigate decision-making by patients, particularly with respect to barriers to, and decisions on, participation in clinical trials. This research effort should be undertaken to inform strategies to enhance accrual in cancer clinical trials. Current low levels of accrual are often rate-limiting in the development of novel treatment approaches, and solving this problem would ultimately improve outcomes for cancer patients.

Cancer centers.—The Committee commends NCI on the success of its cancer centers program. Given that minority populations suffer disproportionately from virtually every form of cancer, the Committee encourages NCI to consider supporting the establishment of a comprehensive center at a minority institution focused on research, treatment, and prevention of cancer in African American and other minority communities. The Committee is pleased with NCI's attention to this important matter.

Tissue repositories.—Cancer biorepositories, because they centralize and standardize molecular annotation of tissues, have the potential to accelerate the understanding of cancer and the discovery and development of new biomarkers, new diagnostics and

new therapeutic approaches. The Committee encourages NCI to continue to support efforts to centralize the collection and distribution of tissue and pursue programs to make them available to researchers.

Neuroblastoma.—The Committee notes with concern the incidence of neuroblastoma, an aggressive pediatric cancer with poor survival rates among Stage III and Stage IV patients. The Committee encourages NCI to accelerate support for neuroblastoma research with a focus on clinical trials for high-risk patients. The Committee requests a comprehensive report on NCI's research in this area, including planned clinical and translational research initiatives, as part of NCI's fiscal year 2009 budget justification.

Radioisotope research.—The Committee encourages NCI to continue and enhance its support for radioisotope-targeted therapy and research. This research ultimately benefits cancer patients worldwide by developing new, productive avenues for the use of nuclear stockpile materials previously earmarked for weapons development.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

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

Cardiovascular diseases.—The Committee commends the Institute for its leadership in undertaking an inclusive strategic planning process, which included a national conference on heart disease. The Committee looks forward to receiving the heart disease action plan from the meeting as well as updates on progress made to implement its goals. The Committee continues to regard research on heart disease, stroke and other cardiovascular diseases as a top health priority. The Committee strongly believes that as the baby boomers age, more research on cardiovascular diseases is critically needed to better prevent, diagnose, treat, and cure cardiovascular diseases.

Congenital heart disease.—The Committee recognizes that congenital heart disease is a chronic disease affecting approximately 1.8 million Americans. It commends NHLBI for convening a working group to address this issue, and supports its recommendation that action be taken to prevent needless disability and premature mortality in this rapidly-growing population. The Committee urges NHLBI to work with patient associations and other appropriate public health organizations to develop education and research initiatives targeted to the life-long needs of congenital heart disease survivors.

Cardiovascular disease and women.—The Committee remains concerned that as the population ages women will continue to be affected by cardiovascular disease at high rates. The Committee encourages the Institute to place a high priority on heart disease, stroke and other cardiovascular diseases in women by intensifying its investment in basic, clinical, translational, and trans-institute cardiovascular disease research. Despite new therapies, the Committee continues to believe that research is needed to better understand the causes of these diseases in women, develop more effective

treatments and cures, and prevent cardiovascular diseases, which remain a major cause of permanent disability and the number one killer of women.

Gender differences in health and disease are well established. For example, while cardiovascular disease is the number one killer of both women and men, women die of cardiovascular disease an average of ten to twenty years later than men. Numerous primary and secondary randomized controlled prevention trials have been conducted in men showing the benefit of lowering total and LDL cholesterol. Women have been included in many of these studies but not in sufficient numbers to permit a meaningful analysis of the benefits for women alone. As a result, women are currently treated according to the data from studies where there is a preponderance of men—namely, the treatment is designed to lower total and LDL cholesterol. This is done on the assumption that this treatment regime is the best approach to primary prevention in women. However, there are some significant indications that high HDL-cholesterol and low triglycerides are more important for women's cardiovascular health. The Women's Health Initiative did not substantiate the expectations from observational studies that postmenopausal hormone therapy reduces the risk of coronary heart disease in spite of lowering total cholesterol and LDL-cholesterol. New research is needed to answer the question of the optimal lipid profile in primary prevention of cardiovascular morbidity and mortality in women and to define gender differences. The Committee encourages NHLBI to undertake this type of research.

Heart disease and diabetes.—Heart disease is the leading cause of death in diabetic patients, and individuals with type 1 diabetes have a 10-fold increased risk of heart disease compared to others of the same age. Research has shown that heart disease begins as early as childhood or adolescence in type 1 diabetes patients. NHLBI is encouraged to promote research to identify early biomarkers of cardiovascular disease in young diabetic patients to learn who might benefit from therapeutic agents that are currently used in adults. Delaying heart disease by even a few years could make a significant difference in the lives and health of young diabetic patients.

Pulmonary hypertension (PH).—The Committee commends NHLBI for its leadership in advancing research on PH, a rare, progressive, and fatal disease that predominantly affects women. The Committee continues to view research on pulmonary hypertension as a high priority. It encourages the Institute to consider expanding its specialized centers of clinically oriented research program in this area and to establish a PH research network to facilitate collaboration and data sharing among leading PH investigators.

Thalassemia.—The Committee remains strongly supportive of the focused research effort that is being undertaken by the thalassemia clinical research network, which is comprised of the leading research institutions in the field of thalassemia, or Cooley's anemia. In addition, the Committee commends NHLBI for its commitment to pursue gene therapy and urges the Institute to move aggressively in pursuing a research agenda that will lead to a cure.

Lymphangioleiomyomatosis (LAM).—The Committee remains very interested in efforts to find a cure for LAM, a progressive and

often fatal lung disease of women with no effective treatment. The Committee supports both intramural and extramural means of expanding research on LAM and urges NHLBI to use all available mechanisms as appropriate, including support of state-of-the-science symposia, request for applications, and facilitating access to human tissues, to stimulate a broad range of clinical and basic LAM research. The Committee understands that recent scientific findings have presented new treatment approaches for clinical testing, and that experimental trials with the drug sirolimus have begun. The Committee commends NHLBI for supporting the multicenter international lymphangioleiomyomatosis efficacy of sirolimus trial (MILES) trial, and further encourages the support of other phase I and phase II clinical treatment trials to capitalize on the LAM patient population that NHLBI has assembled who do not qualify for the MILES trial. The Committee is also aware of the potential benefit of establishing LAM centers, and suggests NHLBI consider supporting these activities.

Sleep disorders.—The Committee encourages the National Center on Sleep Disorders Research to partner with CDC to implement a sleep education and public awareness initiative using the roundtable model that has been successful for NIH institutes and public health service agencies.

Alpha-1 antitrypsin deficiency.—The Committee is aware that Alpha-1 antitrypsin deficiency (or Alpha-1) is the major known genetic risk factor for chronic obstructive pulmonary disease (COPD), the fourth leading cause of death in the U.S. and the only one of the four leading causes of death with a rising mortality over the past decade. As many as three percent of individuals with COPD have undetected Alpha-1. In addition, individuals with Alpha-1 can exhibit symptoms of advanced emphysema, even in the absence of tobacco use. Alpha-1 is an indication for lung transplantation. Alpha-1 is also a factor in the development of liver disease in children and adults. The Committee commends NHLBI for its plans to focus additional research efforts in the area of COPD. As there is a growing appreciation of the role of genetic influences on the development of COPD and as Alpha-1 is the major identified genetic risk factor in this condition, the additional focus on research leading to a better understanding of Alpha-1, including improved management and therapeutic approaches, is important. The Committee further recommends cooperation between NHLBI, NIDDK, NHGRI, and other institutes to enhance the NIH research portfolio, and to provide appropriate information to health professionals. The Committee suggests achieving these goals through use of the NHLBI rare lung diseases consortium and the COPD clinical research network.

Nontuberculous mycobacteria (NTM).—Mycobacteria are environmental organisms found in both water and soil that can cause significant respiratory damage. The Committee is aware of the increasing incidence of NTM pulmonary infections in women, particularly involving rapidly growing mycobacteria. The Committee commends NHLBI for its planning meetings regarding NTM; and recommends further collaboration with NIAID, the advocacy community, and other Federal agencies to provide a better understanding

of NTM, enhance diagnostic and treatment options, and promote education of health care providers.

Bleeding and clotting disorders.—The Committee commends NHLBI for its commitment to research in bleeding and clotting disorders. The Committee encourages the Institute to continue these efforts focusing on improved and novel therapies for these disorders and maintaining its collaborative relationship with the scientific and medical research community and voluntary organizations.

Marfan syndrome.—The Committee commends NHLBI for its strong leadership on Marfan syndrome research, particularly its sponsorship of a landmark pediatric heart network clinical trial focused on the drug losartan. The Committee encourages NHLBI to continue to partner with the Marfan syndrome community on this research, and explore ways to support promising ancillary studies to the clinical trial. The Committee also applauds the Institute for establishing a working group on Marfan syndrome and looks forward to reviewing the group's recommendations for future research.

Bone marrow failure diseases.—The Committee applauds NHLBI for funding research that has led to a greater understanding of bone marrow failure diseases. The Committee encourages NHLBI to collaborate with NCI to fund new research efforts that seek new treatments and cures for aplastic anemia, myelodysplastic syndromes (MDS), and paroxysmal nocturnal hemoglobinuria (PNH).

Lymphatic research and lymphatic diseases.—The Committee recognizes the leadership role NHLBI has played in advancing lymphatic research within its Institute and strongly encourages continuation of these efforts in concert with NSE /ORWH AND OTHER RELEVANT/CI, NIAID, NIDDK, NIAMS, and other relevant ICs. The Committee urges NHLBI's lung division to engage in lymphatic research initiatives, with particular attention to congenital lymphatic malformation-induced pulmonary dysfunction.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

Mission.—The mission of NIDCR is to improve the Nation's oral, dental and craniofacial health through research, research training, and the dissemination of health information. NIDCR accomplishes its mission by performing and supporting basic and clinical research; conducting and funding research training and career development programs to ensure an adequate number of talented, well-prepared, and diverse investigators; coordinating and assisting relevant research and research-related activities among all sectors of the research community; and promoting the timely transfer of knowledge gained from research and its implications for health to the public, health professionals, researchers, and policy-makers.

Dental disease.—Dental disease is the most common chronic childhood illness and one of the most prevalent unmet needs in poor children. Research indicates that dental disease has a serious impact on learning and overall health of children, and recent data indicates an increase in early childhood cases. The Committee commends NIDCR for its current efforts in this area and encourages NIDCR to support additional research to determine the most effective methods for preventing, controlling, and treating early childhood carries.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

Mission.—NIDDK supports research in three major disease categories: diabetes, endocrinology, and metabolic diseases; digestive diseases and nutrition; and kidney, urologic, and hematologic diseases. NIDDK supports a coordinated program of fundamental and clinical research and demonstration projects relating to the causes, prevention, diagnosis, and treatment of diseases within these categories. The Institute also supports efforts to transfer the knowledge gained from its research program to health professionals, patients, and the general public.

Cooley's anemia.—The Committee continues to support the high quality research being conducted by NIDDK on such issues as iron chelation and non-invasive iron measurement. The development of a less burdensome means of iron chelation is urgently needed. In addition, the Committee encourages NIDDK to continue to work closely with NIBIB to develop and perfect non-invasive means of measuring iron that accumulates in the heart and liver.

Polycystic kidney disease (PKD).—The Committee is pleased that NIH-supported PKD research has rapidly led to the development of multiple human clinical trials and interdisciplinary studies focused on slowing PKD disease progression or even reversing the progression of PKD. Given the momentum in PKD research, the Committee encourages NIDDK to promote additional PKD clinical trials and multidisciplinary research, and expand knowledge-based studies of pathophysiology and molecular biology. The Committee encourages NIDDK to conduct a comprehensive review of its structure to ensure that funding is directed to areas of research (such as PKD) that show the best return on investment in terms of ameliorating and/or curing diseases.

Management of pediatric kidney disease.—The complexity and variety of causes unique to childhood kidney diseases require multiple detailed treatment regimens for chronic kidney disease, dialysis and kidney transplantation. When these life-saving medication and treatment plans are not followed, patients experience life-threatening complications and costly hospitalizations. The Committee urges NIDDK to conduct trans-institute trials to study methods to improve adherence with treatment regimens for children and adolescents throughout the spectrum of chronic kidney disease, particularly in the areas of dialysis and post-kidney transplantation. Additionally, the Committee urges NIDDK to support collaborating networks of health care providers to collect data and plan trials to improve therapy for the spectrum childhood kidney diseases and the transition of children with kidney disease into adulthood.

Glomerular disease.—The Committee continues to be pleased with the work of NIDDK in the area of glomerular disease research, particularly as it relates to focal segmental glomerulosclerosis. The Committee commends NIDDK for conducting a glomerular disease workshop and encourages the Institute to support research related to the findings of the workshop. The Committee is also aware of the potential for progress in the understanding of glomerular diseases through the establishment of a patient registry.

Mucopolysaccharidosis (MPS).—The Committee is gratified by NIDDK's continuing commitment to support research on MPS disorders and appreciates NIDDK's involvement and collaboration with NINDS and the Office of Rare Diseases (ORD) on a recent scientific conference to identify and address impediments to effective therapies and to develop a strategy to determine the minimum standard protocol for clinical application of effective therapies for MPS. The Committee recognizes the efforts of NIDDK to address glycosaminoglycans accumulation issues and its effects on bones and joints; additionally the Committee is pleased with the continuing focus on addressing the challenges of the blood-brain barrier. The Committee recognizes the implementation of NIDDK's molecular therapy core centers (MTTCs) to support research on gene and other molecular therapy research for a variety of genetic diseases; two of the four centers study MPS. The objective of bringing together investigators from relevant disciplines to enhance and extend the effectiveness of their research and cultivate collaboration between scientists is a positive development. MTCCs that include new technologies, such as homologous recombination and RNA-interference, gene therapy and novel approaches to human therapies, are supported by the Committee.

Bowel incontinence.—This condition affects people of all ages and is associated with a wide variety of causes. The Committee is pleased that NIDDK is collaborating with NICHD on an incontinence state-of-the-science conference and encourages the Institute to prioritize implementation of this conference.

Irritable bowel syndrome.—The Committee is pleased that NIDDK is formulating an action plan for digestive diseases through the National Commission on Digestive Diseases and that irritable bowel syndrome (IBS) will be included.

Inflammatory bowel disease.—The Committee has been encouraged in recent years by discoveries related to Crohn's disease and ulcerative colitis, collectively known as inflammatory bowel disease (IBD). These extremely complex disorders represent a major cause of morbidity from intestinal illness. The Committee commends NIDDK for its strong leadership in this area and continues to encourage the Institute to strengthen research focused on: (1) the cellular, molecular and genetic structure of IBD, (2) identification of the genes that determine susceptibility or resistance to IBD in various patient subgroups, and (3) translation of basic research findings into patient clinical trials as outlined in the research agenda developed by the scientific community entitled, "Challenges in Inflammatory Bowel Disease."

Drug-induced liver injury.—The Committee is aware of the good work of the five centers which comprise the drug-induced liver injury network (DILIN). This network represents an important database to record, examine, and research the liver toxicity of various pharmaceutical and over the counter products. In view of the increasing incidence of liver injury from prescription and nonprescription drugs, the Committee encourages NIDDK to strengthen the DILIN network and requests a review of progress made in the use of the NILIN network data in developing findings or recommendations to reverse the incidence of liver injury.

Hepatitis B.—The Committee is pleased with the NIH commitment to conduct a consensus conference in 2008 on best treatment practices for individuals with hepatitis B, especially with the growing number of treatment options. As most people who are infected with hepatitis B are unaware of their infection, the Committee encourages NIDDK to continue to collaborate with CDC in the development of a public health strategy to expand the screening of individuals at risk for chronic hepatitis B.

Hepatitis C.—The Committee notes that several new antiviral agents are in development against hepatitis C. However the problem of antiviral drug resistance has emerged as a stumbling block. The Committee encourages implementation of clinical studies aimed at overcoming antiviral drug resistance, possibly by utilizing novel agents in combination.

Obesity-related liver disease.—The Committee notes that there is an emerging obesity-related chronic liver disease, which may affect as many as one in four adults and a significant number of obese children. The Committee encourages NIDDK to continue to support fatty liver disease clinical trials that includes both adult and pediatric populations.

Beta cell research.—The Committee commends NIDDK for its support of the beta cell biology consortium (BCBC) which has developed excellent resources, research reagents, and databases that add value to the entire beta cell biology research community. NIDDK is encouraged to support research focused on translating the fundamental discoveries made by the BCBC into clinical applications that may directly benefit type 1 diabetes patients.

Digestive diseases.—Diseases of the digestive system may affect up to one-half of all Americans at some time in their lives. Serious disorders such as colorectal cancer, inflammatory bowel disease, irritable bowel syndrome, hemochromatosis, celiac disease, and hepatitis take a tremendous toll in terms of human suffering, mortality, and economic burden. The Committee commends NIDDK on the success of its digestive disease centers program in addressing a wide range of disorders that result in tremendous human suffering and economic cost. The Committee encourages NIDDK to strengthen this important program with an increased emphasis on irritable bowel syndrome.

Acute liver failure.—The Committee is concerned that over one-third of acute liver failure cases, resulting from over the counter drug interactions and other causes, are fatal due largely to the continuing shortage of livers available for transplantation. The Committee is aware that there is no effective and approved medical procedure such as dialysis, cellular transplants, or other techniques to maintain liver function after acute failure for a period of time until a liver becomes available for transplantation or the liver repairs itself naturally. The Committee encourages research in this area, consistent with the liver disease research action plan, to reduce the mortality rate for those who suffer from acute liver failure.

Glucose monitoring.—Recent advances in continuous glucose monitoring technology have the potential to revolutionize the way diabetes is managed on a daily basis, but more research is needed to validate this technology in a variety of patient populations under "real world" conditions. Moreover, biomedical research progress is

enabling increasing numbers of type 1 diabetes patients to live with this disease for more than fifty years. The NIDDK is urged to support clinical research on the potential benefits of continuous glucose monitoring in type 1 diabetes patients over the age of 65 to assess the potential of this technology to produce better health outcomes in these individuals and to obtain evidence to support healthcare coverage for continuous monitoring devices in elderly diabetic patients.

Prostatitis.—The Committee supports the efforts of the NIDDK chronic prostatitis collaborative research network (CPCRN) to find the cause and a cure for prostatitis. The past ten years of research by the CPCRN have produced important progress. The Committee encourages NIDDK to maintain the momentum of this research to prevent the loss of previous work, which would have to be duplicated at a later date if this silent epidemic is to be controlled.

Hemophilia and hepatitis C.—The Committee understands that hepatitis C continues to have a devastating impact on the hemophilia population, with as many as 75 percent of all persons with hemophilia having contracted HCV and many of these individuals co-infected with HIV. The Committee encourages NIDDK to pursue research initiatives on co-infection and the progression of liver disease in this population.

Interstitial cystitis/painful bladder syndrome IC/PBS.—The Committee is concerned about the lack of clarity surrounding the definition of IC and suggests that NIDDK host a meeting of international IC experts that specifically addresses these issues to update its research criteria and clarify its investigative questions on IC.

The Committee encourages NIDDK to support research in areas that examine predisposition/risk factors, underlying cellular and molecular pathology of IC/PBS and the association/cross-sensitization of IC/PBS with other disorders/diseases. The Committee also suggests that NIDDK fund translational research in IC/PBS that would include pilot therapy testing and early intervention of lifestyle/behavioral changes to prevent/lessen symptoms. The Committee encourages NIDDK to take an active role in ongoing studies of the epidemiology of IC in order to address design issues and to ensure the consultation of outside experts.

Cellular therapies.—The Committee is encouraged by recent clinical trial results, in which 14 patients recently diagnosed with type 1 diabetes remained insulin-free for up to 34 months, post treatment with an immunosuppressive regimen followed by the infusion of autologous hematopoietic stem cells. Given these positive results, the Committee recommends NIH continue to support clinical trials in the U.S. using cellular therapies to treat type 1 diabetes, including therapies such as the lymphoablative hematopoietic stem cell treatment used in this trial as well as alternative therapies using cell sources such as dendritic cells, T-regulatory cells, or umbilical cord blood cells.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

Mission.—NINDS supports and conducts basic and clinical neurological research and research training to increase understanding of the brain and improve the prevention and treatment of neuro-

logical and neuromuscular disorders. The NINDS mission encompasses over 600 disorders, including stroke, head and spinal cord injury, epilepsy, multiple sclerosis, and neurodegenerative disorders such as Parkinson's disease.

Stroke.—The Committee commends the Institute for its leadership in initiating a strategic planning process for stroke research. Stroke is this nation's third leading cause of death and the Committee regards stroke research as a top health priority. The Committee encourages the Institute to enhance its investment in basic, clinical, translational, and trans-institute stroke research using all available mechanisms. As the baby boomers age, additional stroke research is critically needed to identify innovative methods to better diagnose, treat, rehabilitate, and prevent stroke.

The Committee is encouraged that the Institute convened experts in the field of stroke to conduct a midpoint review of the ten-year plan outlined in the stroke progress review group (SPRG) report. The Committee supports the full and timely implementation of the SPRG report and expects an update on implementation of the report in hearings on the fiscal year 2009 budget request.

Duchenne translational conference.—The Committee is aware that NIH will be convening a conference focused on translational research opportunities for Duchenne and Becker Muscular Dystrophy (DBMD) this June. The Committee applauds NIH for taking this concrete step forward and requests that a comprehensive report summarizing the conference's findings, identifying the most promising opportunities for a DBMD translational research initiative and establishing clear next steps to establish this initiative, be published within five months of the conclusion of the conference. The Committee requests the Muscular Dystrophy Coordinating Committee (MDCC) develop a clear action plan that includes, among all the identified goals, tracking of NIH funded grants against the identified scientific opportunities for DBMD translational research, and mapping areas of investment and areas of unmet opportunity, by February 1, 2008.

Dystonia.—The Committee continues to support research regarding the neurological movement disorder dystonia. The Committee is pleased with progress made in broadening the dystonia research portfolio resulting from the joint dystonia research program announcement and understands that eleven new grants have been funded as a result of this initiative. The Committee commends NINDS on its sponsorship of the June 2006 scientific workshop on dystonia and looks forward to initiatives based on this activity.

The Committee is very pleased with progress demonstrated by the NIH intramural research program in the treatment and understanding of dystonia. NIH intramural researchers have successfully utilized injections of botox to treat many patients who otherwise would be severely debilitated by dystonia. The Committee urges continued work in this important area of study and treatment.

Charcot-Marie-Tooth (CMT).—CMT is one of the most common inherited neurological disorders. It is characterized by a slowly progressive degeneration of the peripheral muscles in the foot, lower leg, hand, and forearm. In severe forms it debilitates children so that they require wheelchairs and may even result in premature death. The Committee recognizes the NINDS workshop on periph-

eral neuropathies held in the fall of 2006 that focused on developing research opportunities to address CMT. The workshop concluded that there were a number of specific research directions that were particularly relevant including (1) the development of high throughput screening to identify candidate treatments that may be currently available for patients, (2) research into novel mechanisms to repair genetic abnormalities in patients with CMT, (3) research into interactions between neurons and glial cells that are disrupted and cause disability in many CMT patients, and (4) research into the biological role of inflammatory cells that may exacerbate disability in CMT patients. The Committee encourages NINDS to capitalize on these recommendations through mechanisms such as a relevant program announcement or request for applications.

Down syndrome.—The Committee notes the recent publication of a number of breakthrough studies concerning the structure and function of synapses in cognitive circuits in mouse models of Down syndrome. These findings suggest that important advances are possible that could enhance cognitive function in both children and adults with this disorder. The Committee notes that these advances were suggested by the Down syndrome workshop sponsored by NINDS, the goal of which was to address research priorities for optimizing the structure and function in neuronal circuits important for cognition. The Committee commends NINDS for its leadership in organizing the workshop and encourages it to build upon the important findings from the meeting. In particular, the Committee encourages NINDS to identify opportunities for investigating the genetic and cellular basis for abnormalities in the structure and function of cognitive circuits in both the developing and mature nervous systems of people with Down syndrome. NINDS is also encouraged to work with NIA to develop strategies to investigate the biology of age-related disorders, such as Alzheimer's disease and Parkinson's disease, in people with Down syndrome.

Hydrocephalus.—Hydrocephalus is a serious neurological condition, characterized by the abnormal buildup of cerebrospinal fluids in the ventricles of the brain. It is a condition, not a disease, which affects an estimated one million Americans. It can be congenital, or acquired for no known cause or secondary to many conditions, illnesses, or injuries. Normal pressure hydrocephalus (NPH) is an acquired condition that generally affects people over the age of 50 and often goes undetected or misdiagnosed for many years as dementia, Alzheimer's disease, or Parkinson's disease. Some estimates suggest that over 375,000 older Americans have NPH. There is no known cure for hydrocephalus. The standard treatment was developed in 1952, and carries multiple risks including shunt failure, infection and over-drainage. The Committee commends NINDS for taking lead sponsorship of the 2005 workshop to set national research priorities for hydrocephalus. The Committee encourages the institute to significantly strengthen funding for hydrocephalus research along with actively soliciting grant applications based on the findings from the workshop. The Committee also encourages NINDS to seek opportunities to collaborate with other institutes and offices at NIH, including NIA, NICHD, NEI, NIBIB and ORD, to support research collaboratively in epidemiology,

pathophysiology, disease burden and improved treatment for hydrocephalus.

Mucolipidosis Type IV (ML4).—Now that NIMH has created and can make available to researchers a strain of mice that replicates the genetic mutation which causes ML4 in humans, the Committee encourages NINDS to sponsor targeted research to develop therapies which might alleviate some of the effects of ML4 and similar genetic disorders, or even lead to their cure.

Spinal muscular atrophy (SMA).—The Committee commends NINDS for the advancement of the SMA therapeutics development program and encourages NINDS to continue to commit the full range of resources to identifying and completing preclinical research and development (R&D) of SMA drug candidates. The Committee urges NINDS to plan clinical trials and infrastructure including site support, patient registries, biomarker development and natural history studies.

Opsoclonus myoclonus syndrome (OMS).—OMS is a rare, autoimmune, disorder that targets the brain. In childhood, it is associated with neuroblastoma of the chest, abdomen, or pelvis. Besides the hallmark features of involuntary eye movements, muscle jerks, and gait disorder, the children have rages, inability to sleep, and may become mute and unable to sit or stand. Permanent problems in motor control, language development, behavior and cognition, even mental retardation, are common. The available treatment options for OMS are extremely limited. The Committee encourages the Institute to accelerate research efforts to identify OMS susceptibility genes and biomarkers, and to develop innovative immunotherapeutic strategies.

Torval cysts.—The Committee encourages NINDS to collect and analyze data on torval cysts, their causes, their diagnosis, and their treatment.

Vulvodynia.—NIH-supported research indicates that millions of women suffer from chronic pelvic and genitourinary pain conditions such as vulvodynia. The Committee encourages NINDS, in coordination with the NICHD, Office of Research on Women's Health (ORWH), the NIH pain consortium and other institutes, to strengthen its support of research in this area, with a focus on etiology and multi-center therapeutic trials. The Committee also encourages NINDS to work with ORWH and other relevant institutes and government agencies, as well as patients and professional organizations, to implement an education outreach campaign on vulvodynia.

Mucopolysaccharidosis (MPS).—The Committee applauds NINDS for its collaboration efforts with NIDDK, ORD and MPS patient advocates by taking the leading role in a landmark MPS scientific conference, whose objective was to identify and address impediments to effective therapies.

Traumatic brain injury (TBI).—The Committee is pleased with the work being done at NINDS on TBI translational basic science research and rehabilitation and encourages the Institute to continue such work, specifically bench science research into the cellular and molecular mechanisms of TBI and into neuroprotection/regeneration and repair of the injured brain.

Dandy-Walker and hydrocephalus research.—The Committee encourages NINDS to establish a coordinating committee for Dandy-Walker and hydrocephalus research. This coordinating committee is encouraged to report its findings to the public on the progress in the epidemiology, pathophysiology, disease burden, treatment improvements, diagnoses and awareness for Dandy-Walker and hydrocephalus.

Hereditary hemorrhagic telangiectasia (HHT).—HHT is a multisystem vascular genetic disorder that affects 75,000 Americans, producing arterioveneous malformations in the brain and lung. The Committee recognizes that while HHT is largely preventable with proper intervention, twenty percent of children and adults with HHT die or become disabled due to lack of recognition by the medical community. The Committee encourages NINDS to support research that would improve the quality of life for people living with HHT.

Tuberous sclerosis complex (TSC).—TSC is a genetic disorder that triggers uncontrollable tumor growth in multiple organs of the body, including the brain, heart, kidneys, lungs, liver, eyes, or skin. The Committee applauds the leadership undertaken at NINDS to coordinate research through the trans-NIH tuberous sclerosis coordinating committee. The Committee recommends that the scope of the coordinating committee be broadened to include planning of international conferences and annual targeted workshops on specific areas of TSC research as identified by the coordinating committee and the TSC research community. The Committee also suggests that NINDS human genetics resource center develop a TSC DNA Repository that would serve as a research resource for the TSC research community. Finally, the Committee encourages NINDS to stimulate and support research on the role of early onset seizures in TSC and subsequent cognitive development.

Epilepsy.—Epilepsy remains a major, unsolved public health problem affecting the lives of millions of Americans and their families. The Committee seeks intensified efforts by the Institute to produce breakthroughs in the prevention, treatment, and eventual cure of epilepsy. The Committee applauds NINDS for hosting the second "Curing Epilepsy 2007" Conference in March 2007 and encourages NINDS to issue a report and develop plans and goals based on the latest research developments—as highlighted at the conference. Additionally, the Committee recognizes that trials and longitudinal studies are needed to test findings and further develop exciting research directions in epilepsy.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

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

The Committee includes bill language requested by the Administration allowing NIH to transfer the funds appropriated for the construction of extramural biodefense research facilities to accounts that would remain available until expended. This would permit the grantees additional time to complete the construction of these complex projects and comply with the requirements of the National Environmental Protection Act.

Antiviral drug resistance.—The committee recognizes that several new drugs to treat hepatitis B have become available recently and several more are being developed, both against hepatitis B and hepatitis C. One of the major challenges in implementing these therapies is the development of antiviral drug resistance. The Committee encourages the development of standardized terminology to describe this resistance and studies of the mechanism of resistance and methods to overcome resistance.

Asthma.—The Committee is pleased with NIAID's leadership regarding asthma research and management. The Committee encourages NIAID to continue to improve its focus and effort on asthma management, especially as it relates to children. The Committee also encourages NIAID to collaborate more actively with voluntary health organizations to support asthma prevention, treatment, and research activities.

Drug-resistant tuberculosis (TB).—The Committee understands that NIAID is working on a response plan to drug resistant tuberculosis, including extremely drug resistant TB (XDR–TB), and applauds these efforts. The Committee encourages the appropriate allocation of resources to effectively address this global health emergency.

Liver transplantation.—The Committee applauds the significant progress in developing successful techniques for liver transplantation, but notes that the next medical frontier is to focus on improving the long-term quality of life of individuals who receive liver transplants. The Committee encourages additional research focused on these long-term quality of life issues, as well as research to improve patient and graft survival, pre-transplant graft evaluation and preservation, with a particular focus on research to reduce and eventually eliminate a transplant recipient's dependence on immunosuppressive drugs.

Malaria vaccine.—The Committee commends NIAID for its malaria research and, specifically, its effort to create a malaria vaccine. The Committee encourages NIAID to target resources to support malaria vaccine development, drug development, diagnostics, vector control, infrastructure and research capability, and to strengthen components of the implementation plan for global research on malaria. The Committee encourages NIAID to strengthen its efforts related to developing improved diagnostic tools which will help in the early identification of malaria and support the provision of rapid treatment. The Committee is concerned that drug-resistant malaria increasingly is being reported around the world, making the development of new drugs to treat malaria essential. Of further concern is that reports of insecticide-resistant mosquitoes are on the rise. To that end, the Committee encourages NIAID to undertake additional research on the basic biology and ecology

of mosquitoes, as well as work in genomics to develop new insecticides or render mosquitoes incapable of transmitting malaria.

Antibiotic resistance.—The Committee is concerned about the alarming rates of antibiotic resistance and the related increase in morbidity, mortality and health care costs. Little research has been devoted to defining optimal dosing regimens, particularly in defining the minimal duration of therapy necessary to cure many types of infections. The Committee recognizes that studies of this type require a long-term commitment and are not likely to be funded by pharmaceutical manufacturers since the products are already approved by the FDA. The consensus of many experts is that infections may be treated for longer periods of time than are necessary, needlessly increasing the antimicrobial resistance. Therefore, the Committee encourages NIAID to support randomized controlled trials to define the necessary length of therapy.

Primary immunodeficiency diseases (PI).—NIAID is the lead agency for research into bone marrow transplantation (BMT), which can cure some primary immunodeficiencies. The Institute has made significant progress in reducing graft versus host disease (GVHD) and improving therapies when GVHD develops. With newborn screening of certain PI diseases being piloted, the Committee urges the Institute to redouble its efforts to ensure that identified patients have the best possible chance for survival.

Clinical islet transplantation.—The Committee acknowledges the productive collaboration of the NIDDK and NIAID in overseeing the Clinical Islet Transplantation Consortium (CIT). The development of seven clinical trial protocols of islet transplantation marks a significant step toward validating this procedure as a viable treatment for type 1 diabetes patients suffering from extremely "brittle" or difficult-to-control blood sugar levels. NIDDK and NIAID are urged to take steps to ensure the efficient launch of these trials and to expedite patient recruitment and enrollment.

Anaphylaxis.—The issue of food allergies is an area of particular concern to this Committee. As many as 30,000 individuals, many of whom are children, require emergency room admission for food allergies every year, and several hundred die. The Committee supports intensive NIAID research in anaphylaxis and food allergy research to develop a cure for anaphylaxis, or severe allergic reactions to food or medications.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Mission.—NIGMS supports research and research training in the basic biomedical sciences. Institute grantees, working in such fields as cell biology, biophysics, genetics, developmental biology, pharmacology, physiology, biological chemistry, bioinformatics, and computational biology study normal biological processes to better understand what goes wrong when disease occurs. In this way, NIGMS supports the new knowledge, theories, and technologies that can then be applied to the disease-targeted studies supported by other NIH components. NIGMS-supported basic research advances also find applications in the biotechnology and pharmaceutical industries. The Institute's training programs help provide the scientists needed by industry and academia. NIGMS also has programs to increase the diversity of the biomedical workforce.

Training programs.—The Committee continues to be pleased with the quality of NIGMS's training programs, particularly those that have a special focus on increasing the number of minority scientists such as the Minority Access to Research Careers (MARC) and Minority Biomedical Research Support (MBRS) programs. The Committee encourages NIGMS to continue to support these important initiatives, and is particularly pleased that NIGMS has supported biomedical career opportunity programs for high school and undergraduate college students in conjunction with historically black health professions schools. The Committee urges continued, long-term support of this program.

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

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

Demographic research.—The Committee applauds NICHD for supporting demographic research. As a result of this support, important strides have been made in our understanding of family dynamics—especially how these factors influence marriage and the health and development of children. In addition, interdisciplinary demographic research has uncovered clues regarding the causes of health disparities across racial, ethnic, educational, and income groups. The Committee encourages NICHD to maintain its levels of investment in demographic training and infrastructure support and to support opportunities for interdisciplinary research into the complex environmental and biological mechanisms that produce health disparities.

Pulmonary rehabilitation.—Pulmonary rehabilitation has been increasingly recognized as an important treatment option for the many patients with disabling chronic lung diseases, like chronic obstructive pulmonary disease (COPD). The Committee encourages the National Center for Medical Rehabilitation Research (NCMRR) to expand research opportunities in this area.

Newborn screening.—Screening is used for early identification of infants affected by certain genetic, metabolic, hormonal or functional conditions for which there is effective treatment or intervention. Screening detects disorders in newborns which, if left untreated, can cause death, disability, mental retardation and other serious illnesses. The Committee encourages NICHD to continue to prioritize fragile X as a key prototype in the development of cost-effective newborn screening programs.

Premature ovarian failure (POF).—POF is a condition in which the ovaries stop functioning normally in a woman younger than age 40. Studies show that women who have POF of unknown cause have a one in fifty chance of being a premutation carrier of the FMR1 gene, the same gene that causes fragile X syndrome. Women with POF and a family history of female relatives with POF have a one in fifteen chance in carrying this premutation. The Committee acknowledges the importance of furthering research into the FMR1 premutation to inform the research community about the genetic causes of infertility and disorders of altered ovarian function.

The Committee supports further research efforts focused on collecting DNA and other genetic information from women who possess a mutation of the FMR1 gene as well as women who have POF. To accomplish this goal, the Committee encourages NICHD to include the collection of genetic and DNA data on women who are relatives of people living with fragile X in the development of a national fragile X patient registry. Additionally, NICHD is encouraged to take steps to develop a comprehensive research strategy on POF as it relates to the FMR1 gene.

Traumatic brain injury (TBI).—Congress is pleased with the work being done on TBI translational science research and rehabilitation at the NCMRR and encourages NCMRR to continue such work; especially the cooperative multi-center traumatic brain injury clinical trials network.

Spinal muscular atrophy (SMA).—SMA is the leading single gene cause of death in infants and toddlers and the most prevalent genetic motor disease. The severity of the disease, its relatively high incidence, and the possibility of imminent treatments led the NINDS to initiate the innovative SMA Project. The Committee is concerned that the NICHD has not dedicated resources specifically to initiate work and sustain ongoing resources for SMA. The Committee is aware, for instance, that despite multiple submissions last year, little funding was dedicated by NICHD to SMA-related research. The Committee encourages NICHD to support specific basic, translational, and clinical research initiatives on SMA. The Committee also encourages NICHD to coordinate funding with NINDS to ensure increased participation of investigators in SMA and developmental neurobiology relevant to SMA and to establish a cross-institute working group comprised of NICHD, NINDS, and NIGMS.

Liver wellness in children.—The National Children's Study (NCS) provides a unique opportunity to study the prevalence of obesity-related chronic liver disease, also known as fatty liver, from birth to early adulthood. The Committee understands that fatty liver is the most common liver abnormality in children age 2 to 19 years old, and disproportionately affects Hispanic-Americans. The Committee encourages NICHD to analyze the prevalence of fatty liver under the NCS to better understand obesity-related chronic illnesses in children and to work with other agencies in the screening and prevention of these diseases.

Primary immunodeficiency (PI) diseases.—The Committee continues to be impressed with the dedication of financial and personnel resources by NICHD to physician education and public awareness programs to reach early diagnosis of this class of 140 diseases. In addition, the Institute's focus on newborn screening research is critical as States begin to implement pilot newborn screening programs for severe combined immunodeficiency disease (SCID), one of the most severe forms of PI. NICHD is urged to coordinate its efforts with CDC and the States in this critical implementation period.

Pre-term births.—A recent national study showed that the rate of pre-term births among first pregnancies has increased 50 percent over the past decade. The data also revealed that women in their first pregnancy are at highest risk for developing preeclampsia,

which puts them at risk for devastating maternal complications and fetal death. In addition, the study also showed a racial disparity with black women at a two-fold higher risk than white women. The Committee understands that the prediction and prevention of these first pregnancy complications is problematic and that there is a shortage of research on the etiology and prevention interventions for this cohort of women. The Committee requests that NICHD conduct research on women in their first pregnancy in order to fill the gap in knowledge for the prevention of these complications.

Assisted reproductive technology (ART).—ART over the past two decades has allowed thousands of infertile couples to have children, accounting for 1.1 percent of total U.S. births and 17.1 percent of U.S. multiple births. There is recent evidence of higher rates of adverse pregnancy outcomes even in single birth pregnancies associated with ART including increased low birth weight, fetal growth restrictions, genetic disorders and congenital disorders. The Committee encourages NICHD to support an initiative for a multi-site cohort study on ART that would emphasize pregnancy outcomes, and short and long term effects on children to determine if the adverse outcomes are specifically related to ART procedures.

Stillbirth.—The Committee applauds NICHD's efforts in addressing stillbirth, a major public health issue with morbidity equal to that of all infant deaths. The Committee understands that the NICHD cooperative network has an ongoing study using a standard protocol at five clinical sites and encourages NICHD to continue supporting this effort.

Vulvodynia.—As a result of efforts funded by the NICHD, the number of highly qualified scientists interested in researching vulvodynia has greatly increased. The Committee commends NICHD for reissuing its program announcement in this area and suggests that a request for applications be considered. The Committee encourages NICHD to strengthen its support of vulvodynia studies in 2006, with a particular emphasis on etiology and multicenter therapeutic trials. The Committee commends NICHD for working with ORWH to implement an educational outreach campaign on vulvodynia and calls upon the Institute to continue these efforts.

Pre-term birth.—The Committee recognizes that prematurity is the leading cause of newborn death and an estimated twenty percent of infants who survive suffer long term consequences, including cerebral palsy, mental retardation, and developmental delays that affect the child's ability to do well in school. The Committee encourages NICHD to strengthen research on the underlying causes of pre-term delivery and the development of treatments for the prevention of premature birth. Furthermore, the Committee is aware that a 2006 Institute of Medicine report found that a multidisciplinary research approach is needed to better understand premature birth, and therefore encourages NIH to use this strategy to fund research on pre-term birth.

Mental retardation.—The Committee recognizes the outstanding contributions of the Mental Retardation/Developmental Disabilities Research Centers (MRDDRC) toward understanding why child development goes awry, discovering ways to prevent developmental

disabilities, and discovering treatments and interventions to improve the lives of people with developmental disabilities and their families. The Committee is particularly pleased with the MRDDRC contributions in the areas of autism, fragile X syndrome, Down syndrome and other genetic and environmentally induced disorders. These centers have greatly improved our understanding of the causes of developmental disabilities. However, the Committee is concerned that the centers have not been given sufficient resources to sustain the progress made in this critical area, even though they received outstanding scientific evaluations. The Committee urges NICHD to provide additional resources to the MRDDRCs so that they can conduct translational research to develop effective prevention and intervention strategies for children and adults with developmental disabilities.

NATIONAL EYE INSTITUTE

Mission.—NEI conducts and supports basic and clinical research, research training, and other programs with respect to blinding eye diseases, visual disorders, mechanisms of visual function, preservation of sight, and the special health problems and needs of individuals who are visually-impaired or blind. In addition, NEI is responsible for the dissemination of information, specifically public and professional education programs aimed at the prevention of blindness.

Age-related macular degeneration (AMD).—The Committee commends NEI for its trans-Institute research into the cause, prevention, and treatment of AMD, the nation's leading cause of blindness, including identification of gene variants associated with an increased risk for AMD, which presents an opportunity to predict and preempt the disease. The Committee encourages further research into diagnostics for early detection and appropriate therapies. The Committee also applauds NEI for initiating the second phase of its age-related eye disease study, in which additional dietary supplements are being studied to determine if they can demonstrate or enhance their protective effects against progression to the advanced form of AMD, as shown with dietary zinc and antioxidant vitamins in the study's first phase. This research is a potentially cost-effective means by which to decrease the progression of this disease.

Diabetic eye disease.—The Committee applauds NEI for the collaborative efforts of the diabetic retinopathy clinical research network to test innovative treatments for diabetic eye disease. The Institute is encouraged to consider expanding and extending the network by increasing the number of clinical trials with new drugs and therapeutics that can treat and prevent diabetic retinopathy.

National ophthalmic disease genotyping network.—The Committee congratulates NEI on its progress in identifying many of the genes involved in some of the most devastating eye diseases, including age-related macular degeneration (AMD), retinitis pigmentosa (RP), and glaucoma, and the progress that has been made in understanding the underlying disease mechanisms and in developing appropriate treatments. NEI's new national ophthalmic disease genotyping network (eyeGENE) will help accelerate application of these new approaches to medicine. By encouraging the

participation of patients and their families who need highly-specialized genetic testing services and coordinating the efforts of many vision research laboratories, vital information is being collected confidentially and maintained securely. This information will help preempt eye disease by enabling qualified investigators to develop targeted treatments and to identify those individuals who are appropriate candidates for these treatments.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Mission.—The mission of NIEHS is to prevent disease and improve human health by using environmental sciences to understand human biology and disease. This mission is achieved through conducting and supporting disease-oriented biomedical research (basic, integrative, clinical, and epidemiologic), enhancing research capacity in environmental health sciences, prevention and intervention strategies, and communication with researchers, public health and health care providers, and the public.

Validation of alternative methods.—The Committee commends the interagency coordinating committee on the validation of alternative methods (ICCVAM) for beginning to develop a five-year plan to research, develop, translate and validate new and revised non-animal and other alternative assays for integration of reliable methods into Federal agency testing programs. The plan will prioritize areas which have the potential to most significantly and rapidly reduce, refine or replace laboratory animal methods. The Committee requests that the plan be submitted to the Committee by January 1, 2008.

Alpha-1 antitrypsin deficiency (Alpha 1).—The Committee is aware that Alpha-1 is the major genetic risk factor for chronic obstructive pulmonary disease (COPD), the fourth leading cause of death in the U.S. and the only leading cause of death with a rising mortality. As many as three percent of individuals with COPD have undetected Alpha-1. Given the link between environmental factors and the onset of Alpha-1-related COPD, the Committee encourages NIEHS to develop research initiatives to explore gene-environment interaction research and to support public-private partnerships.

Bone marrow failure diseases.—Aplastic anemia, myelodysplastic syndromes (MDS) and paroxysmal nocturnal hemoglobinuria (PNH) are life threatening, non-contagious diseases. While there are no known causes of bone marrow failure diseases, they have been linked to environmental factors. The Committee encourages NIEHS to work with NHLBI and NCI to fund research that explores these links to determine what, if any, environmental factors may cause bone marrow failure diseases.

Mercury.—In order to properly research gaps in the area of mercury exposure and brain chemistry, the Committee encourages NIEHS encouraged to pursue studies of how inorganic mercury and organic mercury compounds (including ethyl, methyl, and other forms of mercury from all sources) are processed in the bodies of children and adults. NIEHS is also encouraged to support studies of the toxic effects of inorganic mercury and organic mercury compounds on the nervous systems of young children, adults, and the elderly and methods of properly removing mercury and mercury-

containing compounds from the brains of affected humans. The Committee requests NIEHS to evaluate the feasibility of conducting several studies outlined in the 2006 NIEHS report to the Committee entitled: "Thimerosal Exposure and Childhood Vaccines" and report back to the Committee on its plan by the end of February 2008.

NIH is encouraged to continue its work on the long-term effects of the exposure of pregnant women to methyl mercury, including higher than average levels of exposure, and to report to the Committee by April 1, 2008 the results of these studies.

Toxic exposure and brain development.—Notwithstanding the Institute of Medicine May 2004 report on autism, the Committee believes it is important to develop a more complete understanding of the impact that toxic exposures may have on brain development. There is a convergence of findings from tissue culture studies, animal models, and clinical studies of immune dysfunction in children with autism and other neurodevelopmental disorders that suggests a biological link between genetic sensitivity and damage to developing brains from certain toxins. It is important that NIH continue this research to better understand the impact that exposures to mercury (including thimerosal) and other toxins may have on brain development. A more complete understanding of the impact of these exposures through research, including animal models, will help to develop more effective interventions.

Parkinson's disease.—The Committee commends NIEHS for funding the collaborative centers for neurodegenerative disease environmental research (CCNDER) to foster multidisciplinary research approaches to elucidate gene-environment interactions in neurodegenerative diseases. The Committee encourages NIEHS to ensure that the CCNDER program continues to pursue promising Parkinson's research resulting from the work of the collaborative centers for Parkinson's disease environmental research (CCPDER) program. The Committee requests NIEHS to report to Congress on the outcomes and results of Parkinson's disease research conducted under CCPDER and plans for ensuring that promising Parkinson's research continues under the new CCNDER program.

Food allergies.—The Committee recognizes the potential relationship between environmental conditions and food allergies, and encourages NIEHS to fund research in cooperation with NIAID to understand the causes and potential therapies for the growing danger of anaphylaxis resulting from food allergies.

NATIONAL INSTITUTE ON AGING

Mission.—NIA supports and conducts biomedical, social and behavioral research, training, and health information dissemination with respect to the aging process and the diseases and other special problems and needs of older Americans.

Demographic and economic research.—The Committee encourages NIA to sustain its commitment to the demography of aging centers program. These centers coordinate key data collection and dissemination activities that benefit the entire field of population aging research and inform public policy issues, such as reform of federal entitlement and health care programs. The Committee also congratulates NIA for elevating the dialogue surrounding global

aging issues by hosting with the Department of State the Summit on Global Aging.

Down syndrome.—The Committee commends NIA for its support of studies to examine the cellular, molecular and genetic bases for age-related neuropathological and cognitive abnormalities in people with Down syndrome. It encourages NIA to further examine these abnormalities and to devise new methods for diagnosing and treating them. Given that all people with Down syndrome develop the neuropathological changes of Alzheimer's disease, and that many or most go on to suffer dementia, NIA is encouraged to consider how studies of the Down syndrome population might enhance the ability to understand, diagnose and treat Alzheimer's disease. The Committee encourages NIA to collaborate with other institutes to address the issues that face elderly adults with Down Syndrome.

Gerontology centers.—The Committee expresses its full support for the Edward R. Roybal Research Centers on Applied Gerontology. The centers are designed to move promising social and behavioral basic research findings out of the laboratory and into programs, practices, and policies that will improve the lives of older people and the capacity of society to adapt to societal aging. The Committee suggests that NIA consider expanding the numbers of centers, developing new topics for research especially in the area of diversity and ethnic and minority communities, and providing opportunities for collaborative, interdisciplinary research between the Roybal centers and other program initiatives such as the resource centers for minority aging research (RCMAR) and the demographic centers.

Bone strength.—The Committee has learned that although bone mineral density has been a useful predictor of susceptibility to fracture, other properties of the skeleton contribute to bone strength, such as geometry and composition. At this time, little is understood as to how these properties influence bone strength. The Committee encourages NIA to work with NIAMS, NIBIB, NICHD, NIDDK, NCRR and NHLBI to support research, including research on bone structure and periosteal biology, which will achieve identification of the parameters that influence bone strength and lead to better prediction for prevention and treatment of bone diseases.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

Mission.—NIAMS conducts and supports basic and clinical research and research training, and the dissemination of health information on the more than 100 forms of arthritis; osteoporosis and other bone diseases; muscle biology and muscle diseases; orthopedic disorders, such as back pain and sports injuries; and numerous skin diseases.

Burden of skin diseases.—The Committee continues to urge NIAMS to strengthen the research portfolio on skin disease and develop partnerships with the skin disease research community to address recognized challenges and future research questions. The Committee is especially concerned about epidermolysis bullosa (EB), a rare, genetic skin disease characterized by severe blistering and sores on the skin and, in some cases, on mucous membranes, the external surface of the eye, as well as the respiratory, gastro-

intestinal and genitourinary tracts. The Committee also notes the importance of autoimmune diseases, such as scleroderma, in the overall burden of skin diseases.

Psoriasis.—The Committee encourages NIAMS to expand and coordinate genetic, clinical, and basic psoriasis and psoriatic arthritis research, with emphasis on the cellular and molecular mechanisms of disease; understanding the genetics that lead to psoriasis susceptibility; the role of inflammation in psoriasis co-morbidities such as obesity, depression and heart disease; and studies to ascertain if aggressive early treatment of psoriasis can prevent or mitigate psoriatic arthritis, which often appears as much as a decade after psoriasis.

Mucopolysaccharidosis (MPS).—In previous years, the Committee has encouraged NIAMS to support and work collaboratively with NIDDK in an effort to achieve a greater understanding of bone and joint lesions in MPS disorders. Research focused on the underlying pathophysiology of bone and joint lesions, the gene mutations and substrates that are stored and potential therapeutic approaches continue to be of interest to the Committee. In its congressional justification, the Institute noted that it would welcome applications for musculoskeletal-related research related to MPS. It also noted its meetings with NIDDK, NINDS and MPS patient advocates to examine opportunities for collaboration. The Committee is interested in further information on the outcome of these efforts and the steps that are being taken to encourage progress in this area of study.

Lupus.—The Committee is aware that despite numerous important research advances, few new therapies are available to patients with lupus. Treatment with steroids, anti-inflammatory agents and immunosuppressive medications may be palliative, but these medications have numerous side effects and may become less effective over time. Advances in the identification of lupus susceptibility genes and biomarkers make it important to translate these research advances into clinically relevant treatments. The Committee encourages the Institute to develop focused programs designed to move research advances from the laboratory to the patient's bedside so that the complications of lupus and the underlying disease can be treated more effectively.

Musculoskeletal trauma and skeletal pain.—The Committee recognizes that of the 29.7 million Americans who are treated for injuries at U.S. hospital emergency departments, more than 40 percent have injuries to the musculoskeletal system. In the U.S., back pain is a major reason listed for lost time from work. The Committee encourages NIAMS, NIA, NIDCR, and NCCAM to study ways to better understand the epidemiology of back pain, improve existing diagnostic techniques, as well as develop new ones. The Committee also encourages NIAMS, NIBIB, NICHD, NIDCR, NIDDK and NIA to expand research to improve diagnostic and therapeutic approaches to lower the impact of musculoskeletal traumas, as well as research on accelerated fracture healing—including the use of biochemical or physical bone stimulation, the role of hematopoietic niches to preserve bone stem cells, the use of mesenchymal bone stem cells, and biomaterials and biologicals in bone repair and re-

generation—and research into repair of nonunion fractures in osteogenesis imperfecta.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS

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

Tinnitus.—The Committee recognizes that tinnitus, characterized by loud ringing in the ears, can be a severely debilitating medical condition. While tinnitus disproportionately impacts military personnel exposed to explosive devices or loud noise, it also affects people of all ages, including children and the elderly. In 2005, the NIDCD held a workshop to explore areas of needed research for the treatment and cure of tinnitus. The Committee encourages NIDCD to follow up on the workshop's recommendations, including increasing collaboration between NIH, the Department of Defense, and the Department of Veterans Affairs to support a multi-disciplinary research approach that promotes accurate diagnosis and treatment to cure tinnitus.

NATIONAL INSTITUTE OF NURSING RESEARCH

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

End-of-life science.—Improving the care of terminally ill patients at the end of life continues to be an urgent public health need, along with the need to improve the end-of-life experience for the patient's loved ones. Additional research is needed into improving palliative care, reducing caregiver burden, and improving the interactions between patients, loved ones, and clinicians. The Committee recognizes NINR's continued leadership in end-of-life sciences and encourages the Institute's continued focus in this area.

Nursing shortage.—The shortage of nurses in the U.S. is a great concern for the field of healthcare. The nursing shortage threatens our nation's healthcare delivery systems, and shortages of nursing faculty impair the ability of schools of nursing to train new nurses. The Committee is concerned about the potential impact of the nursing shortage on nursing research and encourages NINR to explore innovative strategies for recruiting and developing additional nurse scientists. The Committee encourages NINR to support training programs that will develop the next generation of nurse scientists, especially those with multidisciplinary research skills and those from underserved populations.

Health disparities.—The Committee continues to encourage NINR to support research into the causes of health disparities and into the development of innovative methods for overcoming such disparities. In addition, NINR is encouraged to develop new nurse scientists from underserved populations as a way to encourage new health disparities research.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Mission.—NIAAA supports research to generate new knowledge to answer crucial questions about why people drink; why some individuals are vulnerable to alcohol dependence or alcohol-related diseases and others are not; the relationship of genetic and environmental factors involved in alcoholism; the mechanisms whereby alcohol produces its disabling effects, including organ damage; how to prevent alcohol abuse and associated damage, especially in the underage population; and how alcoholism treatment can be improved. NIAAA addresses these questions through a program of biomedical, behavioral, and epidemiologic research on alcoholism, alcohol abuse, and related problems.

Underage drinking.—The Committee commends NIAAA for its inter-disciplinary approach to understanding and addressing underage drinking within the context of overall physical development. The Committee is aware that this framework formed the scientific foundation of the "Surgeon General's Call to Action to Prevent and Reduce Underage Drinking." The Committee further commends NIAAA for spearheading research to address key aspects of underage drinking. This includes research projects to engage health care systems in identifying and addressing underage drinking, particularly in rural areas. NIAAA is also supporting projects to address fundamental questions about the impact of child and adolescent alcohol consumption on the developing brain including: (1) what are the effects (both long and shorter-term) of alcohol exposure on the developing brain; (2) what is the effect of timing, dose and duration of alcohol exposure on brain development; and (3) to what extent do these effects resolve or persist.

NATIONAL INSTITUTE ON DRUG ABUSE

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

Drug abuse and crime.—The Committee is very concerned about the well-known connections between drug use and crime. Research continues to demonstrate that providing treatment to individuals involved in the criminal justice system significantly decreases future drug use and criminal behavior, while improving social functioning. The Committee strongly supports NIDA's efforts in this area, particularly the criminal justice drug abuse treatment studies (CJ–DATS).

HIV/AIDS and drug abuse.—The Committee understands that drug abuse and addiction continue to fuel the spread of HIV/AIDS in the United States and abroad, and that drug abuse prevention and treatment interventions can be very effective in reducing HIV risk. Research should continue to examine every aspect of HIV/AIDS, drug abuse, and addiction, including risk behaviors associated with both injection and non-injection drug abuse, how drugs of abuse alter brain function and impair decision making, and HIV prevention and treatment strategies for diverse groups. The Committee applauds the Institute for holding a spring 2007 conference titled "Drug Abuse and Risky Behaviors: The Evolving Dynamics of HIV/AIDS," and urges the Institute to continue supporting research that focuses on developing and testing drug abuse-related interventions designed to reduce the spread of HIV/AIDS.

Research translation.—The Committee commends NIDA for its outreach and work with State substance abuse authorities to reduce the current fifteen to twenty-year lag between the discovery of an effective treatment intervention and its availability at the community level. In particular, the Committee applauds NIDA for continuing its work with the Substance Abuse and Mental Health Services Administration to strengthen State agencies' capacity to support and engage in research that will foster statewide adoption of meritorious science-based policies and practices. The Committee encourages NIDA to continue collaborative work with States to ensure that research findings are relevant and adaptable by State substance abuse systems.

Drug abuse and brain development.—The Committee notes neuroimaging research by NIDA and others showing that the human brain does not fully develop until about age 25. The Committee encourages NIDA to continue its emphasis on adolescent brain development to better understand how developmental processes and outcomes are affected by drug exposure, the environment, and genetics.

Centers of excellence for physician information.—The Committee is pleased that NIDA has created centers of excellence for physician information, and understands that these centers will serve as national models to support the advancement of addiction awareness, prevention, and treatment in primary care practices. The NIDA centers of excellence will target physicians-in-training, including medical students and resident physicians in primary care specialties. The Committee urges the Institute to continue its focus on activities to provide physicians and other medical professionals with the tools and skills needed to incorporate NIDA-funded research findings into their clinical practices.

Minority populations.—The Committee notes that the consequences of drug abuse disproportionately impact minorities, especially African American populations. The Committee is pleased to learn that NIDA continues to encourage researchers to conduct more studies in this population and to target their studies in geographic areas where HIV/AIDS is high and/or growing among African Americans, including in criminal justice settings.

AAPI behavioral research.—The Committee recognizes that there is a need for additional research to develop a body of knowledge addressing the bio-psycho-social aspects of substance abuse as well as

co-occurring disorders among Asian American and Pacific Islander (AAPI) populations. The Committee urges NIDA, NIAAA, and NIMH to address the behavioral health research needs for AAPI populations, including studies focused on AAPI incidence and prevalence data for substance abuse and co-occurring disorders; research addressing the biological differences that may exist within AAPI populations; nature of substance abuse among AAPI populations; effective prevention and treatment strategies; and culturally appropriate ways to evaluate AAPI substance services; and the etiology, causes and impact on AAPI populations as a result of substance use and abuse.

NATIONAL INSTITUTE OF MENTAL HEALTH

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

Adolescent depression and suicide.—Suicide is the third leading cause of death among teenagers; for the first time in sixteen years, teen suicide rates have increased in the U.S. Depressive disorders, one of the major risk factors for suicide, continue to be very common in adolescence. The Committee therefore strongly encourages NIMH to strengthen its investment in finding ways to better identify the risk factors for suicide in adolescents, improving the criteria for identifying those at risk, and examining the outcomes of actions taken to assist those found to be at risk.

Geriatric mental health.—By the year 2010, there will be approximately 40 million people in the United States over the age of 65, and 20 percent of them will experience mental health problems. A national crisis in geriatric mental health care is emerging, and action must be taken to avert serious problems in the future. For the past five years, this Committee has urged NIMH to strengthen research devoted to older adults; however, the geriatric mental health research portfolio supported by NIMH continues to be dramatically disproportionate to the increasing number of older Americans. The Committee requests that NIMH provide data on funding targeted toward geriatric mental health research in 2002–2006 and the amount of funding provided to new investigators in late-life mental health research. In addition, the Committee urges NIMH to place a stronger emphasis on research on adults over age 65 to reflect the growth in numbers of this population.

Suicide prevention research.—Suicide is a major, preventable public health problem. In 2004, it was the eleventh leading cause of death in the U.S., accounting for 32,000 deaths. An estimated eight to 25 attempted suicides occur per every suicide death. The

Committee is pleased to note that NIMH is supporting three developing centers for interventions to prevent suicide and encourages NIMH to strengthen its investment in suicide prevention research.

Down syndrome.—The Committee encourages NIMH to develop new strategies for cataloging, diagnosing and treating behavioral disorders that are common in people with Down syndrome, including autism, pervasive developmental disorder, obsessive compulsive disorder, depression, and psychosis. The Committee encourages NIMH to coordinate its research on Down syndrome with NICHD, NINDS, NIA and other institutes.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

Mission.—NHGRI coordinates extramural and intramural research, as well as research training, in the areas of genomics and genetics. The Division of Extramural Research supports research on sequence and function of both human and non-human genomes, human genetic variation, technology development for genome research, database management and analysis, and research on the ethical, legal, and social implications of human genome research. The Division of Intramural Research focuses on applying the tools and technologies of the successful Human Genome Project to understanding the genetic and environmental basis of disease, and developing DNA-based diagnostics and gene-based therapies.

Spinal muscular atrophy (SMA).—The Committee is supportive of the development of a carrier screening program for SMA and the trans-institute collaborative effort initiated by NHGRI to develop a strategic plan addressing research-related needs to improve carrier screening technology. The Committee encourages NHGRI to work collaboratively and cooperatively with the advocacy community in this effort.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING

Mission.—The NIBIB mission is to improve human health by leading the development and accelerating the application of biomedical technologies. The Institute is committed to integrating the engineering and physical sciences with the life sciences to advance basic research and medical care.

NATIONAL CENTER FOR RESEARCH RESOURCES

Mission.—NCRR provides laboratory scientists and clinical researchers with environments and tools that they can use to prevent, detect, and treat a wide range of diseases. This support enables discoveries that begin at the molecular and cellular level, move to animal-based studies, and then are translated to patient-oriented clinical research, resulting in cures and treatments for both common and rare diseases. NCRR connects researchers with each other and with patients and communities across the nation to bring the power of shared resources and research to improve human health.

Image guided therapy.—The Committee applauds NCRR for its development and support of a national image guided therapy center (IGT) for research, training, and services related to novel imaging tools for disease diagnosis and therapy. NCRR is encouraged to

work with NIDDK and NIBIB to ensure that this unique resource center engages with the diabetes research community to accelerate the development of new methods for the non-invasive imaging of pancreatic islets for applications in type 1 diabetes research and treatment.

Rare diseases.—The Committee commends NCRR for the development of the rare disease consortium, including rare lung diseases such as LAM, and urges the continuation of the program.

Research Centers in Minority Institutions Program (RCMI).—The Committee continues to recognize the critical role of minority institutions in addressing the ongoing racial and ethnic health disparities in the United States. The Committee encourages NIH to expand its direct participation with minority institutions and increase the resources available to these institutions. The Committee also recognizes the importance of the RCMI program in building research capacity at minority institutions. The RCMI program assists minority institutions in competing for NIH grants and other funding by helping to recruit promising researchers, equip and modify existing laboratories, and fund core research facilities and other research support at minority institutions. The Committee further expresses support for the proposed RCMI translational research network (RTRN) and its focus on strengthening ties between minority institutions, and encourages NIH to designate specific resources for the RTRN apart from the existing RCMI program.

NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE

Mission.—NCCAM was established to stimulate, develop, and support rigorous and relevant research of high quality and open, objective inquiry into the safety and effectiveness of complementary and alternative medicine (CAM) practices and to train individuals to apply the tools of exacting science to CAM systems and modalities in order to provide health care professionals and the American public with reliable information about these practices.

Improving liver disease outcomes.—The Committee is pleased with the progress made in studying the benefit of active ingredients in milk thistle and SAM-e, a naturally occurring compound, in ameliorating and improving the outcome of individuals with non-alcoholic steatohepatitis.

NATIONAL CENTER ON MINORITY HEALTH AND HEALTH DISPARITIES

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

Glomerular disease.—The Committee understands that a type of glomerular disease, focal and segmental glomerulosclerosis, which is a group of diseases affecting the filtering mechanisms of the kidneys, is more common in African Americans than the general popu-

lation. The Committee encourages NCMHD to include glomerular disease in its research portfolio.

Research endowment.—The Committee commends NCMHD for its leadership in addressing the longstanding problem of health status disparities in minority and medically underserved populations. For fiscal year 2008, the Committee continues to encourage NCMHD to implement its successful research endowment program as an ongoing initiative in a manner consistent with the authorizing legislation. The Committee also commends NCMHD for its successful Project EXPORT initiative and urges continued support for this important program.

Health disparities among Hispanic-Americans.—The Committee is aware of promising research on health disparities among Hispanic-Americans. The Committee encourages NCMHD to continue to conduct such research, in close coordination with Hispanic researchers, with the goal of identifying the most promising avenues for disease-specific research to address health disparities among Hispanic-Americans.

JOHN E. FOGARTY INTERNATIONAL CENTER

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

Malaria and tuberculosis (TB).—The Committee appreciates the important and unique role that FIC plays in addressing global health challenges. The Committee commends the Center for the success of its programs to strengthen science and public health research institutions in low-income countries, specifically in malaria, TB, and neglected tropical diseases. The Committee urges FIC to continue supporting research training focused in these areas to enable developing country scientists to develop effective, evidence-based strategies to prevent, treat, and diagnose these debilitating diseases. While major investments in biomedical research by NIAID and others are resulting in new tools and medical advances, the Committee realizes that improvements in health outcomes will be delayed without local scientific expertise to translate research findings into practice. The Committee encourages FIC to promote applied health research in developing countries to speed the implementation of new health interventions for malaria, TB, and neglected tropical diseases.

Chronic obstructive pulmonary disease (COPD).—The Committee notes that COPD is the fourth leading cause of death worldwide, and encourages FIC to enhance its COPD research and training activities.

Tuberculosis training.—The Committee is pleased with the FIC's efforts to supplement grants in the AIDS international training and research program (AITRP) and the international training and research program in emerging infectious diseases (ERID), which train tuberculosis experts in the developing world.

NATIONAL LIBRARY OF MEDICINE

Mission.—NLM collects, organizes, and disseminates information important to biomedicine; serves as a national information resource for medical education, research, and health service activities; enhances access to biomedical literature through electronic services; serves the public by providing electronic access to reliable health information for consumers; supports and directs the national network of libraries of medicine; provides grants for research in biomedical communications, medical library development, and training health information specialists; conducts and supports research in biomedical informatics and computational biology; and creates information resources for genomics, molecular biology, toxicology, medical images, environmental health, emergency preparedness and response, and health services research.

Health information technology.—The Committee encourages NLM to conduct outreach activities to all public and private sector organizations which have demonstrated capabilities in health information technology. The Committee is particularly interested in disease management technology as it relates to saving health care dollars, and improving care for chronically ill individuals and the workforce.

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

PubMed Central.—The Committee commends NLM for its leadership in developing PubMed Central, an electronic online repository for life science articles. Because of the high level of expertise health information specialists have in the organization, collection, and dissemination of medical information, the Committee believes that health sciences librarians have a role to play in the further development of PubMed Central. The Committee encourages NLM to work with the medical library community regarding issues related to copyright, fair use, and classification of information on PubMed Central.

Registry of liver toxicities.—The Committee applauds NLM's plan to create an accessible, on-line registry of the liver toxicity of medications and sees this as an important step to help physicians and patients avoid the devastating consequences of liver failure. The registry will include information regarding the liver toxicity of over four hundred drugs to assist physicians to better understand the potential of drugs to interfere with the normal functions of the liver. The Committee encourages the inclusion in the registry of information from databases that catalog information on the interrelationship between environmental toxins and genes.

NIEHS journal management.—The Committee understands that NLM has been assigned the management of the recompetition of the publication of the NIEHS journal, Environmental Health Perspectives. The Committee is aware of earlier problems resulting from efforts to privatize this publication and to dramatically reduce its budget. The Committee expects NLM to take the necessary

steps to ensure that the quality and comprehensiveness of the journal is maintained.

OFFICE OF THE DIRECTOR

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

The Committee includes bill language identifying $495,153,000 for the total support of the Common Fund. The Committee believes this funding approach is preferable to assessing the institutes and centers and using the director's discretionary fund.

The Committee includes bill language within the Office of the Director account allocating $110,900,000 to continue the National Children's Study. The Committee would not normally identify funding in bill language for a specific research effort, but feels an exception is necessary in this case because the Administration has resisted supporting the study.

The Committee repeats bill language from the fiscal year 2007 bill identifying $14,000,000 for flexible research authority modeled on the Department of Defense Advanced Research Projects Agency (DARPA).

The Committee includes bill language providing not more than $500,000 to be used for the Foundation on NIH.

Seven general provisions are included in the bill pertaining to NIH:

- The Committee rejects the Administration proposal to limit salaries of researchers through an NIH grant to not more than the rate of Executive Level II and continues the language (sec. 203) setting the limit at Executive Level I.
- The Committee continues traditional language (sec. 208) to provide the Director of NIH, jointly with the Director of the Office of AIDS Research, the authority to transfer up to three percent of human immunodeficiency virus research funding. The Committee also continues a provision (sec. 209) to make NIH funds available for human immunodeficiency virus research available to the Office of AIDS Research.
- The Committee continues a provision (sec. 214) granting authority to the OD to support research under the flexible research authority.
- The Committee includes language (sec. 216) similar to that carried in the House-reported version of the fiscal year 2007 bill requiring NIH-funded authors to deposit final, peer-reviewed manuscripts in the National Library of Medicine's PubMed Central database within twelve months of the official date of publication.
- The Committee includes language (sec. 217) requested by the Administration permitting institutes and centers to use their appropriation for renovation and improvement of facilities, up to $2,500,000 per project and up to a total of $35,000,000 across NIH.

The Committee shares NIH's concern about the pipeline for new investigators and the prospect of researchers becoming so discouraged by repeated rejection of their applications that they leave the field. The Committee provides funding for the following programs to begin to address this problem:

- $91,500,000 within the Office of the Director for the Director's one-year Bridge awards for investigators who either are being considered for their first award renewal or have just missed the funding payline with no other sources of support;
- $31,000,000 funded through all the institutes and centers for the Pathways to Independence program to provide new investigators with mentored grants that convert into independent research project grants; and
- $40,000,000 through the Common Fund for the New Innovator awards that provide first-time independent award funding for a five-year period based more on ideas than experimental data.

The Committee believes the Director's Pioneer Awards are an effective tool to encourage high risk, transformative research and has provided $27,000,000 within the Common Fund for this purpose.

As requested by the Administration, included within funding for the Office of the Director is $95,310,000 for radiological, nuclear and chemical countermeasures and up to $10,000,000 for the Director's discretionary fund.

The Committee understands that the National Institutes of Health Reform Act of 2006 signed into law on January 15, 2007 contains significant organizational and reporting requirements. The Committee requests that the agency provide a report detailing the timeline for planned implementation of each of these requirements, particularly the establishment of the Division of Program Coordination, Planning, and Strategic Initiatives, the appointment of the Council of Councils and the Scientific Management Review Board, the electronic coding system for research grants, and the biennial report to Congress. The report to the Committee should also include the personnel appointed to lead these efforts; the authorities delegated to these new entities; and organizational tables displaying how the new entities link to the existing NIH structure. The Committee requests the first report by September 1, 2007, followed by semi-annual reports thereafter through 2009.

The Committee expects NIH to notify the House and Senate Committees on Appropriations each time the Director uses the one percent transfer authority provided in the NIH reauthorization.

The Committee is concerned about numerous incidents at the National Institute of Environmental Health Sciences that call into question the administrative and scientific management of the Institute. The Committee understands that the HHS Inspector General and Congressional committees are investigating a range of troubling circumstances in areas as diverse as management of scientific journals, employee complaints about performance appraisal systems, alleged conflict of interest by outside contractors hired to operate peer review systems, and improper use of Federal funds in office renovation and support staff assignments. The Committee believes it is necessary for the Office of the Director to take a leadership role in conducting a comprehensive management review of the

entire Institute. The Committee directs the NIH Director to task the Office of Management Assessment with conducting an on-site review of scientific and administrative operations at NIEHS. This review should encompass personnel practices, including communication with employee unions; contracting procedures; financial management and accounting practices; and enforcement of financial disclosure and conflict of interest by NIEHS employees and contractor staff. The Committee understands this review will require a substantial level of effort, but would like to receive a report on the review findings by January 1, 2008.

The Committee understands that although NIH has established a detailed policy for its Federal employees on conflict of interest and financial disclosure, there is no similar policy in place for the 6,830 staff NIH hires through contract. These staff support NIH in both administrative and research functions. Having learned of some of the flagrant conflict of interest situations identified among the NIH Federal staff, the Committee is concerned that there is great potential for similar problems among the NIH contract staff. The Committee directs the NIH Director, after consultation with the U.S. Office of Government Ethics, to develop a conflict of interest policy that is appropriate for contract staff. The Committee expects a report from the NIH Director by October 1, 2007 on the plans and timeline for implementation of a conflict of interest and financial disclosure policy for contract staff.

The Committee is deeply troubled by the recent allegations of religious discrimination occurring in the NIH spiritual ministry department. The Committee was alarmed to learn that, since 2004, three chaplains who voiced concerns against these discriminatory practices were subsequently terminated from their duties. The Committee notes the January, 2006 findings of the Equal Employment Opportunity Commission that one of these chaplains who complained about the intolerent environment in the department was the target of "discriminatory and retaliatory animus".

The Committee directs that the HHS Inspector General to review the overall operation of the spiritual ministry department at NIH's clinical research center, with a specific emphasis on the adequacy of policies and procedures addressing any problems of religious intolerance. The review should also address the performance of the current staff of the spiritual ministry and make personnel recommendations to the director of the clinical center. The Committee requests a report on the Inspector General's findings and recommendations by January 1, 2008. The Committee urges NIH to develop a plan to ensure that they are providing adequate chaplain services to people of *all* faiths.

Office of Research on Women's Health

The Office of Research on Women's Health (ORWH) works in collaboration with the institutes and centers of NIH to promote and foster efforts to address gaps in knowledge related to women's health through the enhancement and expansion of funded research and/or the initiation of new investigative studies. ORWH is responsible for ensuring the inclusion of women in clinical research funded by NIH, including the development of a computerized tracking system and the implementation of guidelines on such inclusion.

ORWH is also involved in promoting programs to increase the number of women in biomedical science careers, and in the development of women's health and sex and gender factors in biology as a focus of medical/scientific research.

Irritable bowel syndrome (IBS).—The Committee is pleased with the increased focus on IBS at ORWH and encourages the office to continue strengthening research on this prevalent functional gastrointestinal disorder. It is estimated that between 25 and 45 million Americans, disproportionately women, suffer from IBS.

Office of AIDS Research

The Office of AIDS Research (OAR) is responsible for coordination of the scientific, budgetary, legislative, and policy elements of the NIH AIDS research program. OAR develops a comprehensive plan for NIH AIDS-related research activities which is updated annually. The plan is the basis for the president's budget distribution of AIDS-related funds to the institutes and centers within NIH. The Committee expects the Director of NIH to use this plan and the budget developed by OAR to guide his decisions on the allocation of AIDS funding among the institutes. The Director of NIH also should use the full authority of his office to ensure that the institutes and centers spend their AIDS research dollars in a manner consistent with the plan. In addition, OAR allocates an emergency AIDS discretionary fund to support research that was not anticipated when budget allocations were made.

The bill includes continues language permitting the OAR to use up to $4,000,000 for construction or renovation of facilities, as authorized in title XXIII of the Public Health Service Act.

Microbicides.—There is an urgent need to expand the development pipeline with more microbicide candidate products, particularly those that target HIV in new ways. In addition to candidates that may arise from basic research efforts, the best possibilities may be found within pharmaceutical companies where there are dozens of potential compounds already developed as therapeutics that could move into clinical development as microbicides if made available. In recent years, nonprofit groups have entered into innovative agreements with leading pharmaceutical companies to jointly test and develop leading AIDS drugs as microbicides. The Committee believes that more partnerships like these between the pharmaceutical industry and the nonprofit community will be critical and should receive the active support of NIH leadership.

Microbicide research branch.—Women and girls are the new face of HIV/AIDS and are increasingly affected by the disease in every region of the world. The Committee has long advocated that NIH accelerate and better coordinate its microbicide research and notes with approval that NIH has stated its intent to establish a dedicated microbicide branch at NIH with clearly identified leadership, funding and staffing. The Committee strongly supports establishment of this branch and requests that NIH prepare within six months of passage of this bill a report detailing progress made in establishing a microbicide branch, including detailed information on staff and funding dedicated to this effort.

Office of Dietary Supplements

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

Office of Behavioral and Social Sciences Research

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

Office of Rare Disease Research

The Office of Rare Disease Research (ORD) was established in recognition of the need to provide a focal point of attention and coordination at NIH for research on rare diseases. ORD works with Federal and non-Federal national and international organizations concerned with rare disease research and orphan products development; develops a centralized database on rare diseases research; and stimulates rare diseases research by supporting scientific workshops and symposia to identify research opportunities.

Mucopolysaccharidosis (MPS).—The Committee commends ORD for its collaborative efforts with NINDS and NIDDK in supporting a landmark scientific conference with the objective of identifying and addressing impediments to effective therapies. The Committee notes ORD's accessibility to MPS patient advocates and other rare disease organizations with similar goals and is gratified that ORD has used its resources to support enhanced activity in MPS research.

Multi-institute research issues

National Children's Study.—The Committee strongly supports full and timely implementation of the National Children's Study that aims to quantify the impacts of a broad range of environmental influences, including physical, chemical, biological, and social influences, on child health and development. The Committee urges NIH to coordinate the involvement of the Department, the lead Federal partners, and other interested non-Federal partners conducting research on children's environmental health and development.

Clinical and Translational Science Awards (CTSA).—The Committee is pleased with the extensive planning and consultation that NIH has conducted in the development of the CTSA program, and it will be very interested in the progress report due July 1, 2007 that was requested in the fiscal year 2007 House Appropriations

Committee report. The Committee understands that a national CTSA evaluation is being developed, along with evaluations of each CTSA site. The Committee believes it is important that the national evaluation include the expertise of external reviewers not affiliated with the CTSA grants or NIH. These reviewers would provide credibility grounded in independent experience with the challenges of clinical and translational research. Such viewpoints would contribute to a candid assessment of the successes and shortcomings of the CTSA research model and its impact on the clinical research enterprise. The Committee recommends that NIH include such reviewers in the evaluation of CTSA's impact. The Committee suggests that participants in the Institute of Medicine's Clinical Research Roundtable who are not affiliated with the CTSA program would be useful additions to the program's evaluation.

Research training stipends.—The Committee is concerned about NIH's response to the finding in the 2000 National Academy of Sciences needs assessment that NRSA stipends are unduly low in view of the high level of education and professional skills involved in biomedical research. Plans to increase awards to $25,000 for graduate and $45,000 for entry-level postdoctoral stipends, and to maintain that value with annual cost-of-living adjustments, have not been realized. The Committee has provided funding to permit an average two percent increase in stipends and urges NIH to prioritize further increases for NRSA stipends in future years. NIH should also be prepared to discuss comparability of stipends to levels of income available to students and postdoctorates from other sources during hearings on the fiscal year 2009 budget. The Committee requests that NIH provide a report by March 1, 2008 estimating the funding increase that would be needed to increase the minimum stipend award to $45,000 for entry-level postdoctoral students. The Committee is aware of the higher cost of living that individuals pursuing NIH funded post-doctoral research in urban areas experience. The Committee urges NIH to consider making adjustments to fellowship awards to reflect geographic differences in living expenses and requests that NIH include in the report mentioned above information on the budgetary impact of such adjustments.

Minority research training programs.—The Committee supports the recommendations put forward in the 2005 National Academy of Sciences (NAS) report on NIH minority research training programs. The Committee believes that the training of research scientists is a critical component of the NIH mission, and the Committee urges NIH to improve its data systems so that more complete information about NIH-supported graduate and post-doctoral research assistants and trainees is available. Without adequate data, the NIH programs cannot be properly evaluated or monitored. As proposed by the NAS, the Committee recommends the NIH develop an integrated NIH-wide trainee and research assistant data tracking system. The Committee further encourages NIH to engage trainees and research assistants in the data tracking process to document outcomes such as future funding awards, including those programs that are targeted to underrepresented minorities.

Fragile X syndrome.— This syndrome has many characteristics and features that make it important to the research portfolios of multiple NIH institutes and centers. The Committee places most of the report language pertaining to fragile X in the NIH Office of the Director to emphasize the cross-disciplinary nature of many of the disease's research questions. For example, the symptoms of fragile X syndrome include digestive difficulties. Some affected individuals also show hyperphagia and obesity. Understanding this disorder may permit the development of treatments to relieve these fragile X symptoms and may also help understanding disorders with similar symptoms. The Committee encourages NIDDK to coordinate its efforts with other Institutes working on related activities, including NIMH, NINDS, NICHD, NHGRI and FIC.

More generally, the Committee encourages the institutes to support clinical drug trials of pharmaceuticals indicated for treatment for fragile X, as well as basic and translational fragile X research, including efforts to analyze the linkages among fragile X, autism, and autism spectrum disorders. The institutes are encouraged to convene a scientific session in 2008 to develop a 'Blueprint' of coordinated fragile X research strategies and public-private partnership opportunities for fragile X research. The Committee believes it is important in these efforts to collaborate with the Federally-funded fragile X centers of excellence and the fragile X clinics consortium. The Committee requests a report by September 2008 on progress in achieving these goals.

In the research field of aging, the Committee encourages NIA to expand its existing dialogue with NINDS to fund research on fragile X-associated tremor/ataxia syndrome (FXTAS). NIA is encouraged to strengthen its existing research portfolio into this newly identified neurological disorder, which involves progressively severe tremors and difficulty with walking and balance that specifically affect some older premutation carriers, generally grandfathers of children with fragile X syndrome. The Committee suggests that NIA include FXTAS among its priorities in the area of adult-onset disorders. Given the link, FXTAS may serve as a gateway to understanding other aging disorders including parkinsonism and dementia.

In addition, the Committee encourages NIMH to include fragile X in its studies of related neuropsychiatric disorders and to work with other Institutes such as NICHD and NINDS to develop cooperative research support mechanisms in this area.

Finally, there are important aspects of Fragile X to be studied in genomic research. FMRP, the protein whose absence results in fragile X syndrome, is a regulator of translation of many genes, including those involved in learning and memory. A genomic approach to understanding the diverse pathways regulated by FMRP would aid in the understanding of human cognition and identify potential targets for drug design to alleviate the symptoms of fragile X and related disorders. The Committee encourages NHGRI to strengthen its research activities on fragile X and to coordinate these efforts with other Institutes working on related activities, including NIMH, NINDS, NIDDK, NICHD and FIC.

Autism.—The Committee recognizes the growing public health crisis represented by the dramatic rise in autism, which according

to CDC now strikes one in 150 of our nation's children. Autism causes serious hardships to families of children with autism, as well as to the children themselves, and also creates an extreme financial burden to families and our nation. The care of a child diagnosed with autism is estimated to cost $3,200,000 in direct and indirect costs over his/her lifetime; all individuals diagnosed with autism are projected to cost the nation an estimated $35,000,000,000 annually. In response to this crisis, the Combating Autism Act was signed into law last year, which expanded autism activities at CDC and HRSA, authorized increased funding for autism, created centers of excellence and called for the establishment of an inter-agency autism coordinating committee (IACC), charged with the preparation of a strategic research plan for autism. The Committee encourages HHS's prompt appointment of the IACC and looks forward to its completion of an autism strategic research plan. In addition, the Committee encourages NIH to use its research funds to implement the recommendations of that strategic plan.

Alzheimer's disease.—Alzheimer's disease is reaching epidemic levels in the United States. Nearly half of people over age 85, and more than one in 8 over age 65 have the disease. Currently, more than 5 million Americans suffer from Alzheimer's, including up to half a million people under age 65. Unless science finds ways to prevent, cure or more effectively treat Alzheimer's soon, by mid-century as many as 16 millionpersons will be living with this disease, placing an even greater strain on families as well as Medicare, Medicaid and State healthcare programs. To prevent this will require a stepped-up investment in a comprehensive Alzheimer's research strategy that includes: basic investigator-initiated research to isolate the best targets for drug development; cost-effective interdisciplinary research across multiple institutions that shares data and biological materials; multi-site clinical trials to test potential therapies; and larger-scale clinical studies, inclding neuron-imaging techniques, to find early biomarkers of disease so as to speed drug discovery and to identify those at risk so treatment can start soon enough to make a difference. To those ends the Committee encourages the National Institute on Aging, the National Institute of Neurological Disorders and Stroke and the National Institute of Mental Health to continue to assign a high priority to their respective Alzheimer research portfolios, and to continue to work collaboratively whenever appropriate.

Congenital and genetic disease of bone.—The Committee is aware that thousands of children and adolescents nationwide suffer from musculoskeletal disorders and malformations, many of which have devastating effects on mortality and disability. Diseases such as osteogenesis imperfecta, fibrous dysplasia, osteoporosis, and Paget's disease are caused by poorly understood genetic mutations. In Paget's disease, underlying genetic defects can also be exacerbated by environmental factors. The Committee understands that the science of genetics has led to tremendous advances in our understanding of numerous systems that affect bone health, but little of this technology is being applied to bone research. The Committee encourages NIAMS and NICHD to support research focusing on mechanisms of preventing fractures and improving bone quality and correcting malformations, on innovations in surgical and non-

surgical approaches to treatment, on physical factors that affect growth, and on genetic defects that cause bone disease. Furthermore, the Committee urges NIAMS, NICHD, NIDCR, and NIDDK to expand research on skeletal stem cell biology and the genetics and pathophysiology of rare disorders such as fibrous dysplasia, melhoreostosis, XLinked hypophosphatemic rickets, and fibrodysplasia ossificans progressiva.

Duchenne and Becker muscular dystrophy (DBMD).—The Committee is encouraged by the progress made in the area of DBMD, particularly through support of the six MD centers of excellence and advancement of a conference focusing on translational research opportunities. The Committee urges NIH to continue to provide sufficient funding to advance the work of the centers, encourage greater collaboration and resource sharing between centers, and to further additional DBMD research opportunities. Given increasing concerns about cardiac complication in both DBDM patients and carriers, the Committee suggests that the muscular dystrophy coordinating committee be broadened to include the Director of NHLBI.

Musculoskeletal trauma and skeletal pain.—The Committee recognizes that of the 60 million Americans injured annually, more than one-half incur injuries to the musculoskeletal system. In the U.S., back pain is a major reason listed for lost time from work. The Committee encourages NIAMS, NIA, NIDCR, and NCCAM to study ways to better understand the epidemiology of back pain and improve existing diagnostic techniques, as well as develop new ones. The Committee also encourages NIAMS, NIBIB, NICHD, NIDCR, NIDDK and NIA to conduct research to improve diagnostic and therapeutic approaches to lower the impact of musculoskeletal traumas, as well as research on accelerated fracture healing and research into repair of nonunion fractures in osteogenesis imperfecta.

Psoriasis.—In addition to the research priorities the Committee has identified for psoriasis in NIAMS, the disease has relevance to the research portfolios of several other institutes. The Committee encourages NHLBI to undertake research on the link between severe psoriasis and increased risk of heart attack, as this may help advance the understanding of both heart disease and psoriasis. Secondly, since the Committee understands that while psoriasis manifests itself on the skin, it may be an auto-immune disease. The Committee encourages NIAID to identify and study immune cells and inflammatory processes involved in psoriasis. Lastly, because it is a disease involving both genetic and environmental/lifestyle components, the Committee encourages NIEHS to identify environmental and lifestyle triggers associated with psoriasis onset, flares, and disease state which will help in the development of appropriate therapies and interventions. The Committee encourages NIEHS to expand its biomarker work to include efforts to identify psoriasis and psoriatic arthritis genetic susceptibility.

Autism and vaccines.—The Committee continues to be aware of concerns about reports of a possible association between the measles component of the measles-mumps-rubella vaccine and a subset of autism termed autistic entercolitis. There have been presentations at medical meetings by researchers presenting data show-

ing the presence of measles RNA in inflamed intestines of children with autism. The Committee continues its interest in this issue and encourages the interagency coordinating committee to continue to give serious attention to these reports. The Committee is aware that research is underway, supported by NIH, and encourages NIH to expedite this research.

Down syndrome.—The Committee encourages the Director of NIH to note recent advances in the neurobiology of Down syndrome, especially regarding the structure and function of neural circuits that mediate cognition. These advances point to Down syndrome as a fertile area for research investments that could lead to effective treatments for cognitive difficulties in both adults and children with this disorder. Studies of cognition in Down syndrome could be a useful trans-NIH initiative that would accelerate progress toward understanding and treating cognitive problems in both children and adults. The Committee requests the Director of NIH to report to the Committee by April 2008, regarding his views as to whether this research would be an appropriate use of Common Fund resources.

Amyloidosis.—The Committee encourages NIH to continue to intensify its research efforts into amyloidosis, a group of rare diseases characterized by abnormally folded protein deposits in tissues. These diseases are often fatal and there is no known cure. Treatment involving large-dose intravenous chemotherapy followed by stem cell replacement or rescue is effective for many patients, but this procedure is risky, unsuitable for some patients, and not a cure. The Committee understands that NIH has held a U.S. seminar on amyloidosis and participated in an international conference on the disease. The Committee urges NIH to pursue the recommendations from these meetings and identify steps that need to be taken to increase the understanding, prevention and treatment of this devastating group of diseases.

Neurofibromatosis (NF).—NF is an important research area for multiple NIH institutes. The Committee highlights NF research in the following specific areas and encourages further work by the institutes involved:

Recognizing NF's connection to many of the most common forms of human cancer, the Committee encourages NCI to enhance its NF research portfolio in such areas as further development of animal models, natural history studies, genetic and drug screening, therapeutic experimentation, and pre-clinical and clinical trials. The Committee further encourages NCI to apply existing cancer drugs to NF patients in clinical trials and to develop new drugs for NF, which might then apply to the general population because of NF's connection to most forms of human cancer. The Committee applauds work being done analyzing the DNA of NF tumor samples, which not only will help find a treatment for NF by determining its functioning, its connection to modifier genes and to an individual's personal genetic make-up, but also connect it to other forms of cancers and other diseases.

Significant advances continue to be made in research on NF's implications with heart disease and, in particular, its involvement with hypertension and congenital heart disease. The Committee en-

courages NHLBI to continue to enhance its NF research portfolio in light of the significant implications for the general population.

Learning disabilities occur with high frequency in children with NF. Great advances have been made in the past few years in the successful treatment of learning disabilities in pre-clinical NF animal models. The Committee encourages NICHD to support clinical trials for NF patients in this area.

NF accounts for approximately five percent of genetic forms of deafness. Unlike other genetic forms of deafness, NF-associated deafness is potentially preventable or curable if tumor growth is halted before damage has been done to the adjacent nerve. Research is now being conducted to cure deafness in mice with NF through gene therapy, with important implications for gene therapy in general and for patients suffering from meningiomas and other tumors in particular. The Committee encourages NIDCD to strengthen its NF research portfolio through all suitable mechanisms, including requests for applications and clinical trials.

Vulvodynia.—In the last decade, NIH has supported three important research conferences on vulvodynia, as well as the first prevalence study and clinical trial of the disorder. These efforts demonstrated the need for additional research and served to heighten the research community's interest in studying vulvodynia. The Committee recommends that the Director build upon these initial successes by coordinating through ORWH collaborative extramural and intramural research into the causes of, and treatments for, vulvodynia. This effort should involve ORWH, NICHD, NINDS, and other relevant ICs, as well as the NIH pain consortium. The Committee also commends ORWH for working to plan an educational outreach campaign on vulvodynia. The Committee encourages the Director to work with the Center for Scientific Review and the institutes and centers to ensure that experts in vulvodynia, and related chronic pain and female reproductive system conditions, are adequately represented on peer review panels.

Parkinson's disease.—The Committee remains very interested in NIH-funded research that aims to expedite discovery of better treatments and a cure for Parkinson's disease. The Committee continues to be aware that Parkinson's disease research would benefit from targeted and measured investment of resources by NIH which would result in significant dividends in terms of reduction in human suffering and economic costs to society. The Committee encourages NIH to use a Parkinson's disease planning process with an outcomes-oriented approach that makes disease eradication and treatment a top priority. The Committee requests NIH to report to the Committee by June 2008 on a strategic plan for future investments in Parkinson's research that outlines progress already made and specific results of investments. The Committee urges NIH to intensify its support to pursue promising translational and clinical research that may result in scientific breakthroughs for people living with Parkinson's disease. The Committee continues to support the innovative multidisciplinary Parkinson's disease research and training provided by the Morris K. Udall Parkinson's Disease Research Centers of Excellence. The Committee applauds the creation of an additional coordinating center to further focus and manage the interdisciplinary efforts of the Udall centers. The Committee

further encourages NIH to require that the Udall centers include a clinical component, in addition to their ongoing basic and translational research.

Brain tumors.—Brain tumors are the most common solid tumor type for children, and the leading cause of pediatric cancer death. Because current treatments are invasive, toxic, and cause debilitating side effects and impairments, the Committee encourages the Directors of NIH, NCI, NINDS, NIBIB, and ORD to develop a comprehensive research plan to focus on children's brain tumors with the goal of identifying alternative, safer and more effective treatments, as well as a cure. The Committee further encourages the NIH to achieve this objective by targeting basic and clinical research, accelerating the enhancement of the institutes' cancer research portfolios, creating research priorities with a sequential agenda and timeline, and facilitating the coordination and collaboration of public and private organizations already funding related research initiatives. This comprehensive research plan should provide specific time frames for the implementation of goals. The Committee requests submission of the plan by the end of fiscal year 2008.

Spina bifida.—The Committee encourages the institutes to study the causes and care of the neurogenic bladder in order to improve the quality of life of children and adults with spina bifida; to support research to address issues related to the prevention and treatment of spina bifida and associated secondary conditions such as hydrocephalus; and to invest in understanding the myriad co-morbid conditions experienced by children with spina bifida, including those associated with both paralysis and developmental delay.

Spinal muscular atrophy (SMA).—The Committee encourages the Director of NIH to monitor the progress of the SMA Project at NINDS. The Committee notes that the SMA Project is an excellent example of high risk, high reward research that was a focus of the recent reauthorization of the NIH by Congress. The current SMA project is scheduled to reach its near-term milestones in 2007 and thus it is important that the OD participate in planning for the successive stages of the project, including clinical trials and the infrastructure that will be needed to support drug development. Specific attention by the OD is necessary to ensure that the results of this innovative project are maximized, as well as to ensure that it serves as a model for other diseases as an innovative program to accelerate actual treatments for disease.

Dystonia.—The Committee is very pleased with progress demonstrated by the NIH intramural research program in the treatment and understanding of dystonia. NIH intramural researchers have successfully utilized injections of Botox to treat many patients who otherwise would be severely debilitated by dystonia. The Committee urges continued work in this important area of study and treatment.

Mitochondrial disease.—The Committee encourages NIH to intensify its research efforts into primary mitochondrial disease. Mitochondria are specialized compartments within almost every cell and are responsible for producing energy. Mitochondrial diseases result when there is a genetic defect that reduces the ability of the mitochondria to produce energy. As the mitochondria fail to

produce energy, the cell will not function properly. If the energy production falls to a critical level, cell death will follow. Approximately 1 in 2000 children born in the U.S. each year develop a mitochondrial disease. Most of these affected children will not survive beyond their teenage years. There is currently no cure or effective treatment for those suffering from primary mitochondrial disease. Mitochondrial dysfunction is also implicated in numerous disease states and degenerative disorders such as Parkinson's disease, Alzheimer's dementia, heart disease, diabetes and cancer. Intensified research into primary mitochondrial disease will help further understanding into these other conditions.

Gene therapy research.—The Committee is encouraged by promising research being undertaken in gene therapy, especially regarding thalassemia, or Cooley's anemia. NIH has indicated that human clinical trials could begin between 2008 and 2010. The Committee encourages that every step be taken to assure that this research moves forward without delay at the earliest possible date, consistent with safety.

Drug safety for children.—The Committee recognizes the importance of ensuring that drugs are safe and effective for use by children. The Committee strongly supports continued implementation of the Best Pharmaceuticals for Children Act, which supports the pediatric testing of off-patent drugs. The Committee recognizes the important work of NICHD to implement this legislation. NICHD should continue to act as coordinator for all other Institutes within NIH for which pediatric pharmacological drug research may have therapeutic relevance, and, in consultation with the Food and Drug Administration, develop study requests. The Committee requests NICHD to provide an annual report on the implementation process instituted, including the process of prioritizing a list of needs in pediatric therapeutics; the number of pediatric studies supported to date through the research fund; the contributions of the individual Institutes of the NIH to the studies; the estimated cost of each ongoing or proposed study; the nature and type of studies proposed or undertaken including whether any studies are comparative; the estimated completion date of all proposed or ongoing studies; the patent status of the drugs studied; the number of drugs remaining on the priority list; and the key ethical, scientific, intellectual property, and operational issues that have arisen in the implementation of the program.

Interdisciplinary genetic research.—Approximately one out of every 200 babies born has chromosomal abnormalities which by definition are multisystemic in that they are caused by changes in multiple genes and result in alterations to dozens of contiguous genes. The frequency and complexity of these conditions have a major impact on childhood morbidity and mortality. The Committee commends NIH for supporting independent investigators studying chromosome abnormalities and for partnering to sponsor meetings on many conditions. However, the Committee encourages NIH to sponsor mechanisms to support multidisciplinary, multi-institute research focused on devising treatments for the 20,000 babies born every year with a chromosome abnormality, especially those involving chromosome 18.

Peer review.—The Committee is concerned that individuals with surgical expertise are sometimes not assigned to surgical research grant application review. The Committee urges the Center for Scientific Review to ensure that there is an adequate number of specialty-specific peer reviewers, especially cardio-thoracic surgeons, in organ-specific or system-specific study sections reviewing surgical research applications.

Study of gender differences.—The Committee notes that, in 2001, the Institute of Medicine released a report that stressed the importance of biological gender as a basic variable that needs to be considered in all areas of biomedical research. Recent findings have demonstrated that significant differences between men and women exist in health and disease. One of the fields where such differences are most pronounced is neuroscience. The Committee strongly encourages each of the 15 institutes involved in the NIH Neuroscience Blueprint to carefully analyze its NIH Neuroscience Blueprint research portfolio to ensure gender is included as a variable, when appropriate, and to require that all reported results include gender specific analysis. The Committee requests a written report from the Director that includes information on the progress of these efforts at each of the NIH Neuroscience Blueprint institutes prior to the fiscal year 2009 budget hearings.

Basic behavioral research.—The Committee is aware that basic behavioral research focused on such areas as cognition, perception, emotion, social interaction, and learning have led to important advances and improved treatments for depression, bipolar and other affective disorders, diabetes, compliance on behavior change related to diabetes, heart disease, cancer, obesity, and more effective public health announcements and interventions. In view of the fact that eight out of the ten leading causes of death have a significant behavioral component and that basic research is the underpinning of advances in behavioral research, the Committee is concerned with the continued lack of focus of scientific leadership at NIH for this important field of science. However, the Committee views the new Office of Portfolio Analysis and Strategic Initiatives (OPASI) within the Office of the Director as a potentially important source of leadership in encouraging NIH investment in behavioral science research. The recent NIH reauthorization placed OBSSR within OPASI. As OPASI begins to perform its function of analyzing balance and content in all NIH areas of research, it would be appropriate for OPASI to set as an initial task a review of the NIH basic behavioral research portfolio. The Committee requests that the Director of NIH instruct OPASI, using OBSSR expertise, to prepare a strategic plan for basic behavioral research. This plan should include the amount spent in fiscal years 2006 and 2007, by institute and center, on basic behavioral research, and a plan for NIH's investment in basic behavioral research for fiscal year 2008 and beyond. This strategic plan should also identify any gaps in the NIH basic behavioral research portfolio. The Committee expects to receive the strategic research plan no later than May 1, 2008.

Disparities in clinical trials.—The Committee commends NIH for prioritizing increases in the number of participants from populations that suffer from health disparities in clinical trials as part of the NIH health disparity research plan. Unfortunately, data

from NIH-funded trials continually show that participation numbers from certain groups, including racial and ethnic minorities and the elderly, remain low. The Committee encourages NIH to revisit the issue of health disparities in clinical trials with a goal of increasing participation from under-represented populations.

Tuberous sclerosis complex (TSC).—TSC is a genetic disorder that triggers uncontrollable tumor growth in multiple organs of the body, including the brain, heart, kidneys, lungs, liver, eyes and skin. Because of the effects of TSC on multiple organ systems, the Committee urges NIH to continue coordinating TSC research activities through the trans-NIH tuberous sclerosis coordinating committee. The Committee also encourages the various institutes that fund TSC research to place increased emphasis on this important research, and to increase coordination with the TSC community as future research plans are developed and executed.

Minority training.—The Committee continues to recognize the critical role played by minority institutions at both the graduate and undergraduate level in addressing the health research and training needs of minority populations. These programs help facilitate the preparation of a new generation of scientists. The Committee encourages NIH to strengthen participation from minority institutions with a track record of producing minority scholars in science and technology.

Bridging the sciences.—The Committee believes the "Bridging the Sciences" demonstration program fulfills a need not met elsewhere in the Federal government by supporting research at the interface between the biological, behavioral, and social sciences with the physical, chemical, mathematical, and computational sciences. The Committee encourages the Director to give high priority to developing a demonstration program and to collaborate with the Department of Energy, the National Science Foundation, and other agencies. The Committee notes the importance of compliance with the statutory provisions dealing with appropriate, multidisciplinary peer review panels and the unique type of research envisioned.

BUILDINGS AND FACILITIES

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

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES

The Committee provides a program level of $3,393,841,000 for the Substance Abuse and Mental Health Services Administration (SAMHSA), which is $66,820,000 above the fiscal year 2007 funding level and $226,252,000 above the budget request. Within the total, $120,913,000 is provided through the evaluation set-aside,

which is the same as the fiscal year 2007 level and $250,000 less than the request. The Committee does not include requested bill language that would authorize SAMHSA to withhold 5 percent of State block grant allotments if a State does not report on national outcome measures and to redistribute those remaining to funds to States that do report.

The majority of funding administered by SAMHSA, 70 percent, is distributed by statutory formula to States and territories. The rest of the programs administered by SAMHSA are competitive grants or contracts to State or private organizations or are competitive cooperative agreements to States, territories or tribal organizations that use an outside peer review process for evaluation.

SAMHSA is responsible for supporting mental health and alcohol and drug abuse prevention and treatment services nationwide through discretionary capacity expansion and science to service activities, formula block grants to the States and associated technical assistance efforts. The agency consists of three principal centers: the center for mental health services, the center for substance abuse treatment, and the center for substance abuse prevention. The office of the administrator is responsible for overall agency management.

The Committee provides $128,514,000 for activities throughout SAMHSA programs of regional and national significance that are targeted to address the growing HIV/AIDS epidemic and its disparate impact on communities of color, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders. This is $16,993,000 more than the fiscal year 2007 funding level and $16,717,000 more than the budget request. These funds provide grants to organizations with a history of providing culturally competent, community-specific, and linguistically appropriate services in hard to reach and high-risk communities of color to expand service infrastructure and capacity.

The Committee includes within the total provided for programs of regional and national significance across SAMHSA, $57,123,000 for homeless programs, which is $11,508,000 more than the fiscal year 2007 funding level and $20,105,000 more than the budget request. The Committee is hopeful that programs that provide supportive services to individuals in permanent housing settings will help to end long-term homelessness in this country and directs SAMHSA to develop supportive services programs within the authority of the programs of regional and national significance.

The Committee recognizes that substance abuse is at critically high levels among American Indians and Alaska Natives and is deeply concerned about the epidemic of mental health and substance abuse problems on reservations and among urban Indian populations. According to CDC, rates of substance abuse and dependency are the highest among the American Indian and Alaska Native population at 14.1 percent. The Committee is deeply troubled by recent reports, which state that 30 percent of American Indian youths have experimented with methamphetamines. The Committee encourages SAMHSA to strengthen outreach to tribal organizations, particularly with respect to the access to recovery and targeted capacity expansion-general programs, in order to increase tribal participation in these programs. Furthermore, the

Committee requests SAMHSA to submit a report to the House Committee on Appropriations not later than six months after the enactment of this Act on its past outreach efforts to tribal organizations, the current participation rates of eligible tribal organizations, and barriers to access facing tribal organizations. Additionally, the Committee includes adequate funding to ensure that no less than $4,070,000 shall be made available to tribes and tribal organizations for treatment programs for mental illness and substance abuse.

Health disparities need to be addressed as the demographics of our society are changing dramatically. The Committee notes that minorities represent 30 percent of the population and are projected to increase to 40 percent by 2025. Yet, only 23 percent of recent doctorates in psychology, social work and nursing were awarded to minorities. For fiscal year 2008, the Committee has provided no less than the level allocated in fiscal year 2007 for the minority fellowship program in order to train culturally competent mental health, and substance abuse treatment and prevention professionals. The Administration did not request funding for this program.

Center for mental health services

The Committee provides a program level total of $910,625,000 for the center for mental health services (CMHS), which is $26,767,000 above the fiscal year 2007 funding level and $103,397,000 above the budget request. Within the total, $21,413,000 is provided through the evaluation set-aside as requested.

Research shows that more than 90 percent of those who suffer from eating disorders are women between the ages of 12 and 25. Data indicate that eating disorders are almost as prevalent as alcohol or drug problems among middle and high school female students, but that far less time is spent on preventing eating disorders than on substance abuse prevention programs. Therefore, the Committee urges SAMHSA to integrate eating disorder education and prevention programs into its core mental health programs, particularly those that serve middle and high school students.

Programs of regional and national significance

The Committee provides $277,030,000 for mental health programs of regional and national significance, which is $13,767,000 above the fiscal year 2007 funding level and $90,397,000 above the budget request. The program includes studies that identify the most effective service delivery practices, knowledge synthesis activities that translate program findings into useful products for the field, and knowledge application projects that support adoption of exemplary service approaches throughout the country.

The Committee provides $96,156,000 to continue and expand violence prevention programs in schools, including elementary, secondary, and postsecondary educational institutions. This is $3,000,000 more than the fiscal year 2007 funding level and $20,446,0000 more than the budget request. Funds are used by schools to establish an emergency/crisis management response plan; to provide mental health and substance abuse treatment services to those in need; to educate students on mental health pro-

motion, suicide, and violence prevention; to prepare educational materials on mental health for students and families of students to increase awareness of mental health and substance abuse issues in young adults; to train students and school personnel to respond effectively to students with mental and behavioral health problems that could lead to school failure, substance abuse, and/or violent behaviors; and, as needed, to develop a network/infrastructure to link the school with health care providers who can treat mental and behavioral problems. Of this amount, the Committee intends that not less than $80,868,000 be used to collaborate with the Department of Education for the safe schools/healthy students initiative and not less than $3,000,000 shall be used for a jointly funded initiative administered by the Department of Education and SAMHSA to support competitive grants to institutions of higher education to develop and implement emergency management plans for preventing campus violence (including assessing and addressing the mental health needs of students) and for responding to threats and incidents of violence or natural disaster in a manner that ensures the safety of the campus community.

Within funds provided, the Committee recommends $32,360,000 for the national child traumatic stress initiative, which is $2,942,000 more than the fiscal year 2007 funding level and $4,292,000 more than the budget request. This program has established 54 treatment development and community service centers to treat children who have experienced trauma and also supports the national center for traumatic stress. It is estimated that more than 34,000 traumatized children and their families will directly benefit from services delivered as a result of this initiative.

The mental health needs of our nation's seniors are largely ignored within our mental health system. While many older Americans experience depression, dementia, anxiety and substance abuse disorders, far too often these conditions are not recognized or treated. Outreach to elderly persons conducted in places frequented by seniors, such as senior centers, meal sites, primary care settings and other locations, is needed. The elderly treatment and outreach program is the only Federally-funded services program dedicated specifically to the mental health care of older adults. It is for this reason that within the funds provided, the Committee recommends that no less than the level allocated in fiscal year 2007 be allocated for the older adults program. The Administration did not request funding for this program. Additionally, SAMHSA is urged to study, or to commission a study, examining the mental health workforce needed to address the healthcare needs of older adults.

The Committee recognizes that veterans returning from Iraq and Afghanistan have enhanced needs for mental health care and other supportive services that they may want to access through the community. To improve veterans' access to mental health and related services, the Committee encourages SAMHSA to fund a pilot internet-based veterans' portal within the network of care. The portal should include a comprehensive service directory; a veteran-specific library; links to advocacy and support groups; and state-of-the-art, interactive technology for personal recordkeeping, and information-sharing. Such a resource will enable veterans and their families to identify and access available services, educate themselves about

mental illnesses, facilitate communications with providers and others, and overcome the stigma that often prevents veterans from seeking care.

According to CDC, teen suicide rates in the U.S. increased by 18 percent between 2003 and 2004. The Committee is deeply concerned by this disturbing development and urges SAMHSA to strengthen its efforts to assist local educational systems and nonprofit entities to implement mental health screening and suicide prevention programs and to identify evidence-based practices for facilitating treatment for youth at risk. As evidence-based programs are developed and identified, the Committee urges SAMHSA to support activities in fiscal year 2008 to determine how these practices can be best implemented at the community level.

The Committee requests that SAMHSA provide not less than the fiscal year 2007 funding level for statewide family network grants, consumer and consumer supported technical assistance centers, the national training and technical assistance center, the statewide consumer network program, and the anti-stigma campaign.

The Committee includes the following projects in the following amounts:

Mental health block grant

The Committee provides a program level total of $441,256,000 for the mental health block grant, which is $13,000,000 above the fiscal year 2007 funding level and the budget request. The block grant provides funds to States to support mental health prevention, treatment, and rehabilitation services. Funds are allocated according to statutory formula among the States that have submitted approved annual plans. The Committee notes that the mental health block grant funding represents less than 2 percent of total State mental health funding and less than 3 percent of State community-based mental health services. Within the total, $21,413,000 is provided through the evaluation set-aside as requested.

The community mental health services block grant program distributes funds to 59 eligible States and territories through a formula based upon specified economic and demographic factors. 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.

Project	Committee recommendation
Access Community Health Center, Bloomingdale, IL for mental health services	$250,000
Advocate Health Care, Oak Brook, IL for specialized and comprehensive psychotherapy and support to abused and neglected children and their families	275,000
Alfred University, Alfred, NY for a graduate school psychologist training program	100,000
American Red Cross, Lower Bucks County Chapter, Levittown, PA to provide mental health counseling and case management services, along with related services	100,000
City and County of San Francisco Department of Public Health, San Francisco, CA for mental health and substance abuse services for homeless persons in supportive housing	1,000,000
City of Los Angeles, CA for supportive housing services	250,000
Community Rehabilitation Center, Inc., Jacksonville, FL for substance abuse and mental health programs	200,000
Family Services of Greater Waterbury, Waterbury, CT for the outpatient counseling/psychiatric program	125,000
Family Support Systems Unlimited, Inc., Bronx, NY for mental health services	150,000
Fulton County Department of Mental Health, Atlanta, GA for a jail diversion program	100,000
Heartland Health Outreach, Inc., Chicago, IL for mental health services to refugee children	150,000
Helen Wheeler Center for Community Mental Health, Kankakee, IL for mental health services	200,000

Project	Committee recommendation
Holy Spirit Hospital, Camp Hill, PA for the Teenline suicide prevention program	100,000
Indiana Wesleyan University, Marion, IN for the Institute of Training in Addiction Studies	150,000
Jewish Association for Residential Care, Farmington Hills, MI for the Lifelines project	200,000
Kids Hope United, Waukegan, IL for the multi-systemic therapy program for youth	270,000
New Image Homeless Shelter, Los Angeles, CA for mental health case management	50,000
Pacific Clinics, Arcadia, CA for mental health and suicide prevention programs for Latina youth	250,000
Prime Time House, Inc., Torrington, CT for mental health services	125,000
Ruth Rales Jewish Family Service, Boca Raton, FL to provide preventive youth mental health services and clinical outreach to at risk students	100,000
Ventura County Probation Office, Ventura, CA for treatment and related services for juvenile offenders with mental health and chemical dependency problems	200,000
Ventura County Sheriff's Department, Thousand Oaks, CA for training programs related to the mentally ill	200,000
Youthville, Wichita, KS for an adoption and trauma resource center	300,000

Children's mental health

The Committee provides $104,078,000 for the grant program for comprehensive community mental health services for children with serious emotional disorders, which is the same as the fiscal year 2007 funding level and the budget request. Funding for this program supports grants and technical assistance for community-based services for children and adolescents up to age 22 with serious emotional, behavioral, or mental disorders. The program assists States and local jurisdictions in developing integrated systems of community care. Each individual served receives an individual service plan developed with the participation of the family and the child. Grantees are required to provide increasing levels of matching funds over the six-year grant period.

Grants to States for the homeless (PATH)

The Committee provides $54,261,000 for the grants to States for the homeless (PATH) program, which is the same as the fiscal year 2007 funding level and the budget request. PATH grants to States provide assistance to individuals suffering from severe mental illness and/or substance abuse disorders and who are homeless or at imminent risk of becoming homeless. Grants may be used for outreach, screening and diagnostic treatment services, rehabilitation services, community mental health services, alcohol or drug treatment services, training, case management services, supportive and supervisory services in residential settings, and a limited set of housing services.

Protection and advocacy

The Committee provides $34,000,000 for the protection and advocacy program, which is the same as the fiscal year 2007 funding level and the budget request. This funding is distributed to States according to a formula based on population and income to assist State-designated independent advocates to provide legal assistance to mentally ill individuals during their residence in State-operated facilities and for 90 days following their discharge.

Center for substance abuse treatment

The Committee provides a program level total of $2,195,993,000 for the center for substance abuse treatment (CSAT), which is

$38,453,000 above the fiscal year 2007 funding level and $85,312,000 above the budget request. Within the total, $83,500,000 is provided through the evaluation set-aside as requested.

The Committee recognizes that the Asian American and Pacific Islander (AAPI) populations are one of the fastest growing groups in the U.S., and the need for substance abuse services continues to outpace the availability and access to culturally competent services. The Committee encourages SAMHSA to work with appropriate organizations that provide substance abuse services to create a comprehensive system of outreach, training, information and resources, and prevention and treatment services that will be culturally competent and accessible to all AAPI populations across the U.S.

Programs of regional and national significance

The Committee provides a program level total of $402,402,000 for substance abuse treatment programs of regional and national significance, which is $3,453,000 above the fiscal year 2007 funding level and $50,312,000 above the budget request. Within the total, $4,300,000 is provided through the evaluation set-aside as requested. The program supports activities to improve the accountability, capacity and effectiveness of substance abuse treatment services and services delivery. These activities include capacity expansion initiatives to help communities respond to serious, emerging and unmet treatment needs and science into services initiatives through monitoring and accreditation of treatment programs, training, dissemination and knowledge application activities. The program promotes the adoption of science- and evidence-based treatment practices by developing and field-testing new treatment models in order to facilitate the provision of quality treatment services and service delivery. These activities are undertaken in actual service settings rather than laboratories and results are disseminated to State agencies and community treatment providers. The goal is to promote continuous, positive treatment service delivery change for those people who use and abuse alcohol and drugs.

Within the funding provided, the Committee recommends $98,000,000 for the access to recovery treatment voucher program. This is $703,000 less than the fiscal year 2007 funding level and the same as the budget request. The fiscal year 2008 funding will provide the second year of funding for State and tribal grantees that will be competing for funding in fiscal year 2007. Within this amount, $25,000,000 is dedicated to finance treatment services for methamphetamine abuse.

Within the funding provided, the Committee recommends $37,823,000 for criminal justice activities, which is $13,709,000 more than the fiscal year 2007 funding level and the same as the budget request. The Committee provides an increase for treatment drug court grants, but also maintains the fiscal year 2007 funding level for other criminal justice programs. The Committee urges SAMHSA to ensure, through the grant application process, that successful applicants for the treatment drug court program demonstrate evidence of direct and extensive consultation and collaboration with the corresponding State substance abuse agency in the planning, implementation and evaluation of the grant.

The Committee recommends no less than the fiscal year 2007 funding level for the addiction technology transfer centers (ATTCs). The ATTC network operates 14 regional centers and one national office to translate the latest science of addiction, including evidence-based addiction treatment. The ATTCs also are an important component of the blending initiative that seeks to improve the manner in which research findings are moved into every day practice.

The Committee includes the following projects in the following amounts:

Project	Committee recommendation
City of Las Vegas, NV for the EVOLVE program	$200,000
City of Oxford, Oxford, MS for a substance abuse treatment program	250,000
Fulton County, Atlanta, GA for Project Excell, an intensive outpatient treatment program serving homeless males with co-occurring substance abuse and mental health disorders	100,000
Gavin Foundation, South Boston, MA for substance abuse treatment services at its Cushing House facility for adolescents	250,000
Glide Foundation, San Francisco, CA for substance abuse services	250,000
Metro Homeless Youth Services of Los Angeles, Los Angeles, CA to expand services for homeless youth with substance abuse problems	100,000
Minnesota Indian Women's Resource Center, Minneapolis, MN for a dual diagnosis outpatient treatment program	100,000
Nassau University Medical Center, East Meadow, NY for substance abuse treatment services	200,000
Sandhills Teen Challenge, Carthage, NC for substance abuse treatment services	100,000
Sheriffs Youth Program of Minnesota, Inver Grove Heights, MN for chemical dependency treatment services	125,000
Talbert House, Cincinnati, OH for a substance abuse treatment program	300,000
Trumbull County Lifelines, Warren, OH for behavioral health services	200,000
Union Station Foundation, Pasadena, CA for services to homeless families	150,000
United Way of Treasure Valley, Boise, ID for a substance abuse treatment program	400,000
Wayne County Academy, Alpha, KY for a substance abuse counseling program	200,000
WestCare Kentuckv, Ashcamp, KY for a substance abuse treatment proqram	200,000

Substance abuse prevention and treatment block grant

The Committee provides a program level total of $1,793,591,000 for the substance abuse prevention and treatment (SAPT) block grant, which is $35,000,000 more than the fiscal year 2007 funding level and the budget request. Within the total, $79,200,000 is provided through the evaluation set-aside as requested. The SAPT block grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. Funds are allocated among the States according to a statutory formula. State applications including comprehensive State plans must be approved annually by SAMHSA as a condition of receiving funds.

The Committee is aware that the SAPT block grant is an effective and efficient program. Data collected from States demonstrate that SAPT block grant funded programs help people remain abstinent from alcohol and other drug use; find or regain employment; find stable housing; stay away from criminal activity; reunite with their families; and live productively in communities across the country. The Committee is aware, for example, that certain SAPT block grant funded programs report that approximately 70 to 80 percent of persons completing treatment are abstinent at discharge. The Committee is also aware that States employ a broad range of accountability strategies to ensure that SAPT block grant funded services achieve results. Overall, the SAPT block grant funds over

10,500 community-based organizations to help serve the nation's most vulnerable citizens—including those with HIV/AIDS. The Committee applauds States for supporting family treatment services through the SAPT block grant given the impact of addiction on children, women, and families.

The Committee recognizes the important role played by the 20 percent prevention services set-aside within the SAPT block grant. This effective substance abuse prevention program helped contribute to a 23 percent decrease in youth drug use over the last five years. The Committee urges SAMHSA to promote maximum flexibility in the use of prevention set-aside funds in order to allow each State to employ prevention strategies that match State and local circumstances.

Center for substance abuse prevention

Programs of regional and national significance

The Committee provides $194,502,000 for the substance abuse prevention programs of regional and national significance, which is $1,600,000 more than the fiscal year 2007 funding level and $38,041,000 more than the budget request. The program identifies and disseminates evidence-based substance abuse prevention approaches.

Within the total, the Committee recommends $7,000,000 to carry out programs authorized by the Sober Truth on Preventing (STOP) Underage Drinking Act: $5,000,000 for community-based coalition enhancement grants; $1,000,000 for the Intergovernmental Coordinating Committee on the Prevention of Underage Drinking (ICCPUD); and, $1,000,000 to continue and enhance the national adult-oriented media public service campaign to prevent underage drinking. The Committee intends that the funding provided to ICCPUD will be used to provide a report to the House and Senate Committees on Appropriations on State underage drinking prevention and enforcement activities consistent with the STOP Underage Drinking Act, including a comprehensive summary of the actions taken to accomplish the recommendations in the Surgeon General's call to action.

The Committee commends the Surgeon General's "Call to Action" on underage drinking, and shares the Surgeon General's concern about new research indicating that the developing adolescent brain may be particularly susceptible to long term harms from alcohol use, including neurocognitive impairment. The Committee urges ICCPUD to develop and pursue efforts to carry out the Surgeon General's Call to Action, including supporting and assisting State and local efforts. The Committee encourages the Surgeon General and the administrator of SAMHSA to continue speaking out on the issue.

The strategic prevention framework state incentive grant (SPF SIG) program is designed to promote, bolster, and sustain prevention infrastructure in every State in the country. The Committee recognizes that the lynchpin of the SPF SIG program is State flexibility. Therefore, the Committee urges SAMHSA to promote flexibility in the use of SPF SIG funds in order to allow each State to

tailor prevention strategies that are most appropriate for the populations in their own jurisdiction.

The Committee recommends funding at no less than the level provided in fiscal year 2007 for the centers for the application of prevention technologies (CAPTs). The Administration did not request funding for this program. The purpose of the CAPTs is to translate the latest substance abuse prevention science and improve the practices of prevention professionals and community coalition members. The CAPTs are SAMHSA's only regional network system that provides substance abuse prevention workforce training through regional conferences, workshops, customized technical assistance, curriculum development, online courses, and trainer events.

The Committee supports the continuation and enhancement of SAMHSA's fetal alcohol spectrum disorders (FASD) center for excellence, and requests that SAMHSA submit a progress report within six months of enactment of this bill on the center's accomplishments and lessons learned in preventing and reducing FASD. The report should outline future plans for the center, including programmatic and funding priorities.

The Committee includes the following projects in the following amounts:

Project	Committee recommendation
Community Foundation for Greater New Haven, New Haven, CT to support innovative multi-disciplinary intervention programs serving children and families exposed to violence and trauma	$500,000
Fighting Back Partnership, Vallejo, CA for an intervention program targeting elementary and high school students who are at risk for substance abuse and misuse	250,000
Institute for the Advanced Study of Black Families, Oakland, CA for integrated HIV/AIDS and substance abuse prevention with African American women and teenagers	150,000
Operation SafeHouse, Riverside, CA for a substance abuse prevention program	100,000
Partnership for a Drug-Free America, New York, NY for educational awareness programs on prescription and over-the-counter drug abuse	250,000
Shiloh Economic Development Center, Bryan, TX for a substance abuse prevention program	150,000
South Boston Community Health Center, South Boston, MA for substance abuse prevention services	100,000
YMCA of the East Bay, Richmond, CA for substance abuse orevention activities	100,000

Program management

The Committee provides a program level total of $92,721,000 for program management, of which $16,000,000 is provided through the evaluation set-aside. The fiscal year 2008 program level is the same as the fiscal year 2007 funding level and $498,000 less than the budget request. The appropriation provides funding to coordinate, direct, and manage the agency's programs. Funds are used for salaries, benefits, space, supplies, equipment, travel and overhead.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

The Committee provides a total of $329,564,000 for the Agency for Healthcare Research and Quality (AHRQ), which is $10,578,000 more than the fiscal year 2007 funding level and the same as the budget request.

The mission of AHRQ is to improve the quality, safety, efficiency, effectiveness, and cost-effectiveness of health care for all Americans. The agency fulfills its mission by conducting and supporting

health services research that focuses on answering questions on such topics as clinical practice, outcomes of care and effectiveness, evidenced-based medicine, health care quality, patient safety and medical errors, health care costs and financing, and health information technology. AHRQ research findings are used by providers, health care administrators, and others to improve health care quality, accessibility, and outcomes of care.

The Committee provides $271,564,000 for research on health costs, quality, and outcomes, which is $10,578,000 more than the fiscal year 2007 funding level and the same as the budget request. This program identifies the most effective and efficient approaches to organize, deliver, finance, and reimburse health care services; determines how the structure of the delivery system, financial incentives, market forces, and better information affects the use, quality, and cost of health services; and facilitates the translation of research findings for providers, patients, plans, purchasers, and policymakers. It also funds research that determines what works best in increasing the cost effectiveness and appropriateness of clinical practice; supports the development of tools to measure and evaluate health outcomes, quality of care, and consumer satisfaction with health care system performance; and facilitates the translation of information into practical uses through the development and dissemination of research databases.

Within the total available, the Committee does not provide funding requested by the Administration for the new "network of networks" under the personalized health care initiative. The Committee is concerned that HHS has yet to develop a detailed, integrated, and coherent implementation plan for achieving health information technology strategic goals, as recommended by the General Accounting Office. The Committee includes report language within the Office of the National Coordinator for Health Information Technology that requests a report that identifies specific program objectives; details the timelines and performance benchmarks to achieve these objectives; and links specific initiatives and resources to these program objectives. The report also should include information on health information technology activities funded through AHRQ.

Within the total for research on health costs, quality, and outcomes, $30,000,000 is provided for the comparative effectiveness health care research program, which is $15,000,000 more than the fiscal year 2007 funding level and the budget request. This program provides current, unbiased evidence about the comparative effectiveness of different health care interventions. The objective of the program is to help consumers, health care providers, and others make informed choices among treatment alternatives, including drugs.

Safe patient handling and movement.—The Committee is concerned about the consequences of manual patient lifting, transferring and movement in hospitals, nursing homes and other patient care settings that can be a detriment to quality patient care, including increased risk of injury to patients from being lifted and moved without assistive equipment and patient injuries including skin tears, skin ulceration, falls and shoulder dislocations. The Committee is further concerned by findings that a nurse on a typ-

ical shift lifts 1.8 tons and that work-related injuries to nurses frequently result in loss of work time and can be debilitating, career-ending events, and that injury and fear of injury are listed as top reasons why nurses leave the profession thereby exacerbating the already critical nursing shortage. The Committee urges AHRQ to undertake or commission a study to determine the impact of utilizing assistive devices and patient-lifting equipment on patient injuries and outcomes, the health and safety of nurses, and the financial implications of using available technology.

Spina bifida.—The Committee supports the expansion and development of the national spina bifida patient registry and encourages AHRQ to lead the effort to validate quality patient treatment data measures for the registry being developed with CDC. The Committee requests that AHRQ report to Congress on the status of this effort as part of the fiscal year 2009 budget justification.

The Committee provides $55,300,000 for the Medical Expenditures Panel Surveys (MEPS), which is the same as the fiscal year 2007 funding level and the budget request. The MEPS provide data for timely national estimates of health care use and expenditures, private and public health insurance coverage, and the availability, costs, and scope of private health insurance benefits. This activity also provides data for analysis of changes in behavior as a result of market forces or policy changes on health care use, expenditures, and insurance coverage; develops cost/savings estimates of proposed changes in policy; and identifies the impact of changes in policy for subgroups of the population.

For program support, the Committee provides $2,700,000 which is the same as fiscal year 2007 funding level and the budget request. This activity supports the overall direction and management of the agency.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

The Committee provides $141,630,056,000 for the Federal share of current law state Medicaid costs, which is $36,159,099,000 above the fiscal year 2007 funding level and $2,000,000 above the budget request. This amount does not include $65,257,617,000 which was advance funded in the fiscal year 2007 appropriation for the first quarter of fiscal year 2008. In addition, the Committee provides an advance appropriation of $67,292,669,000 for program costs in the first quarter of fiscal year 2009. The Committee has also included indefinite budget authority for unanticipated costs in fiscal year 2008.

Medicaid is projected to provide health care to 50.0 million people in fiscal year 2008, an increase of 1.9 percent. This represents 16.9 percent of the U.S. population. Medicaid will provide coverage to more than one out of every five children in the nation. Non-disabled adults under age 65 and children will represent 72 percent of the Medicaid population, but account for 32 percent of Medicaid benefit outlays. In contrast, the elderly and disabled populations are estimated to make up 28 percent of the Medicaid population, yet account for approximately 68 percent of Medicaid benefit out

lays. Medicaid is the largest payer for long-term care for all Americans.

PAYMENTS TO HEALTH CARE TRUST FUNDS

The Committee provides $188,828,000,000 for the payments to the health care trust funds account, which supports Part B and prescription drug benefits for 44.6 million Medicare beneficiaries. This amount is $12,529,520,000 above the fiscal year 2007 funding level and $200,000,000 above the budget request. This entitlement account includes the general fund subsidy to the Federal Supplementary Medical Insurance Trust Fund for Medicare Part B benefits and for Medicare drug benefits and administration as well as other reimbursements to the Federal Hospital Insurance Trust Fund for benefits and related administrative costs, which have not been financed by payroll taxes or premium contributions. The Committee continues to include 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.

PROGRAM MANAGEMENT

The Committee makes available $3,230,163,000 in trust funds for Federal administration of the Medicare and Medicaid programs, which is $89,056,000 above the fiscal year 2007 funding level and $43,863,000 below the budget request.

Research, demonstration, and evaluation.—The Committee provides $23,070,000 for research, demonstration and evaluation, which is $34,350,000 below the fiscal year 2007 funding level and $10,630,000 below the budget request. These funds support a variety of studies and demonstrations in such areas as monitoring and evaluating health system performance; improving health care financing and delivery mechanisms; modernization of the Medicare program; the needs of vulnerable populations in the areas of health care access, delivery systems, and financing; and information to improve consumer choice and health status. The Committee includes the full request of $14,400,000 for the Medicare Current Beneficiary Survey. Funding requested by the Administration for Real Choice Systems Change grants not included in the bill.

The Committee encourages CMS to conduct a demonstration project to identify effective therapy management program models for low-income Medicare Part D enrollees living with HIV/AIDS. The demonstration project would emphasize evidence-based prospective medication management, technological innovation, and outcome reporting. Recent medical studies show that patients receiving medication therapy management services for HIV dramatically improve their clinical status and demonstrate significant cost reductions in their overall health care.

The Committee commends CMS on its work to implement the low-vision rehabilitation services demonstration. The Committee encourages CMS to update the design and consider expanding the number of sites in the five-year demonstration.

The Committee includes the following projects in the following amounts:

Project	Committee recommendation
Access Health, Inc., Muskegon, MI, for a small business health coverage program	$200,000
Bedford Ride, Bedford, VA for a program to assist seniors	70,000
Bi-State Primary Care Association, Concord, NH to treat uninsured patients	300,000
City and County of San Francisco Department of Public Health, San Francisco, CA for enhancements to the HIV/AIDS service delivery system in San Francisco	1,000,000
City of Detroit, MI for the Detroit Primary Care Access Project	300,000
City of Waterbury, CT for a health access program	200,000
Gadsden County, FL, Quincy, FL for a prescription assistance medical services program	100,000
Jefferson Area Board for Aging, Charlottesville, VA to address nursing assistant shortages in long-term care settings	100,000
Orange County's Primary Care Access Network, Orlando, FL for a health care access network	200,000
Piedmont Hospital, Atlanta, GA for a project regarding the transition of older patients from hospital to home	150,000
Thurston-Mason County Medical Society, Olympia, WA for Project Access for the uninsured	200,000
Valley Hospice, Inc., Steubenville, OH to develop best practices for hospices across the State	250,000

Medicare operations.—The Committee provides $2,221,215,000 to support Medicare claims processing contracts, which is $61,973,000 above the fiscal year 2007 funding level and $82,400,000 below the budget request. This activity supports the two largest Federal health care programs, Medicare and Medicaid, along with the State Children's Health Insurance Program (SCHIP) and the Medicare prescription drug program. CMS is the largest purchaser of health care in the U.S., serving about 92 million Medicare and Medicaid beneficiaries, including those covered under SCHIP.

The Committee includes bill language that extends the availability of $163,800,000 until September 30, 2009 for Medicare contracting reform activities. Bill language requested by the Administration directing CMS to ensure that no fewer than fifteen Medicare administrative contractors begin operations by December 15, 2008 is not included in the bill. The amount provided for contracting reform activities is sufficient to support the fiscal year 2008 activities of the first phase of contracts to be awarded in fiscal year 2007. The Committee also includes bill language requested by the Administration providing $49,869,000 for the Healthcare Integrated General Ledger Accounting System, to remain available until September 30, 2009. The Committee does not include language from the fiscal year 2007 bill identifying a particular funding level for the CMS revitalization plan with extended funding availability because the revitalization plan is concluding and funding for the remainder of the project is provided within the account without extended availability.

Within this total, the Committee provides $45,000,000 for the State Health Insurance Program (SHIP), which is $10,800,000 above the fiscal year 2007 level and $10,600,000 above the Administration request. The Committee believes SHIP is an important vehicle to help the nearly 45 million Medicare beneficiaries grapple with changes in coverage and prescription drug plans. SHIP provides one-on-one counseling to those who have trouble accessing the internet or the toll-free hotlines.

The Committee is concerned that many seniors do not have a good understanding of the benefits covered, and not covered, under the Medicare program. In particular, studies have indicated that a majority of adults who are 45 or older overestimate Medicare coverage for long-term care. The Committee commends CMS for stat-

ing its intention to inform all target households through its initial mailings that "Medicare generally does not pay" for long term care. The Committee also encourages the Department to use other efficient communication methods, in addition to the Internet and direct mail, to clarify widely held misperceptions about Medicare and long term care. This policy would allow individuals to better prepare for their potential long-term care needs without impoverishing themselves to qualify for Medicaid where they have limited choices beyond institutional care.

The Committee commends CMS for its initial community-based activities for a Medicare education and outreach campaign directed towards dual eligible persons. The Committee is aware, however, that there is considerable evidence that low-income dual eligible persons with mental disabilities continue to need direct help with Part D enrollment. The Committee urges CMS to increase the share of funds for one-on-one pharmaceutical benefits counseling that are provided for counseling of dual eligible persons through community-based organizations and safety net community mental health centers.

Biomedical research progress is enabling increasing numbers of type I diabetes patients to live with this disease for more than fifty years. Recent advances in continuous glucose monitoring technology have the potential to revolutionize the way diabetes is managed on a daily basis, and the Committee is aware that more research is underway to validate this technology in a variety of patient populations under "real world" conditions. While research is underway, the Committee urges CMS not to make premature coverage decisions for this durable medical equipment or take actions that would delay the adoption of these technologies. The Committee commends CMS's current efforts to stimulate the exploration of emerging technologies in the device area and believes the potential of continuous monitoring devices is worthy of further exploration.

State survey and certification.—The Committee provides $293,524,000 for state inspections of facilities serving Medicare and Medicaid beneficiaries, which is $35,396,000 above the fiscal year 2007 funding level and the same as the budget request. The Committee does not include bill language requested by the Administration which authorizes the Secretary of Health and Human Services to charge fees associated with conducting revisit surveys at health care facilities.

This program supports the certification and periodic inspection of more than 52,000 facilities receiving Medicare funding, such as nursing homes, hospitals, hospices, and rehabilitation centers. In 2008, more than 70,000 surveys are expected to be conducted. The number of facilities requiring certification has increased dramatically in recent years—16 percent since 2002.

State high risk insurance pools.—The Committee provides $50,000,000 to support the State high risk insurance pools program. This program was not funded in fiscal year 2007. The Administration did not request funding for fiscal year 2008.

33 States currently operate high-risk pools that are the health insurers of last resort for almost 200,000 individuals who have lost or are ineligible for group insurance coverage, and who are medi-

cally high-risk and unable to purchase individual health insurance in the commercial market. High-risk pools represent a successful public/private partnership. All risk pool participants pay a monthly premium, capped at 125 to 200 percent of the average market premium. Insurers and health care providers support the program through assessments, and some States contribute to their pools.

Federal administration.—The Committee provides $642,354,000 to support Federal administrative activities related to the Medicare and Medicaid programs, which is the same as the fiscal year 2007 funding level and $833,000 below the budget request. As requested by the Administration, the Committee repeats language from last year's bill authorizing CMS to use funds for the Healthy Start, Grow Smart program for parents of children enrolled in the Medicaid program.

The Committee believes that the growing gap between the size of the nation's aging baby boom population and the number of pulmonary/critical care physicians poses challenges to the future delivery of high quality, efficient care under Medicare and Medicaid. The Committee urges CMS to review HRSA's May 2006 Report to Congress, "The Critical Care Workforce: A Study of Supply and Demand for Critical Care Physicians", and to consult with relevant critical care societies to develop recommendations and pulmonary/critical care-based models to be tested to alleviate the impact of the critical care workforce shortage on Medicare and Medicaid beneficiaries.

The Committee notes ongoing concern regarding Medicare beneficiary access to the lifesaving biologic therapy intravenous immune globulin (IVIG). The Committee encourages CMS to continue to work with members of the IVIG community to address these challenges, and commends CMS for establishing separate Medicare codes for each brand of IVIG introduced in the market after October 1, 2003.

HEALTH CARE FRAUD AND ABUSE CONTROL

The Committee provides $383,000,000 to be transferred from the Medicare trust funds for health care fraud and abuse control activities conducted by CMS, the HHS Inspector General, and the Department of Justice, which is $200,000,000 above the Administration request. This activity has not been funded in prior years. This funding is in addition to $1,131,031,000 that is provided as mandatory funding through authorizing bills. These funds provide resources for expanded efforts for Medicaid program integrity activities, for safeguarding the Medicare prescription drug benefit and the Medicare Advantage program, and for program integrity efforts carried out by the Department of Justice.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

The Committee recommends $2,949,713,000 for the child support enforcement and family support programs, and $1,000,000,000 in advance funding for the first quarter of fiscal year 2009 to ensure timely payments for the child support enforcement program. This

amount is the same as the budget request. The Committee recommends estimated funding of $38,000,000 for payments to territories, the same as the fiscal year 2007 funding level and the budget request. The Committee notes that the authorized funding level for the repatriation program is set at $1,000,000 under section 1113(d) of the Social Security Act even though approximately $1,300,000 is needed to support the current repatriation program. The Committee urges the authorizing committee of jurisdiction to adjust the ceiling to accommodate the current nonemergency needs of the program as well as to permit rapid response to emergency repatriation of U.S. citizens due to war, threat of war, invasion, natural disaster, or similar crises.

LOW INCOME HOME ENERGY ASSISTANCE

The Committee recommends $2,662,000,000 for the low income home energy assistance program (LIHEAP). This amount is $500,830,000 more than the fiscal year 2007 funding level and $880,000,000 more than the budget request. The Committee recommends $1,980,000,000 for the State formula grants, which is $480,000,000 more than the budget request and the same as the fiscal year 2007 funding level. The Committee recommends $682,000,000 for the contingent emergency reserve. This is $500,830,000 more than the fiscal year 2007 funding level and $400,000,000 more than the budget request.

LIHEAP provides assistance to low-income households to help pay the costs of home energy. This program serves the most vulnerable in the country—94 percent of households receiving LIHEAP grants have at least one family member who is elderly, disabled, a child under 18, or have a single adult living with one or more children. More than three quarters of such households reported an annual income at or below $20,000. Currently only 16 percent of eligible households based on Federal guidelines receive LIHEAP assistance. The amount recommended by the Committee could provide energy assistance to 1,252,075 more families than in fiscal year 2007.

REFUGEE AND ENTRANT ASSISTANCE

The Committee recommends $650,630,000 for refugee assistance programs. This is $62,783,000 more than the fiscal year 2007 funding level and $5,000,000 less than the budget request.

In addition, the Committee recommends that the Office of Refugee Resettlement (ORR) again be granted authority to carry over unexpended funds from fiscal year 2008 to reimburse the costs of services provided through September 30, 2010, for all programs within the jurisdiction of ORR.

Transitional and medical services

The Committee recommends $294,021,000 for transitional and medical services. This is $28,475,000 more than the fiscal year 2007 funding level and the same as the budget request. The transitional and medical services program provides funding for the State-administered cash and medical assistance program that assists refugees who are not categorically eligible for TANF or Medicaid, the unaccompanied minors program that reimburses States for the cost

of foster care, and the voluntary agency grant program in which participating national refugee resettlement agencies provide resettlement assistance with a combination of Federal and matched funds.

Victims of trafficking

The Committee recommends up to $9,814,000 for the victims of trafficking program. This is $9,000 less than the fiscal year 2007 funding level and $5,002,000 less than the budget request. The Committee strongly supports the continued administration of a national network for identification, tracking, and certification of trafficking victims. The Committee's recommendation does not include funds for an unauthorizied grant program for domestic victims of trafficking. Many of the domestic victims are eligible for Federal benefits in addition to all trafficking benefits, except those reserved for refugees.

The Committee supports efforts to ensure that child trafficking victims do not remain trapped in life-threatening situations out of fear of being interrogated by law enforcement authorities. The Committee requests the Department to expedite letters of eligibility so that minor victims may be connected to benefits without delay. Furthermore, the Committee is concerned about the low number of child trafficking victims being identified and recommends that the Department expand its practices on the identification of human trafficking victims.

Social services

The Committee recommends $154,005,000 for social services. This is the same as the fiscal year 2007 funding level and $4,395,000 more than the budget request. Funds are distributed by formula as well as through the discretionary grant-making process for special projects.

Within the funds provided, the Committee has included $19,000,000 for support to communities with large concentrations of Cuban and Haitian entrants of varying ages whose cultural differences make assimilation especially difficult, justifying a more intense level and longer duration of Federal assistance.

The Committee continues to request that the Administration for Children and Families adequately fund refugee school impact grants.

Preventive health

The Committee recommends $4,748,000 for preventive health services. This amount is the same as the fiscal year 2007 funding level and $48,000 more than the budget request. These funds are awarded to States to ensure adequate health assessment activities for refugees.

Targeted assistance

The Committee recommends $48,590,000 for the targeted assistance program. This amount is the same as the fiscal year 2007 funding level and $486,000 more than the budget request. These grants provide assistance to areas with high concentrations of refugees.

Unaccompanied minors

The Committee recommends $129,635,000 for the unaccompanied minors program. This is $34,317,000 more than the fiscal year 2007 funding level and $5,027,000 below the budget request.

The Committee recognizes the complexity of detention for unaccompanied children (UAC) awaiting removal proceedings and urges the Administration for Children and Families to ensure that the safety and humane treatment of these children are key priorities of the agencies that detain them. The Committee has included additional funds for the care and placement of an increasing number of UAC through foster care, shelter care, staff secure or secure detention centers, and for additional field staff in areas of high apprehensions. The Committee supports the Department's efforts to prioritize care for UACs in child-centered, age-appropriate, small group and foster-care settings. The Committee requests the Department to brief the Committee on the allegations of abuse by shelter staff and what steps the Department is taking to prevent such abuse in the future. The Committee does not recommend that funds be included for expanded background checks before placement of UAC. Most of the funds requested for this activity would pay for additional shelter costs as new background checks would lengthen the average shelter stay of a UAC by one to three weeks. The Committee believes this additional cost is excessive because ORR currently performs, and the Committee expects it to continue to perform, a rigorous background check on each adult to whom a child is released and conducts a home assessment as circumstances warrant.

The Committee supports the Department's efforts to provide medical service that meet quality standards for the children under its care. The Committee directs the Department to provide the Committee a report on expenses incurred in fiscal years 2007 and 2008 and what it expects to incur in fiscal year 2009 delivering routine, emergent, and emergency mental and physical medical services to UAC.

The Committee recognizes the legal representation crisis and need for guardians for UAC and is pleased with the progress ORR has made in implementing pro bono pilot programs. The Committee's recommendation includes funds to expand the pilot program as a national pro bono legal services program to ensure representation of all UAC in adversarial immigration removal proceedings and affirmative asylum proceedings. The Committee expects these funds to be matched with non-Federal funds through a public-private partnership. The Committee intends that pro bono attorneys participating in this program shall be trained by experts in immigration law and provided with mentors to ensure effective representation. Additionally, in light of the time attorneys will be expected to spend with their UAC clients, the Committee intends these funds to be used to train the attorneys to detect abuse, mistreatment, labor exploitation, and trafficking. Finally, the Committee intends these funds to be used to train the attorneys in methods to ensure the appearance of UAC at immigration court hearings. In fiscal year 2006 approximately 93 percent of children released from custody appeared at their hearings when represented by counsel. Furthermore, according to the U.S. Commission for

International Religious Freedom, asylum-seekers represented by counsel are more than eight times as likely to be granted asylum as those unrepresented by counsel.

Victims of torture

The Committee recommends $9,817,000 to provide a comprehensive program of support for domestic centers and programs for victims of torture. This is the same as the fiscal year 2007 funding level and $100,000 more than the budget request.

PAYMENTS TO STATES FOR THE CHILD CARE AND DEVELOPMENT BLOCK GRANT

The Committee recommends $2,137,081,000 for the discretionary portion of the child care and development block grant program, which provides child care services for low-income families. The Committee recommendation provides an $75,000,000 increase over the fiscal year 2007 funding level and the budget request. The recommendation is part of its initiative to help reduce the number of abortions in America by alleviating the economic pressures and other real life conditions that can sometimes cause women to decide not to carry their pregnancies to term.

The discretionary portion of this block grant has remained essentially frozen since fiscal year 2002, resulting in a severe drop in the number of children served. The Committee's recommendation takes a step toward reversing this trend.

The Committee believes that child care is an important investment for two reasons. First, child care assistance is key if low-income parents are to be able to work and become self-sufficient. Single mothers who receive child care assistance are 40 percent more likely to remain employed after two years than those who do not receive assistance in paying for child care. Second, studies have shown that high-quality child care helps ensure that children enter school ready to succeed. By second grade, children who had received high-quality care demonstrated greater mathematical ability, greater thinking and attention skills, and fewer behavioral problems than the children who had received lower-quality care.

SOCIAL SERVICES BLOCK GRANT

The Committee recommends $1,700,000,000 for the social services block grant (SSBG). This amount is the same as the fiscal year 2007 level. The Committee rejects the Administration's proposal to cut SSBG by $500,000,000. The Committee continues to provide this flexible source of funding to help local communities provide a variety of social services to needy individuals and their families, including services that help prevent dependency, inappropriate institutional care, and neglect and abuse of children and adults.

CHILDREN AND FAMILIES SERVICES PROGRAMS

The Committee recommends a program level total of $9,127,110,000 for children and families services programs. This is $178,140,000 more than the fiscal year 2007 funding level and $877,021,000 more than the budget request. Within the total provided, $10,500,000 is provided through the evaluation set-aside.

This account finances a number of programs aimed at enhancing the well-being of the nation's children and families, particularly those who are disadvantaged or troubled.

Head Start

The Committee recommends $6,963,571,000 for the Head Start program, which is $75,000,000 more than the fiscal year 2007 funding level and $175,000,000 more than the budget request. Of this total, the Committee recommends advancing $1,388,800,000 of this account for fiscal year 2008.

The Continuing Appropriations Resolution, 2007, granted Head Start its first increase since fiscal year 2002. After five years of level funding, centers across the country were forced to cut hours, transportation, and educational instruction, which have threatened the quality of the programs. In this recommendation, the Committee takes another step to restore a portion of those deep cuts in real terms and permit communities to enhance the quality of comprehensive child development services to economically disadvantaged children and their families. The Committee continues its strong support for this program that promotes school readiness by enhancing the social and cognitive development of children through educational, health, nutritional, social, and other services. The Committee's $75,000,000 increase over fiscal year 2007 is part of its initiative to help reduce the number of abortions in America by alleviating the economic pressures and other real life conditions that can sometimes cause women to decide not to carry their pregnancies to term.

The Committee recognizes that a recent study showed that children who participated in early Head Start had a higher cognitive development score, demonstrated a higher level of social-emotional development, a higher vocabulary, and higher rates of immunization than children not enrolled in early Head Start. The Committee further recognizes that only 2 percent of children eligible for early Head Start are currently served by this program. Therefore, the Committee urges the Office of Head Start to consider its value to children, families, and our communities and increase the level of funding available for grants for early Head Start programs.

Consolidated runaway and homeless youth programs

The Committee recommends $97,837,000 for runaway and homeless youth activities (RHYA). This is an increase of $10,000,000 over the fiscal year 2007 funding level and the budget request. Funds for this program are distributed between the basic center program and the transitional living program under a statutory formula.

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

The Committee supports the Department's efforts to place greater emphasis on runaway prevention activities under the RHYA pro-

gram. The Committee encourages the Secretary to explore additional methods to promote and expand these prevention efforts.

The Committee's recommendation includes a $10,000,000 increase as part of its initiative to help reduce the number of abortions in America by alleviating the economic pressures and other real life conditions that can sometimes cause women to decide not to carry their pregnancies to term. The increase will fund approximately 70 new shelters that will provide youth essential life-skills, connect youth to education, workforce and other supports, and expand services to pregnant/parenting youth.

Prevention grants to reduce abuse of runaway youth

The Committee recommends $15,027,000 for prevention grants to reduce abuse of runaway youth. This is the same as the fiscal year 2007 funding level and the budget request. This program provides grants to support street-based outreach and education to runaway, homeless, and street youth who have been sexually abused or who are at-risk of sexual abuse. The street outreach program ensures rapid engagement with young people in an effort to prevent the most terrible situations that take place when they are subjected to life on the streets, including physical and sexual abuse, assault, commercial sexual exploitation, disease, long-term homelessness, and even death.

Child abuse State grants and discretionary activities

For child abuse State grants and discretionary activities, the Committee recommends $63,840,000. This is $11,053,000 more than the fiscal year 2007 funding level and $695,000 more than the budget request. Within this total, the recommendation includes $27,007,000 for State grants and $36,833,000 for child abuse discretionary activities.

The Committee's recommendation includes the $10,000,000 increase as part of its initiative to help reduce the number of abortions in America by alleviating the economic pressures and other real life conditions that can sometimes cause women to decide not to carry their pregnancies to term. The Committee intends the increased funding to be dedicated to support State use of research- and evidence-based home visitation models that use professionals, nurses, paraprofessionals, and trained volunteers from the community to improve parenting and family health. The Committee has funded the Administration's request for this activity after reviewing the research supporting the value of a range of early childhood home visitation models and their positive affect on prenatal health, preventing child maltreatment, and improvement in other important outcomes for these young families

The Committee includes the following projects in the following amounts:

Project	Committee recommendation
Children Uniting Nations, Los Angeles, CA for a foster child mentoring program in Los Angeles	$100,000
Crisis Nursery of the Ozarks, Springfield, MO for a child abuse prevention program	245,000
Jefferson County, Golden, CO for child abuse prevention and treatment programs	100,000
New York Center for Children, New York, NY for comprehensive support and services to abused children and their families	150,000

Project	Committee recommendation
Shelter for Abused Women, Winchester, VA to enhance community efforts to address domestic violence	100,000

Community-based child abuse prevention

The Committee recommends $42,430,000 for community-based child abuse prevention. This amount is the same as the fiscal year 2007 funding level and the budget request. Funds are provided to State agencies and are used to develop, operate, expand, and enhance community-based efforts to strengthen and support families in an effort to prevent child abuse and neglect.

Abandoned infants assistance

The Committee recommends $11,835,000 for the abandoned infants assistance program. This amount is the same as the fiscal year 2007 funding level and the budget request. The purpose of this program is to provide financial support to public and private community and faith-based entities to develop, implement, and operate demonstration projects that will prevent the abandonment of infants and young children exposed to HIV/AIDS and drugs; identify and address their needs; assist such children to reside with their natural families or in foster care; recruit, train, and retain foster parents as well as health and social services personnel; provide respite care for families and foster families; and prevent the abandonment of infants and young children.

Child welfare services and training

The Committee recommends $286,754,000 for child welfare services. This amount is the same as the fiscal year 2007 funding level and the budget request. This program provides grants to States to assist public welfare agencies to improve child welfare services. State services include preventive intervention in order for children to stay in their homes, alternative placement like foster care or adoption if it is not possible for children to remain at home, and reunification programs so that, if appropriate, children can return home.

The Committee recommends $7,335,000 for child welfare training. This amount is the same as the fiscal year 2007 funding level and the budget request. The Committee recognizes the need for trained, skilled, and qualified child welfare service workers. This program provides grants to institutions of higher education to develop and improve education and training programs and resources for child welfare service providers as well as students seeking degrees in social work.

Adoption opportunities

The Committee recommends $26,848,000 for adoption opportunities. This amount is the same as the fiscal year 2007 funding level and the budget request. This program provides funding specifically targeted to improving the adoption of children, particularly those with special needs, and for providing innovative services that support families involved in adoption.

Adoption incentives

The Committee recommends $9,500,000 for the adoption incentives program. This is $4,500,000 more than the fiscal year 2007 funding level and $4,000,000 less than the budget request. This program targets incentives specifically for older children. Funds are awarded to States using three baselines: one for the total number of children adopted, one for children with special needs under the age of nine, and one for children aged nine and older. The goal of this program is to increase the number of adoptions nationwide.

Adoption awareness

The Committee recommends $14,674,000 for the adoption awareness program. This is a $2,000,000 increase above the fiscal year 2007 funding level and the budget request. The Committee's recommended increase is part of its initiative to help reduce the number of abortions in America. The increase for adoption awareness will expand training activities for adoption agency staff, resulting in enhanced information to and counseling of young pregnant women about adoption as one of their options, as well as expanded referrals to adoption agencies. Funds will also be used to develop best practice guidelines in adoption counseling.

Compassion capital fund

The Committee recommends $64,350,000 for the compassion capital fund. This is the same as the fiscal year 2007 funding level and $10,650,000 less than the budget request. This program provides grants to intermediary organizations that in turn provide training and technical assistance to faith-and-community-based organizations. The program also provides capacity-building grants directly to the latter organizations, which include organizations that foster supportive relationships with youth.

Social services and income maintenance research

The Committee recommends $8,635,000 for social services and income maintenance research, $6,000,000 of which is through the evaluation set-aside. This is the same as the President's request. These funds support research, demonstration, evaluation, and dissemination activities. Recent topics funded through this program include welfare-to-work strategies and programs to strengthen family relationships and promote healthy marriages.

In 2006, Congress reauthorized the temporary assistance for needy families program, imposing new administrative mandates on States with regard to tracking and verifying work participation rates. As a result, each State must now design and implement new systems and procedures for tracking work-eligible participants or risk financial penalties. ACF is currently working collaboratively with States to pilot-test the most cost-efficient ways to meet new monitoring and verification requirements. The Committee encourages ACF to continue to work with the States to ensure that needy families receive assistance in a timely manner. Similarly, new administrative requirements contained in the Deficit Reduction Act of 2005 call upon States to broaden their child support collection efforts, including seeking medical insurance coverage for children from non-custodial parents, and mandatory review and adjustment

of support orders. ACF is currently working to increase the exchange of critical case information among State child support agencies, their courts, and the Federal government. The Committee encourages ACF to continue to augment the ability of States to collect and distribute child support payments.

The Committee includes the following projects in the following amounts:

Project	Committee recommendation
Arrowhead Economic Opportunity Agency, Virginia, MN for the Family-to-Family community based mentoring program to assist low-income families	$250,000
Augusta Levy Learning Center, Wheeling, WV for services to children with Autism	75,000
Beth El House, Alexandria, VA for social services and transitional housing for formerly homeless women and their children	75,000
Children's Home Society of South Dakota, Sioux Falls, SD for services related to domestic violence, child abuse, and neglect	250,000
Christian Outreach of Lutherans, Waukegan, IL for Latino leadership development in underserved areas	125,000
City of Detroit, MI for an Individual Development Account initiative	350,000
City of Fort Worth, TX for programming at neighborhood-based early childhood resource centers	200,000
City of San Jose, CA for its Services for New Americans program, including assistance with job seeking skills, citizenship, family safety and resettlement	200,000
Cliff Hagan Boys and Girls Club - Mike Horn Unit, Owensboro, KY for purchase of equipment	175,000
Communities In Schools, Bell-Coryell Counties, Inc., Killeen, TX for youth counseling services	260,000
Covenant House Florida, Ft. Lauderdale, FL for a program for pregnant and parenting teens and young adults	200,000
Eisner Pediatric and Family Medical Center, Los Angeles, CA for the Parent-Child Home Program	125,000
Every Citizen Has Opportunities, Inc., Leesburg, VA for services to disabled individuals	100,000
Family Center of Washington County, Montpelier, VT for childcare and related services	200,000
First 5 Alameda County, San Leandro, CA for development and support of postsecondary early childhood education and training programs, which may include student scholarships	175,000
Friendship Circle of the South Bay, Redondo Beach, CA for services for children with developmental disabilities	275,000
Greater New Britain Teen Pregnancy Prevention, Inc., New Britain, CT for the Pathways/Senderos Center for education and outreach	125,000
Hamilton-Madison House, New York, NY for services and equipment for a social services program	100,000
Healthy Learners Dillon, Columbia, SC for social services for economically disadvantaged children	200,000
Helping Children Worldwide, Herndon, VA to assist students and families	250,000
Hennepin County Human Services and Public Health Department, Minneapolis, MN for the Family Healing and Restoration Network Project	285,000
Hillside Family of Agencies, Rochester, NY for the Hillside Children's Center for adoption services	100,000
Hope Village for Children, Meridian, MS for a program to assist foster children	215,000
Horizons for Homeless Children, Boston, MA for Playspace Programs for homeless children	50,000
Kingsborough Community College, Brooklyn, NY for the New American's Center	100,000
L.I.F.T. Women's Resource Center, Detroit, MI for services to improve self-sufficiency and life skills of women transitioning from substance abuse, domestic violence, or homelessness	100,000
Lawrence County Social Services, New Castle, PA for early childhood, parental training, and life skills programs	125,000
Lutheran Social Services, Duluth, MN for services to runaway, homeless, and other at-risk youth and their families	350,000
Marcus Institute, Atlanta, GA for services for children and adolescents with developmental disabilities and severe and challenging behaviors	400,000
Mary's Family, Orlean, VA to develop a respite program for Winchester-area special needs families	100,000
Mecklenburg County, Charlotte, NC, for a program to combat domestic violence	200,000
Missouri Bootheel Regional Consortium, Portageville, MO for the Fatherhood First program	250,000
Monterey County Probation Department, Salinas, CA for the Silver Star gang prevention and intervention program	350,000
Nashua Adult Learning Center, Nashua, NH for a Family Resource Center	100,000
National Energy Assistance Directors' Association, Washington, DC for research and information dissemination related to the Low-Income Home Energy Assistance Program	200,000
Network for Instructional TV, Inc., Reston, VA for a training program for child care providers	50,000
Nurses for Newborns Foundation, St. Louis, MO for nurse home visiting program	300,000
Organization of the NorthEast, Chicago, IL for development of a local homeless services continuum	50,000
Pediatric Interim Care Center, Kent, WA for the Drug-Exposed Infants Outreach and Education program	150,000
Public Health Department, Solano County, Fairfield, CA for a program to support pregnant women and new mothers	100,000

Project	Committee recommendation
Sephardic Bikur Holim of Monmouth County, Deal, NJ for social services programs	100,000
Services, Immigrant Rights and Education Network, San Jose, CA for assistance to immigrants seeking citizenship	100,000
Southern Illinois University, Carbondale, IL for the Center for Autism Spectrum Disorders	150,000
Stephen F. Austin State University, Nacogdoches, TX for coordination of family and child services	150,000
Susan Wesley Family Learning Center, East Prairie, MO for programs to assist at-risk youth and their families	100,000
TLC for Children and Families, Inc., Olathe, KS for a transitional living program for at-risk and homeless youth	200,000
United Way Southeastern Michigan, Detroit, MI for the Communities of Early Learning initiative	200,000
University of Central Missouri, Warrensburg, MO for the treatment of autism spectrum disorders	250,000
Visitation Home, Inc., Yardville, NJ for programs to assist developmentally disabled residents	100,000

Developmental disabilities

For programs authorized by the Developmental Disabilities Assistance and Bill of Rights Act and the Help America Vote Act, the Committee recommends $175,836,000. This is $5,001,000 more than the fiscal year 2007 level and $5,000,000 more than the budget request.

The account total includes $76,771,000 for allotments to States to fund State councils, which is $5,000,000 more than the budget request and the fiscal year 2007 funding level. These councils develop, improve, and expand the system of services and supports for people with developmental disabilities. Through their activities, Councils on Developmental Disabilities provide for the inclusion and integration of individuals with developmental disabilities in the economic, political, social, cultural, religious and educational mainstream of our nation.

Within the total, $38,718,000 will be available to States for operating a protection and advocacy system to protect the legal and human rights of the developmentally disabled. This amount is the same as the budget request and the fiscal year 2007 funding level.

The Committee recommends $15,720,000 for voting access for individuals with disabilities programs. This amount is the same as the fiscal year 2007 funding level and the budget request. Within the funds provided, $10,890,000 is for payments to States to promote access for voters with disabilities and $4,830,000 is for State protection and advocacy systems. These programs are intended to make polling places accessible and provide equal access and participation for individuals with disabilities. The protection and advocacy program will ensure that individuals can fully participate in the electoral process, including registering to vote, accessing polling places, and casting a vote.

The Committee recommends $11,414,000 for developmental disabilities projects of national significance. This amount is the same as the fiscal year 2007 funding level and the budget request.

The Committee recommends $33,213,000 for the university centers for excellence in developmental disabilities. This is $1,000 more than the fiscal year 2007 level and the same as the budget request. This funding provides discretionary grants to public or not-for-profit entities associated with universities. The grants provide basic operational and administrative core support for these agencies. In addition, these funds support interdisciplinary train-

ing, community services, research and technical assistance, and information dissemination.

Native American programs

The Committee recommends $47,332,000 for Native American programs. This is $3,000,000 more than the budget request and the fiscal year 2007 funding level. The Native American programs assist tribal and village governments, Native American institutions and organizations to support and develop stable, diversified local economies. In promoting social and economic self-sufficiency, this program provides financial assistance through direct grants for individual projects, training and technical assistance, and research and demonstration programs.

The Committee intends that the $3,000,000 increase be available to fund the activities authorized under section 803C(b)(7)(A)–(C) of the Native American Programs Act (as added by the Esther Martinez Native American Languages Preservation Act of 2006).

Community services

The Committee recommends $730,959,000 for community services activities. This is $706,507,000 more than the budget request and $36,385,000 more than the fiscal year 2007 funding level.

Community services block grants

For the community services block grants, the Committee recommends $660,425,000. This is $30,000,000 more than the fiscal year 2007 funding level. No funds were requested for this program. This program provides grants to over 1,000 counties, territories, and Indian tribes for services such as employment, housing, nutrition, energy, emergency services, child care, job training and job placement, parenting education, adult literacy classes, domestic violence prevention, emergency food assistance, and health needs of low-income people.

The Committee's recommended 4.8 percent increase is part of its initiative to help reduce the number of abortions in America by alleviating the economic pressures and other real life conditions that can sometimes cause women to decide not to carry their pregnancies to term. Increased services will help struggling, low-income families raise their children.

Community economic development

The Committee recommends $32,700,000 for community economic development. This is $5,678,000 more than the fiscal year 2007 funding level. No funds were requested for this program. This program provides assistance to private, locally initiated community development corporations (CDCs) that sponsor enterprises providing employment, training, and business development opportunities for low-income residents in poor communities.

The Committee's recommendation reflects its commitment to helping CDCs continue their good work in transforming the low income communities in which they serve. CDCs help capitalize nearly 60,000 small businesses a year and provide approximately $2,000,000,000 in loan assistance to entrepreneurs and residents in

low income communities a year. The increase over fiscal year 2007 will fund approximately 9 new grants, totally 45.

Job opportunities for low-income individuals

The Committee recommends $5,382,000, the same as the fiscal year 2007 funding level, for job opportunities for low-income individuals (JOLI). No funds were requested for this program. This program provides competitive grants to non-profit organizations to create new employment and business opportunities for TANF recipients and other low-income individuals.

Individual development accounts

The Committee recommends $24,452,000 for individual development accounts. This amount is the same as the fiscal year 2007 funding level and the budget request. Individual development accounts are dedicated savings accounts that can be used by families with limited means for purchasing a first home, paying for postsecondary education or capitalizing a business. The intent of the program is to encourage participants to develop and reinforce strong habits for saving money. Section 501(c)(3) organizations are eligible to apply for the funds and applicants must match Federal funds with non-Federal funds.

Rural community facilities

The Committee recommends $8,000,000 for the rural community facilities program. This amount is $707,000 more than the fiscal year 2007 funding level. No funds were requested for this program. The Committee includes these funds to be used solely for the purpose of improving water and wastewater facilities in poor, rural communities. As in the past, these funds should be allocated to regional rural community assistance programs.

Violent crime reduction programs

The Committee recommends $134,731,000 for family violence prevention and services and battered women's shelters. This is $10,000,000 more than the fiscal year 2007 funding level and the budget request. This program is designed to assist States and Indian Tribes in efforts to prevent family violence and to provide immediate shelter and related assistance for victims of family violence and their dependents.

The Committee also includes $2,970,000 to fund a domestic violence hotline. This amount is the same as the fiscal year 2007 funding level and the budget request.

The Committee's recommended 8 percent increase is part of its initiative to help reduce the number of abortions in America by alleviating the economic pressures and other real life conditions that can sometimes cause women to decide not to carry their pregnancies to term. Increased funding will permit States to expand domestic violence prevention services to more at-risk women.

Mentoring children of prisoners

The Committee recommends $49,493,000 for the mentoring children of prisoners program. This is the same as the fiscal year 2007 funding level and $507,000 less than the budget request. This pro-

gram supports competitively awarded grants to States and local governments, Indian tribes and consortia, and faith- and community-based organizations to mentor children of prisoners and those recently released from prison.

Independent living training vouchers

The Committee recommends $46,157,000 for independent living training vouchers. This amount is the same as the fiscal year 2007 funding level and the budget request. These funds support vouchers for college tuition or vocational training for individuals who age out of the foster care system so they can be better prepared to live independently.

Abstinence education

The Committee recommends a program level total of $141,164,000 for the community-based abstinence education program, which is the same as the budget request and $27,764,000 above the fiscal year 2007 level. As requested, $4,500,000 is provided within the total through the evaluation set-aside. The program provides support to public and private entities for implementation of community-based abstinence education programs for adolescents aged 12 through 18 (as defined in Section 510(b)(2) of the Social Security Act). The entire focus of these programs is to educate young people and create an environment within communities that supports teen decisions to postpone sexual activity until marriage. There is no funding match requirement for these grants. The Committee intends that up to 5 percent of these funds be used to provide technical assistance and capacity-building support to grantees. Within the total, up to $10,000,000 may be used to carry out a national Abstinence Education Campaign.

The Committee's recommended increase is part of its initiative to help reduce the number of abortions in America by alleviating the economic pressures and other real life conditions that can sometimes cause women to decide not to carry their pregnancies to term. The increase will provide support for an additional 63 grants over fiscal year 2007. The $27,764,000 increase for the community-based abstinence education program is identical to that recommended for the family planning program.

The Committee urges the Administration for Children and Families (ACF) to utilize the set-aside to ensure that programs around the country are using appropriate and approved curricula that are evidence-based and comply with the appropriate Federal legislation. To that end, the Committee requests ACF to issue a report to the Committees on Appropriation of the House and Senate no later than 90 days after enactment of this Act on the use of the 5 percent set-aside and the intended use of the fiscal year 2008 funds. The Committee also requests ACF to include in this report the funds from the national abstinence education campaign that are being used for training and technical assistance. The Committee reinforces the guidance from its report accompanying the fiscal year 2005 appropriation with respect to the abstinence messages given by the public health entities that are grantees in the community-based abstinence education program and to the conduct of evaluation activities for the program.

The Secretary of Health and Human Services shall require each applicant for financial assistance under the abstinence education program funded under this heading to certify that all materials proposed in the application and funded during the project period of the grant are medically accurate; and a panel of medical experts shall review such grant applications and assess whether the materials proposed are medically accurate.

Faith-based center

The Committee recommends $1,386,000 for the faith-based center. This amount is the same as the budget request and the fiscal year 2007 funding level. The center will support implementation of faith-based and community initiatives in accordance with the President's executive order.

Program direction

The Committee recommends $187,776,000 for program direction expenses for ACF. This is the same as the fiscal year 2007 funding level and $9,449,000 less than the budget request.

Promoting safe and stable families

The Committee recommends $345,000,000 in mandatory funds for the promoting safe and stable families program, which is the same as the fiscal year 2007 funding level and the budget request. The Committee recommends $89,100,000 in discretionary funds for this program, which is the same as the fiscal year 2007 funding level and the budget request.

Payments to States for foster care and assistance

The Committee recommends $5,082,000,000 for payments to States for foster care and adoption assistance. This is $170,000,000 more than the fiscal year 2007 funding level and the same as the budget request. The Committee also includes an advance appropriation of $1,776,000,000 for the first quarter of fiscal year 2009 to ensure timely completion of first quarter grant awards.

Within the total appropriation, including the advance appropriation from the prior year, the Committee recommends $4,593,000,000 for the foster care program to provide maintenance payments to States on behalf of children who must live outside their homes. This amount is the same as the budget request and $118,000,000 more than the fiscal year 2007 funding level.

Within the total appropriation, the Committee recommends $2,159,000,000 for adoption assistance. This is $132,000,000 more than the fiscal year 2007 funding level and the same as the budget request. This program provides training for parents and State administrative staff as well as payments on behalf of categorically eligible children considered difficult to adopt. This annually appropriated entitlement is designed to provide alternatives to long, inappropriate stays in foster care by developing permanent placements with families.

Within the total appropriation for this account, the Committee recommends $140,000,000 for the independent living program. This amount is the same as the fiscal year 2007 funding level and the budget request. The program is designed to assist foster children

age 16 or older to make successful transitions to independence. Funds assist children to earn high school diplomas, receive vocational training, and obtain training in daily living skills. Funds are awarded to States on the basis of the number of children on behalf of whom Federal foster care payments are received.

ADMINISTRATION ON AGING

AGING SERVICES PROGRAMS

For programs administered by the Administration on Aging (AoA), the Committee recommends a total of $1,417,189,000. This is $34,182,000 more than the fiscal year 2007 funding level and $82,043,000 more than the budget request. This agency administers the programs under the Older Americans Act except for the Community Services Employment Program, which is administered by the Department of Labor.

The majority of the funding appropriated to AoA is distributed via statutory formula to States or tribal organizations, including programs for nutrition and family caregiver services. Virtually all other programs award funding as grants using an outside peer review process.

Supportive services and centers

The Committee recommends $357,595,000 for supportive services and centers. This is $7,000,000 above both the fiscal year 2007 funding level and the budget request. Funds for supportive services and centers are awarded to States and territories for in-home and community-based services for frail elderly persons who are at risk of losing their self-sufficiency due to physical or mental impairments. The funds contained in the bill will support a variety of activities including transportation services, information and assistance, and personal care services.

Preventive health

The Committee recommends $21,400,000 for preventive health services. This is the same as the fiscal year 2007 funding level. No funds were requested for this program. These funds are awarded to States and territories to support activities that educate older adults about the importance of healthy lifestyles and promote healthy behaviors that can prevent or delay chronic disease and disability.

The Committee supports strengthening the capacity of community-based organizations dedicated to promoting preventive healthcare services and minimizing health disparities for Asian American and Pacific Islander elders and encourages AoA to continue to work with national organizations to that end.

Protection of vulnerable older Americans

The Committee recommends $20,156,000 for the protection of vulnerable older Americans. This is the same as the fiscal year 2007 funding level and $990,000 more than the budget request. This amount includes funding for both the long-term care ombudsman program and the prevention of elder abuse, neglect, and exploitation program. The former program protects the rights and in-

terests of residents in nursing homes, board and care homes, assisted living facilities, and similar adult care facilities. The latter program trains law enforcement and medical professionals in recognition of and response to elder abuse.

National family caregiver support program

The Committee recommends $156,167,000 for the family caregivers program. This is the same as the fiscal year 2007 funding level and $1,980,000 more than the budget request. The family caregiver program provides formula grants to States to provide a support system in each State for family caregivers. All States are expected to put in place five basic system components as follows: individualized information on available resources; assistance to families in locating services from private and voluntary agencies; caregiver counseling, training and peer support; respite care; and other supplemental services.

The Committee recognizes the efforts of AoA in supporting caregivers of older individuals and older relative caregivers through the national family caregiver support program. Based on recommendations from the 2005 White House conference on aging, the Older Americans Act Amendments of 2006 expanded the national family caregiver support program to include older relative caregivers of adults with disabilities. There are approximately 711,000 caregivers over 60 years of age who are providing care to their adult relatives with life-long developmental disabilities at home. These caregivers include parents, siblings, and other older relatives. Congress intended to include this broad population of older relative caregivers and not limit the program to grandparent caregivers in the case of adult relatives with disabilities. The Committee urges AoA to provide sufficient funds to serve this population of older relative caregivers of adults with disabilities within the national family caregiver support program.

Native American caregiver support program

The Committee recommends $6,428,000 for the Native American caregiver support program. This is $187,000 more than the fiscal year 2007 funding level and the budget request. The program assists Tribes in providing multifaceted systems of support services for family caregivers as well as for grandparents caring for grandchildren.

Nutrition programs

For congregate and home-delivered meals, as well as the nutrition services incentive program, the Committee recommends $758,599,000. This is $23,529,000 more than the fiscal year 2007 funding level and $47,090,000 more than the budget request. The funding distribution for these programs is included in the detailed table accompanying this report. These programs are intended to address some of the difficulties confronting older individuals; namely, nutrition deficiencies due to inadequate income, lack of adequate facilities to prepare food, and social isolation.

The increase provided for congregate and home-delivered nutrition programs, and for the nutrition services incentive program is intended to be a significant first step in properly investing in the

care of the nation's frail elderly. Over the past several years the funding for aging nutrition programs has remained flat despite the fact that the fastest growing population of Americans is those aged 85 and older. The level provided will pay for approximately 3 million additional meals compared to fiscal year 2007 estimates.

Grants for Native Americans

The Committee recommends $26,918,000 for grants for Native Americans. This is $784,000 more than the fiscal year 2007 funding level and the budget request. Grants are distributed to tribal organizations to be used to help Native American elders remain healthy and independent by providing transportation, nutrition, health screening, and other services.

The increase provided for congregate and home-delivered nutrition programs, and for the nutrition services incentive program is intended to be a significant first step in properly investing in the care of the nation's frail elderly. Over the past several years the funding for aging nutrition programs has remained flat despite the fact that the fastest growing population of Americans is those aged 85 and older.

Program innovations

The Committee recommends $10,240,000 for program innovations. This is $13,818,000 less than the fiscal year 2007 funding level and $25,245,000 less than the budget request. Funds under this program are used for competitive grants and contracts to support projects that develop new and promising practices to serve older adults and their families.

The Committee includes the following projects in the following amounts:

Project	Committee recommendation
Allied Jewish Federation of Colorado, Denver, CO for a naturally occurring retirement communities demonstration project	$100,000
Amalgamated Warbasse Houses, Inc., Brooklyn, NY for a demonstration project focusing on supportive service programs in naturally occurring retirement communities	200,000
California Senior Legal Hotline, Sacramento, CA for a demonstration project to increase services to non-English-speaking seniors	80,000
Durham-Chapel Hill Jewish Federation, Durham, NC for a demonstration program to improve assistance to family caregivers	75,000
Howard Brown Health Center, Chicago, IL for the Chicago Elder Project	200,000
Jewish Community Services of South Florida, North Miami, FL for a naturally occurring retirement communities demonstration project	100,000
Jewish Family and Children's Service of Minneapolis, Minnetonka, MI for a naturally occurring retirement community demonstration project	200,000
Jewish Family Service of New Mexico, Albuquerque, NM for a naturally occurring retirement community demonstration project	100,000
Jewish Family Service, Los Angeles, CA for a naturally occurring retirement communities demonstration project in Park La Brea and the San Fernando Valley	300,000
Jewish Family Services of Delaware, Inc., Wilmington, DE for a naturally occurring retirement community demonstration project	100,000
Jewish Federation of Central New Jersey, Scotch Plains, NJ for the naturally occurring retirement community demonstration project	200,000
Jewish Federation of Greater Monmouth County, NJ for a naturally occurring retirement communities demonstration project	200,000
Jewish Federation of Greater New Haven, Woodbridge, CT to develop, test, evaluate, and disseminate an innovative community-based approach to caregiver support services	150,000
Jewish Federation of Middlesex County, South River, NJ for a naturally occurring retirement communities demonstration project	100,000

Project	Committee recommendation
Jewish Social Service Agency, Fairfax, VA for a naturally occurring retirement community demonstration project	150,000
Shenandoah Area Agency on Aging, Front Royal, VA for a model group respite center for persons with Alzheimer's disease and dementia	150,000
United Jewish Communities of MetroWest, NJ, Parsippany, NJ for the Lifelong Involvement for Vital Elders Aging in Place initiative	250,000
University of Florida, Gainesville, FL for a technology demonstration project to assist seniors	100,000

Aging network support activities

The Committee recommends $29,633,000 for aging network support activities. This is $16,500,000 more than both the fiscal year 2007 funding level and the budget request. Included within this funding are five ongoing programs: the national eldercare locator, pension counseling, senior Medicare patrols, the national long-term care ombudsman resource center, and the national center on elder abuse. The Committee is funding the components of the choices for independence initiative within aging network support activities rather than program innovations. These established programs, which began as demonstration projects, provide critical support for the national aging services network.

Within this total, the Committee provides $16,500,000 to implement the newly authorized provisions of the Older Americans Act related to aging and disability resource centers, evidence-based prevention programs, and consumer-directed services targeted at individuals who are at high risk of nursing home placement and spend-down to Medicaid. This is the same as the fiscal year 2007 funding level. The funding included in the budget request for the choices for independence demonstration is for these same activities. This effort builds on and expands support for these successful program innovations administered by AoA over the last four years. The Committee requests that AoA report to the House Committee on Appropriations on the establishment of national standards that will be used to evaluate these three programs, including the performance measures and indicators States must use to track and report on the outcomes and outputs they achieve. AoA should include in future Congressional budget submissions, the number of people served by these programs, funding breakdowns for each program, and on the progress States are making in implementing these activities.

Aging and disability resource centers are currently operating in 43 States and evidence-based disease prevention programs are being implemented in 24 States. The funding provided is intended to sustain and expand these efforts through a coordinated approach that will provide States with enhanced tools for redirecting their long-term care systems to make them more responsive to the needs and preferences of older people and their caregivers. In implementing these activities, the Committee encourages AoA to continue its close partnership efforts with the Centers for Medicare and Medicaid Services, the National Institute on Aging, the Centers for Disease Control and Prevention, and other agencies.

Alzheimer's disease demonstration grants

The Committee recommends $11,668,000 for Alzheimer's disease demonstration grants. This is the same as the fiscal year 2007 funding level. No funds were requested for this program. The program provides competitive grants to States to help them plan and establish programs to provide models of care to individuals with Alzheimer's disease. Funds are used for respite care and supportive services, clearinghouses, training, and administrative costs for State offices. An estimated 70 percent of Americans with Alzheimer's disease live at home, where family members provide the preponderance of care. The Alzheimer's disease demonstration grant program currently supports matching grants to 36 States to help stimulate and coordinate services to assist families caring for Alzheimer patients, particularly those living in underserved rural communities and minorities. Unlike other AoA general service activities, this program is designed to address the unique demands Alzheimer's disease places on families and emphasizes systems change to meet those demands.

Program administration

The Committee recommends $18,385,000 for program administration expenses. This is the same as the fiscal year 2007 funding level and $311,000 less than the budget request. This activity provides administrative and management support for all programs administered by AoA.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

The Committee provides $369,075,000 for general departmental management, which is $12,837,000 above the fiscal year 2007 level and $23,481,000 below the budget request. Included in this amount is authority to spend $5,851,000 from the Medicare trust funds, which is the same as the Administration's request. In addition, the Office of the Secretary has access to $46,756,000 for policy evaluation funding activities under section 241 of the Public Health Service Act.

This appropriation supports those activities that are associated with the Secretary's roles as policy officer and general manager of the Department. The Office of the Secretary also implements Administration and Congressional directives, and provides assistance, direction and coordination to the headquarters, regions and field organizations of the Department. This account also supports the Office of the Surgeon General and several small health promotion and disease prevention activities that are centrally administered.

The Committee includes the following projects in the following amounts:

Project	Committee recommendation
Alma Family Services, Monterey Park, CA to increase access to culturally competent health information to minority populations, which may include the purchase of a fully equipped mobile computer lab/resource unit	$75,000
Bronx-Lebanon Hospital, New York, NY for demonstration project to increase access to health care for low-income minority men in South and Central Bronx	350,000

Project	Committee recommendation
Community-Health Partnership, Santa Clara, CA for its Healthy Women, Healthy Choices project to provide comprehensive health education to underserved women	200,000
Hunterdon Medical Center, Flemington, NJ for its Latino Healthcare Initiative	50,000
Louisiana State University Health Sciences Center, Shreveport, LA for a health literacy program	250,000
Marymount University, Arlington, VA for a project to provide health screenings, referrals and health education at a nurse managed health center for minority populations	70,000
Nassau University Medical Centers, East Meadow, NY for a minority health institute	200,000
National Hispanic Medical Association, Washington, DC for a Hispanic health portal to provide online health education materials	250,000
Prince George's County, Upper Marlboro, MD for a media campaign for pregnant women about health insurance for prenatal care	100,000
St. Luke's Community Free Clinic, Front Royal, VA for activities focused on adult hypertension and dental care	300,000
Thurston-Mason County Medical Society, Olympia, WA for a demonstration project to increase care for non-English-speaking patients	50,000

The Committee recommendation includes $19,157,000 for transformation, readiness and training of the Commissioned Corps, which is $15,000,000 above the fiscal year 2007 level. These additional funds will be used to create and equip dedicated health and medical response teams, and support training, information technology and other transformation activities that will enable the Corps to better respond to public health emergencies.

Area poverty research centers.—The conferees are aware that the area poverty research center grants will expire on September 30, 2008, and expect the Secretary to award new grants on a competitive basis. The bill includes sufficient funds to continue the support of multiple area poverty centers at no less than the fiscal year 2007 level.

Healthcare access for special populations.—The Committee is aware that culturally and linguistically appropriate models of care are critical to reducing health disparities and improving access to healthcare. Furthermore, the Committee understands that Federal agencies are expected to ensure language access in all programs. The Committee requests the Secretary of Health and Human Services (HSS) to submit a report to the House and Senate Committees on Appropriations not later than one year after the enactment of this Act that includes a description and evaluation of the activities carried out across HHS to ensure that every sector of society has knowledge of and access to health and human services programs; a description and analysis of best practices, model programs, guidelines, and other effective strategies to improve cultural and linguistic access; a description of the effect of providing language services on quality of healthcare and access to care; and a description of the costs associated with and savings related to the provision of language services.

Interagency autism coordinating committee.—The Committee recommendation includes funds to support the Interagency Autism Coordinating Committee (IACC) that will coordinate all efforts with the Department of Health and Human Services concerning autism spectrum disorders, as authorized under the Combating Autism Act of 2006 (P.L. 109–416). The IACC will be responsible for developing a strategic plan for autism spectrum disorder research. The Committee looks forward to reviewing this strategic plan after it is developed.

Food allergy.—The Committee notes that approximately three million children under the age of eighteen suffer from food allergies. There are no federal guidelines concerning the management of life-threatening food allergies in a school setting. The Committee encourages the Secretary, working with the Secretary of Education, to develop a policy to be used on a voluntary basis to manage the risk of food allergy and anaphylaxis in schools within six months of the enactment of this law. These guidelines should include but not be limited to detailing emergency treatment procedures in the event of anaphylaxis or other food allergy reaction, strategies to reduce the risk of exposure to anaphylactic causative agents in classrooms and common school areas such as the cafeteria, and the authorization of school personnel to administer epinephrine when the school nurse is not immediately available. Funding is provided under the Centers for Disease Control and Prevention to support these activities.

Preterm birth.—The Committee encourages the Surgeon General to convene a conference on preterm birth and produce a report establishing a public-private agenda to expedite the identification of and treatments for the causes and risk factors for preterm labor and delivery as authorized by the PREEMIE Act (P.L. 109–450).

Sodium.—The Committee encourages the Secretary to explore funding a study by the Institute of Medicine of the National Academy of Sciences that will examine and make recommendations regarding various means that could be employed to reduce dietary sodium intake to levels recommended by the Dietary Guidelines for Americans. These should include, but not be limited to, actions by food manufacturers, such as new product development and food reformulation, and governmental approaches, such as regulatory, legislative approaches, and public and professional information and education. In addition, the Committee encourages the Secretary to request a report from the Surgeon General on ways in which the department could strengthen its activities pertaining to health issues related to salt.

Steroid use.—The Committee supports education efforts to demonstrate the consequences of using performance-enhancing drugs. The Department of Health and Human Services should undertake a comprehensive campaign to educate youth on the dangers of steroid use for 5th through 8th graders, an education campaign authorized in the Anabolic Steroid Control Act of 2004.

Adolescent family life

The Committee provides $30,307,000 for the Adolescent Family Life program, which is the same as the 2007 level and the budget request. The program provides comprehensive and integrated approaches to the delivery of care services for pregnant and parenting adolescents, and prevention services that promote abstinence from sexual activity among non-parenting teens. Under the Committee recommendation, the Administration will be able to support approximately 76 discretionary demonstration grants in fiscal year 2008. The bill includes a provision requiring funds for prevention demonstrations to be available for abstinence education activities under section 510(b)(2) of the Social Security Act, as requested by the Administration.

Office of minority health

The Committee provides $49,284,000 for the Office of Minority Health (OMH), which is $4,171,000 below the fiscal year 2007 amount and $5,509,000 above the budget request. The bill does not include funding for a one-time project costing $5,000,000 in fiscal year 2007. Excluding this project, the bill provides a $829,000 increase over fiscal year 2007 for ongoing activities.

The OMH works with Public Health Service agencies and other agencies of the Department to address the health status and quality of life for racial and ethnic minority populations in the United States. OMH develops and implements new policies; partners with States, tribes, and communities through cooperative agreements; supports research, demonstration, and evaluation projects; and disseminates information.

Historically black medical schools.—The Committee continues to be concerned about the diminished partnership between OMH and the nation's historically black medical schools. Consistent with previous recommendations, the Committee encourages OMH to: (1) reestablish its unique cooperative agreement with Meharry Medical College; (2) develop a formal partnership with the Morehouse School of Medicine and its National Center for Primary Care; and (3) coordinate a response to the challenges facing the Charles R. Drew University of Medicine and Science, including expanded opportunities for biomedical research and support for residency training faculty. The Committee requests a report on the status of these activities by January 1, 2008.

Minority male consortium.—The Committee continues to recognize the importance of the educational and preventive health work being undertaken and implemented in campus and community-based projects by the five historically black colleges and universities in the New Minority Males Consortium, Inc. The Committee bill includes additional resources over the budget request to enable the OMH to expand the number of participating institutions, as well as to enhance the resources received by each of the institutions to increase their activities and to conduct the national comparative study of the incidence of certain health conditions and diseases among minority males.

Obesity awareness and prevention.—The Committee encourages the OMH to continue its effort to partner with organizations that are focused on collaborative efforts to eliminate health disparities by, among other things, raising awareness of obesity as a public health epidemic and removing barriers to obesity prevention through culturally competent community education and helping to create community environments that facilitate equal access to healthy lifestyles.

Office on women's health

The Committee provides $28,800,000 for the Office on Women's Health (OWH), which is $554,000 above the fiscal year 2007 level and $1,431,000 above the budget request. The (OWH) advises the Secretary and provides Department-wide coordination of programs focusing specifically on women's health.

Centers of excellence.—Multidisciplinary centers of excellence in women's health were established in 1996 to develop standards of

excellence in women's health care, research, leadership, training and education. The 48 institutions from 40 States and Puerto Rico that have been designated as centers of excellence participate in one of five model programs developed by the OWH to provide comprehensive, integrated, interdisciplinary and coordinated women's health care: national centers of excellence in women's health, national community centers of excellence in women's health, ambassadors for change, region VIII demonstration projects, and rural frontier women's health coordinating centers. This network has successfully leveraged significant public and private funding across all 48 sites. The Committee urges OWH to maintain the center of excellence designation and the existing structure of this innovative initiative, and to reconsider its decision to discontinue funding for these centers of excellence.

HIV/AIDS in minority communities

The Committee provides $51,891,000 to be available to the Secretary to transfer to the Department's operating agencies for specific program activities to address the high-priority HIV prevention and treatment needs of minority communities. This is the same as the fiscal year 2007 level and the budget request. These funds are provided to promote an effective culturally competent and linguistically appropriate public health response to the HIV/AIDS epidemic.

Within the total provided, the Committee expects that activities that are targeted to address the growing HIV/AIDS epidemic and its disproportionate impact upon communities of color, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders, will be supported at no less than last year's funding level.

Afghanistan

The Committee recommends $5,941,000, which is $49,000 above the fiscal year 2007 level and the same as the budget request. These funds will be used for the joint Department of Defense and HHS initiative to improve the largest women's hospital in Kabul, Afghanistan and to create four satellite teaching clinics. Bill language is included identifying the amount of assistance and citing as authority the Afghanistan Freedom Support Act of 2002.

Embryo adoption awareness campaign

The Committee includes $1,980,000 for the embryo adoption awareness campaign, which is the same as the fiscal year 2007 level and the Administration request. These funds will be used to educate Americans about the existence of frozen embryos (resulting from in-vitro fertilization) which may be available for donation/adoption.

OFFICE OF MEDICARE HEARINGS AND APPEALS

The Committee provides $65,000,000 for this Office, which is $5,273,000 above the fiscal year 2007 level and $5,000,000 below the Administration request. This office supports hearings at the administrative law judge level, the third level of Medicare claims appeals. The increase over the 2007 level will support an additional

administrative law judge and attorneys, as well as legal and administrative activities, to continue the timely adjudication of all Medicare appeals.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

The Committee provides $61,302,000 for the health information technology office, of which $13,302,000 is available in budget authority and $48,000,000 is available in program evaluation tap funding. This total is the same as the amount made available in fiscal year 2007 and $56,570,000 below the Administration request. In addition, $45,000,000 is provided for health information technology activities in the Agency for Healthcare Research and Quality (AHRQ). This AHRQ activity is the same as the budget request and the fiscal year 2007 level.

This program was established to bring together decision-makers to develop standards for modern health information technology, to devise certification procedures for health IT solutions, to develop a secure nationwide health information network architecture, and to develop policy and technology solutions that provide adequate privacy protections for personal health information. The ultimate goal is the secure, accurate, and rapid exchange of interoperable electronic health information throughout a nationwide health information network. The office of the national coordinator for health information technology is responsible for promoting the use of electronic health records in clinical practice, coordinating federal health information systems, and collaborating with the private sector to develop standards for a nationwide interoperable health information technology infrastructure.

The Committee has not provided the full budget request for health information technology due to concerns that this office has yet to develop a detailed and integrated implementation plan for achieving the health information technology program's strategic goals, as recommended by the General Accounting Office. The Committee requests that, no later than March 1, 2008, the Secretary submit a report to the House and Senate Committees on Appropriations that provides an implementation plan for health information technology (including related activities funded through the Agency for Healthcare Research and Quality and the Centers for Disease Control), which includes performance benchmarks, milestones, and timelines for achieving program objectives. This report should also identify the resource requirements for achieving specific performance benchmarks.

In addition, the Committee requests that the Secretary develop and make available for public comment, not later than March 1, 2008, a privacy and security framework that will establish trust among consumers and users of electronic personal health information and will govern all efforts to advance electronic health information exchange. The framework shall address generally accepted fair information practices, including transparency; specifying the purposes of any data collection; collecting only what is necessary for that purpose; adhering to the uses agreed to by the individual; allowing individuals to know and have a say in who and how their information is used; maintaining the integrity of the data; security;

audit; strong oversight; and appropriate remedies in the event of breach or misuse. The development of this framework should include participation by affected stakeholders and be conducted with adequate opportunity for public comment and review.

The Committee requests that the Secretary report to the House and Senate Committees on Appropriations on the development and implementation of this framework by no later than June 30, 2008. This report shall describe the appropriate enforcement mechanisms to assure general conformity with the privacy and security framework, including how various enforcement tools, such as federal and state statutes, government procurement policy, third-party certification, self-attestation, business contracts, and FTC enforcement of public claims, may assist in achieving general adoption of the privacy framework. The Secretary's report should also include any appropriate recommendations for Congressional or executive action.

The Committee requests that the Secretary issue, after an appropriate public comment and review period, such rules, regulations, and technical requirements as may be needed to assure implementation of the privacy and security framework, consistent with the report to Congress. The Committee further requests that the Secretary ensure that any Federally endorsed or funded standards development and harmonization or product certification products be developed consistent with all elements of the privacy and security framework.

OFFICE OF THE INSPECTOR GENERAL

The Committee provides $44,687,000 for the Office of the Inspector General (OIG), which is $4,879,000 above the fiscal year 2007 level and the same as the budget request. Permanent appropriations for this office are contained in the Health Insurance Portability and Accountability Act of 1996, as well as the Deficit Reduction Act of 2005. Total funds provided between this bill and the permanent appropriations would be $266,105,000 in fiscal year 2008.

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

OFFICE FOR CIVIL RIGHTS

The Committee provides $37,062,000 for the Office of Civil Rights (OCR), which is $2,153,000 more than the fiscal year 2007 level and the same as the budget request. This includes authority to transfer $3,314,000 from the Medicare trust funds.

The OCR is responsible for enforcing civil rights statutes that prohibit discrimination in health and human services programs. OCR implements the civil rights laws through a compliance program designed to generate voluntary compliance among all HHS recipients.

NONRECURRING EXPENSES FUND

The bill does not include new language proposed by the Department to establish a nonrecurring expenses fund to capture unobligated balances from discretionary accounts prior to cancellation. While the existence of these balances points to the need for better management of grants and contracts by the Department's various operating divisions, the Committee may reconsider this proposal in the future.

MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

The Committee provides an estimated $402,542,000 for medical benefits for commissioned officers of the U.S. Public Health Service. This is the same as the Administration request and $31,844,000 above the fiscal year 2007 amount.

This account provides for retirement payments to U.S. Public Health Service officers who are retired for age, disability or length of service; payments to survivors of deceased officers; medical care for active duty and retired members and dependents and beneficiaries; and for payments to the Social Security Administration for military service credits.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

(INCLUDING TRANSFER OF FUNDS)

The Committee provides $1,705,382,000 for the public health and social services emergency fund (PHSSEF) to support a comprehensive program to prepare for and respond to the health and medical consequences of all public health emergencies, including bioterrorism, and to support the activities in preparing for an influenza pandemic. This is $988,062,000 more than the fiscal year 2007 funding level and $48,355,000 less than the budget request.

The Office of the Assistant Secretary of Preparedness and Emergency Response (ASPR) administers programs funded through the PHSSEF via competitive contract, grant, or cooperative agreement to States or private organizations. Some programs are funded through administratively-determined formulas to States, such as the hospital preparedness cooperative agreement grants program. Small amounts of funding have been awarded on a non-competitive basis where there was only one natural partner or at the behest of Congress.

Office of the Assistant Secretary for preparedness and response

The Committee recommends $738,909,000 for activities administered by the Office of the Assistant Secretary for preparedness and response (ASPR). This is $42,897,000 more than the fiscal year 2007 funding level and $11,842,000 less than the budget request. The Pandemic Preparedness and All-Hazards Preparedness Act, enacted into law in December of 2006, created this new Assistant Secretary and office. Additionally, many of the programs and activities funded in this appropriation were funded elsewhere in previous years. ASPR is responsible for coordinating national policies and plans for medical and public health preparedness and for administering a variety of public health preparedness programs, in-

cluding the national disaster medical system, the hospital preparedness cooperative agreement program, BioShield management, and the advanced research development program authorized by the biomedical advanced research and development authority (BARDA).

Within the total provided for ASPR, the Committee recommends the following amounts:

$53,000,000 for the national disaster medical system, as requested—this activity was transferred from the Department of Homeland Security in fiscal year 2007;

$450,991,000 for the hospital preparedness cooperative agreement grants program, which is $43,148,000 more than the budget request—this program was transferred from the Health Resources and Services Administration in fiscal year 2007 (not included within the total is funding for a surge capacity demonstration program);

$6,000,000 for the emergency systems for advance registration of volunteer health professionals program, as requested—this program was transferred from the Health Resources and Services Administration in fiscal year 2007;

$139,500,000 for advanced research and development, which is $49,500,000 less than the budget request—this activity, including $99,000,000 in funding, is being transferred from the National Institutes of Health in the fiscal year 2007 emergency supplemental bill (P.L. 110–28); and,

$22,363,000 for BioShield management, as requested—this activity previously had been funded through the strategic national stockpile appropriation within the Centers for Disease Control and Prevention.

Anthrax.—The Committee is concerned about significant biological threats facing the nation, particularly anthrax. The Committee is further concerned that the Department of Health and Human Services (HHS) seems to be far away from filling the Strategic National Stockpile as authorized by Project BioShield. The Committee recognizes HHS's efforts to develop a next generation anthrax vaccine. However, given the recent failure to add doses of an experimental anthrax vaccine to the Strategic National Stockpile, the Committee urges HHS to continue to give FDA-approved projects priority in procurement. Furthermore, the Committee recognizes the importance of maintaining a domestic supply of vaccine and building a diversified manufacturing base and encourages HHS to continue to support the development of a domestic biodefense infrastructure and urges ASPR to accelerate the issuance of anthrax therapy and vaccine requests for proposals under project BioShield.

Preparedness data.—Ensuring national preparedness requires regular review of the preparedness efforts of each State. The Committee urges ASPR to collect and review State-by-State data on benchmarks and performance measures developed pursuant to the provisions of the Pandemic and All-Hazards Preparedness Act and to make these data available to Congress, State and local public health departments and governments, and the public. The Committee further urges that as ASPR collects and evaluates State pandemic response plans that results of these evaluations be made available to the Congress and to the public.

Surge capacity.—The Committee is concerned that not enough is being done at the State or Federal level to build up medical surge capacity for use during a pandemic or other public health emergency. The Committee urges ASPR, in consultation with medical and public health experts, to develop benchmarks of State readiness for medical surge capacity.

Trauma centers.—In its CDC-funded September 2006 report, "U.S. Trauma Center Preparedness for a Terrorist Attack," a panel of experts assessed 175 trauma centers and made a number of recommendations with regard to planning and preparedness, communication and information sharing, resource allocation, and surge and decontamination capacities, among others. The report also noted the need to create sources of sustainable prospective funding for these purposes. The Committee strongly urges ASPR to review these recommendations and to incorporate them into the hospital preparedness cooperative agreement grants program.

Office of public health and science

The Committee recommends $9,318,000 for the medical reserve corps (MRC) program, which is the same as the fiscal year 2007 funding level and $5,795,000 less than the budget request. The mission of the MRC is to improve the health and safety of communities across the country by organizing and utilizing public health, medical, and other volunteers. MRC members are identified, credentialed, trained, and prepared in advance of an emergency, and are utilized throughout the year to improve the public health system.

Assistant Secretary for resources and technology

The Committee recommends $9,064,000 for the Office of the Chief Information Officer, under the Assistant Secretary for resources and technology, for information technology cyber-security. This is the same as the fiscal year 2007 funding level and $918,000 less than the budget request. This funding goes to projects aimed at preventing, detecting, and responding to security events.

Office of the Secretary

The Committee recommends $948,091,000 for public health preparedness activities administered by the Office of the Secretary, which is $29,800,000 less than the budget request. No funding was provided for the Office of the Secretary within this account in fiscal year 2007.

Pandemic influenza

The Committee recommends $948,091,000 for pandemic influenza preparedness activities of the Secretary of HHS, which is the same as the budget request. No funding has been provided to the Office of the Secretary for pandemic influenza in previous regular appropriation bills, although the Congress included $5,657,000,000 for Department of Health and Human Services pandemic influenza preparedness and response activities in the fiscal year 2006 emergency supplemental appropriations bills. Of that total, approximately $2,500,000,000 remains available for obligation. In addition, the Committee provides $193,081,000 for non-emergency, on-going

pandemic influenza activities within the Centers for Disease Control and Prevention and the National Institutes of Health. The Committee includes bill language, as requested, that permits the Secretary to transfer funds to other HHS accounts for the purpose of pandemic influenza preparedness and response.

Within the total, the Committee recommends $870,000,000, to be available until expended, for activities including the development and purchase of vaccine, antivirals, necessary medical supplies, diagnostics, and other surveillance tools. The Committee also includes bill language, as requested, that permits the Secretary to deposit products purchased with these funds in the strategic national stockpile and that funds may be used, as deemed necessary by the Secretary, for the construction or renovation of privately owned facilities for the production of pandemic vaccine and other biologicals.

Within the total, the Committee recommends $78,091,000 to support ongoing activities, including: ensuring effective communications, global and domestic pandemic preparedness and planning, international in-country advanced development and industrialization of human pandemic influenza vaccines, advanced development of rapid tests and detection, and management and administration.

World Trade Center

The Committee does not include funding within the Office of the Secretary for treatment of World Trade Center responders; instead $50,000,000 is provided under the Centers for Disease Control and Prevention's National Institute for Occupational Safety and Health (NIOSH). Current Federal funding for the treatment and monitoring activities of rescue and recovery personnel who responded to the World Trade Center site of the September 11, 2001 attacks are administered by NIOSH. Further, the Congress provided an additional $50,000,000 for World Trade Center health monitoring and treatment to NIOSH in the fiscal year 2007 emergency supplemental appropriation (P.L. 110–28).

The Committee is concerned that, more than five years after the September 11, 2001 terrorist attacks on the U.S. and after multiple requests from Members of Congress, the Department of Health and Human Services still has not developed a long-term, comprehensive plan to medically monitor all individuals who were exposed to the toxins at the World Trade Center (WTC) site following the terrorist attacks of 9/11 and provide comprehensive medical services for those experiencing illnesses or injuries as a result of the WTC exposures.

Accordingly, the Committee directs the Secretary of Health and Human Services, together with the Director of NIOSH, and in consultation with the Secretary of Labor, to submit a report to the House and Senate Committees on Appropriations, and relevant authorizing committees, that includes a long-term, comprehensive Federal plan for monitoring, screening, analysis, and medical treatment for all individuals who were exposed to the toxins at the World Trade Center site, using a centers of excellence model of service delivery, as already established under the current program. This plan shall also address issues of long-term medical care, worker compensation, income security, and disability benefits for affected individuals and liability issues for the city of New York and

its contractors. The Committee intends that this plan take into account all affected individuals, including emergency rescue, recovery, and clean up personnel; volunteers who responded to the attacks on the World Trade Center, including police officers, firefighters, emergency medical technicians, and transit workers; and other individuals who lived, worked, or attended school, child care, or adult day care in the New York City disaster area; and any other individuals whom the Secretary determines to be appropriate for inclusion.

The report shall include annual and long-term cost estimates of providing monitoring, screening, analysis, medical treatment, workers' compensation, income security, and disability services. In addition, the report shall include recommendations for new legislation, as appropriate, and be submitted not later than four months after the enactment of this Act.

Healthcare provider credentialing

The Committee does not include funding to start a new program for healthcare provider credentialing. The budget requested $3,300,000 for this activity. The Committee believes a better use of resources is the expansion of the ongoing credentialing program operated by ASPR (formerly HRSA) to permit cross-State credentialing.

Covered countermeasure process fund

The Committee includes $5,000,000, to remain available until expended, for the compensation fund established by the Public Readiness and Emergency Preparedness (PREP) Act. The Committee intends that funding be used to provide compensation to individuals harmed by the administration or use of the H5N1 influenza vaccine covered by the PREP Act declaration made by the Secretary of Health and Human Services on January 26, 2007.

GENERAL PROVISIONS

Sec. 201. The Committee continues a provision to limit the amount available for official reception and representation expenses.

Sec. 202. The Committee continues a provision to limit the number of Public Health Service employees assigned to assist in child survival activities and to work in AIDS programs through and with funds provided by the Agency for International Development, the United Nations International Children's Emergency Fund, or the World Health Organization.

Sec. 203. The Committee continues a provision to limit the salary of an individual through an NIH, AHRQ, or SAMHSA grant or other extramural mechanism to not more than the rate of Executive Level I.

Sec. 204. The Committee includes a provision limiting the compensation of an individual working in Head Start to the Federal Executive Level II salary.

Sec. 205. The Committee continues a provision to prohibit the Secretary from using evaluation set-aside funds until the Committee receives a report detailing the planned use of such funds.

Sec. 206. The Committee continues a provision permitting the Secretary to use up to 2.4 percent of funds authorized under the PHS Act for the evaluation of programs.

(TRANSFER OF FUNDS)

Sec. 207. The Committee continues a provision permitting the Secretary of HHS to transfer up to one percent of any discretionary appropriation from an account, provided that no appropriation is increased by more than three percent by any such transfer.

(TRANSFER OF FUNDS)

Sec. 208. The Committee continues a provision to provide the Director of NIH, jointly with the Director of the Office of AIDS Research, the authority to transfer up to three percent of human immunodeficiency virus funds.

(TRANSFER OF FUNDS)

Sec. 209. The Committee continues a provision to make NIH funds available for human immunodeficiency virus research available to the Office of AIDS Research.

Sec. 210. The Committee continues a provision to prohibit the use of Title X funds unless the applicant for the award certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.

Sec. 211. The Committee continues a provision stating that no provider of services under title X shall be exempt from any state law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

Sec. 212. The Committee continues a provision related to the Medicare Advantage program.

Sec. 213. The Committee continues a provision to exempt States from Synar provisions if certain funding criteria are met.

Sec. 214. The Committee continues a provision to allow funding for CDC international HIV/AIDS and other infectious disease, chronic and environmental disease, and other health activities abroad to be spent under the State Department Basic Authorities Act of 1956.

Sec. 215. The Committee continues a provision granting authority to the Office of the Director of the National Institutes of Health (NIH) to enter directly into transactions in order to implement the NIH Roadmap for medical research and permitting the Director to utilize peer review procedures, as appropriate, to obtain assessments of scientific and technical merit.

Sec. 216. The Committee continues a provision that permits the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry to transfer funds that are available for Individual Learning Accounts to "Disease Control, Research, and Training".

Sec. 217. The Committee includes a provision requiring NIH-funded authors to deposit final, peer-reviewed manuscripts in the

National Library of Medicine's PubMed Central database within twelve months of the official date of publication.

The provision also requires that NIH implement the policy in a manner consistent with copyright law.

Sec. 218. The Committee includes a provision requested by the Administration clarifying that funds appropriated to NIH institutes and centers may be used for minor repairs or improvements to their buildings, up to $2,500,000 per project with a total limit for NIH of $35,000,000.

Sec. 219. The Committee recommends new language precluding funds to administer an influenza vaccine to children under 3 years of age during the 2008–2009 influenza season that contains thimerosal.

TITLE III—DEPARTMENT OF EDUCATION

EDUCATION FOR THE DISADVANTAGED

The Committee recommends $16,016,318,000 for the education for the disadvantaged programs. This amount is $1,290,725,000 more than the fiscal year 2007 appropriation. Of the total amount available, $7,698,807,000 is appropriated for fiscal year 2008 for obligation after July 1, 2008 and $8,136,218,000 is appropriated for fiscal year 2009 for obligation on or after October 1, 2008. This appropriation account includes compensatory education programs authorized under title I of the Elementary and Secondary Education Act of 1965 and title IV of the Higher Education Act.

Grants to local educational agencies

Of the amounts provided for title I programs, $6,808,971,000 is available for basic grants to local education agencies. This amount is $563,000 more than the fiscal year 2007 funding level and the budget request.

Funding for concentration grants, which targets funds to local educational agencies in school districts with high levels of disadvantaged children, is $1,365,031,000, which is the same as last year and the request level.

The Committee recommends $3,094,562,000 for targeted grants, which is $762,219,000 more than last year and $372,056,000 less than the request.

A total of $3,094,260,000 is included for education finance incentive grants, which is $761,917,000 more than last year's level and $824,417,000 more than the budget request.

The Committee recommends an increase of $1,524,699,000 for title I grants to school districts for low-income children. These funds, together with an additional $375,000,000 included in the bill for the title I school improvement fund, provide a total increase of $1,899,699,000 for title I schools—the largest increase in the history of the program. More than 8 million low-income children qualify for title I assistance, but fewer than half of these children are fully funded under NCLB. Providing additional resources so that these children can overcome the effects of poverty to succeed in school and in life is one of the Committee's highest priorities in the bill.

Title I grants are the engine behind NCLB reforms, which were enacted in January 2002 to ensure that all children receive a high quality public education. NCLB requires public schools to steadily raise achievement and to close the achievement gap for minority, poor, and special needs children. However, since the bipartisan enactment of NCLB, the gap between the resources promised for reforms and the resources actually provided has grown larger each year. The Committee's recommendation is another step toward reversing these funding shortfalls by providing resources to serve an additional 161,000 low-income children.

The Committee's recommended increase for title I should be used to support scientifically-based reading instruction for low-income, low-performing students most in need of those programs. The Committee expects the Department to take the necessary steps to ensure that high quality reading instruction is provided in all title I schools. The Committee prefers to support reading programs under title I rather than under reading first State grants because of its extreme dissatisfaction with the Department's mismanagement of the reading first program which has resulted in serious conflicts of interest and violations of Federal law.

Even start

The Committee provides $99,000,000 for even start, which is $16,717,000 more than the fiscal year 2007 funding level. The Administration did not request funding for this program. Even start provides grants to States for programs focusing on the education of low-income families, including parents eligible for services under the Adult Education and Family Literacy Act and their children, aged birth-7 years. These parents are not in school, are above the State's compulsory school attendance age limit, and have not earned a high school diploma (or equivalent). The Committee does not agree with the funding cut implemented by the Administration in fiscal year 2007 or the Administration's proposal to terminate the program in fiscal year 2008. The funds included in the bill will restore even start funding to its fiscal year 2006 level.

School improvement grants

The Committee provides $500,000,000 for school improvement grants, which is $375,000,000 more than the fiscal year 2007 funding level and the same as the budget request. This formula grant program will make awards to States to provide assistance for local school improvement activities required for title I schools that do not make adequate yearly progress for at least two consecutive years.

The Committee provides the $500,000,000 for school improvement grants in anticipation of a rising number of schools identified for improvement. The Department of Education reports that the number of schools identified for improvement nationwide grew from 9,071 in the 2005–2006 school year to 10,214 in the 2006–2007 school year. The Department projects that the number of schools identified for restructuring alone could double by fiscal year 2008. The resources provided in the bill demonstrate the Committee's commitment to ensuring that chronically low-performing schools that have the greatest challenges—the least experienced teachers,

lower teacher salaries, and higher teacher turnover—have the assistance they need to improve student performance. Under the Committee recommendation, as many as 10,000 school districts could receive additional funds for these struggling schools.

Reading first State grants

The Committee recommends $400,000,000 for reading first State grants, which is $629,234,000 less than the fiscal year 2007 funding level and $618,692,000 less than the budget request. This program provides assistance to States and school districts in establishing research-based reading programs for children in kindergarten through grade three.

The Committee's recommendation reflects its extreme dissatisfaction with the Department's mismanagement of this program, which has resulted in serious conflicts of interest and violations of Federal law. These unacceptable problems have been documented by the Department of Education, Office of Inspector General (OIG). For example, in September, 2006, the OIG analyzed hundreds of Department emails and concluded that the Department's program officials failed to maintain a controlled environment that exemplified management integrity and accountability (Office of Inspector General, U.S. Department of Education, Final Inspection Report, The Reading First Program's Grant Application Process (2006)).

After further investigation of reading first, the OIG found that program administrators improperly promoted commercial reading programs potentially in violation of Federal law (Office of Inspector General, U.S. Department of Education, Final Inspection Report, The Department's Administration of Selected Aspects of the Reading First Program (2007)).

For example, the Madison School District in Wisconsin had substantial data demonstrating that its students were learning at the rate that reading first was aiming for. Nonetheless, the district lost its $2,000,000 reading first grant when the district would not purchase the unproven commercial reading program promoted by the Department of Education's contractors. Across the country, including in Illinois, Kentucky, Massachusetts, Maine and New Jersey, States and districts with programs that were not on the Department's preferential list were either rejected for grants or pressured to change their methods even though some argued, as did Wisconsin, that their programs met the law's standard. This is the type of pressure that the OIG found to be in potential violation of Federal law.

Finally, the OIG found significant bias and conflicts of interest on the part of those hired to provide technical assistance to States, potentially in violation of Federal law (Office of Inspector General, U.S. Department of Education, Final Inspection Report, RMC Research Corporation's Administration of Reading First Program Contracts (2007)). The Committee is particularly disturbed by the OIG's findings that indications of bias relating to technical assistance providers were prevalent as early as 2002 (Id.).

The seriousness of the OIG's findings is underscored by reports that the office has made criminal referrals to the Justice Department as a result of his investigation.

At the same time that the Department of Education was promoting certain reading products that lacked evidence of their validity, reading programs such as Reading Recovery and Success for All with strong evidence of effectiveness, according to the Department's own What Works Clearinghouse, were virtually shut out of reading first. In fact, Department of Education data show that schools without Reading First funds were more likely to use Reading Recovery and Success for All—proven approaches—than were schools receiving reading first grants.

The Committee is displeased that the Department has attempted to paper over these transgressions by pointing to a modest rise in the nation's reading scores. Because only a tiny share—about 6 percent—of all schools in the country receive reading first funds, the Committee questions the suggestion that reading first is responsible for those results. The Committee notes that the reading first program currently is being evaluated based on its performance in raising student achievement. That evaluation is not yet complete. Further, the Committee does not know how effective the program would have been had States and school districts been permitted to choose from a wider array of reading programs that are, in fact, based on solid evidence of effectiveness.

The Committee finds that (1) Congress must fundamentally reform the reading first program through the reauthorization of the No Child Left Behind Act; (2) the Department must reform its management of the program, including the removal of individuals, contractors, and subcontractors who have a financial interest in products or services purchased with reading first funds; and (3) there must be a final, scientifically rigorous impact evaluation of the program before the Committee will make another large investment of valuable resources into the program.

The Committee notes that, as the program is subject to reauthorization this year, fiscal year 2007 is the final year of funding for the current cohort of reading first schools. Therefore, the Committee's recommendation should not impact funding for existing grantees. Fiscal year 2008 funds will support a new cohort of schools that will be selected based on new State competitions. Further, the Committee expects that the significant increase recommended for title I grants will be used to support scientifically-based reading instruction for low-income, low-performing students most in need of those programs.

Early reading first

The Committee recommends $114,550,000 for early reading first, which is $3,116,000 less than the fiscal year 2007 funding level and the budget request. This is a competitive grant program targeted toward children from birth through age five, and supports the development of verbal skills, phonetic awareness, pre-reading development, and assistance for professional development for teachers in evidence-based strategies of instruction. All of the fiscal year 2008 funds will be used for up to 36 new discretionary awards, which will serve approximately 7,300 children and 600 teachers.

The Committee agrees with the Administration's finding that there is substantial overlap between early reading first and the early childhood educator professional development program, and

that the two programs should be consolidated. Therefore, the Committee recommendation does not provide fiscal year 2008 funding for the early childhood educator professional development program. The Committee expects the Department to strengthen professional development partnerships for early childhood educators through grants awarded under early reading first.

The Committee has learned that several school districts were not informed of their eligibility to compete for early reading first grants until March 7, 2007, yet were given a preapplication deadline of March 23, 2007—a mere two weeks later. When the Department of Education originally announced national grant eligibility on January 22, 2007, some school districts were mistakenly not included on the list of eligible districts. Following the original application deadline on February 21, 2007, the Department issued a modification on March 7, 2007, announcing an error in the list of eligible districts and reopened the preapplication phase of the competition for a only 16 days.

The Committee understands that the Department may not have been at fault for the omission of several eligible districts. However, once the Department was made aware of the omission, it should have extended the deadline for a reasonable period. The Committee requests that the Department inform it, in writing, prior to the next grant competition of what it believes to be the best practice for determining whether, and for how long, grant deadlines should be extended to accommodate error and thus ensure a fair competition.

The Committee supports and understands the need for the early reading first program. The program has a strong research component. The Committee notes that research on the effectiveness of preschool curricula is one of the research priorities identified by the Institute of Education Sciences (IES). The bill provides $157,552,000 for research conducted by IES. The Committee believes that IES should be the primary place within the Department where research on educational interventions is conducted and has provided sufficient resources within the IES account to continue its research on preschool education.

Striving readers

The Committee recommends $31,870,000 for striving readers, which is $68,130,000 less than the budget request and the same as the fiscal year 2007 funding level. Striving readers makes competitive grants to develop, implement, and evaluate reading interventions for middle- or high-school students who are reading significantly below grade level. These funds will support all continuation awards.

The Committee supports and understands the need for the striving readers program, but it believes that it is essentially a research activity. The Committee notes that research on interventions for struggling adolescent and adult readers is one of the research priorities identified by the Institute of Education Sciences (IES). The bill provides $157,552,000 for research conducted by IES. The Committee believes that IES should be the primary place within the Department where research on educational interventions is con-

ducted and has provided sufficient resources within the IES account to expand research on adolescent reading.

Math now

The bill does not provide $250,000,000 as requested by the Administration for two new programs, math now for elementary school students and math now for middle school students. The Committee supports efforts to improve mathematics instruction but has concerns about beginning additional programs when ongoing programs exist that target math and science instruction. In addition, the Committee provides funding for the national mathematics panel to develop mathematics content and principles for programs like math now.

The Committee notes that research on mathematics instruction and assessments is one of the research priorities identified by the Institute of Education Sciences (IES). The bill provides $157,552,000 for research conducted by IES. The Committee believes that IES should be the primary place within the Department where research on educational interventions is conducted and has provided sufficient resources within the IES account to expand research on mathematics interventions.

Literacy through school libraries

The Committee recommends $19,486,000 for literacy through school libraries, the same as the budget request and $1,000 more than the fiscal year 2007 funding level. This program helps school districts provide students with increased access to up-to-date school library materials; a well-equipped, technologically advanced school library media center; and well-trained and professionally certified school library media specialists.

America's opportunity scholarships and promise scholarships

The Committee does not recommend funding for the promise scholarships and America's opportunity scholarships program proposed by the Administration at $250,000,000 and $50,000,000, respectively. These proposed programs would provide parents with funds either to send their children to private schools or receive intensive tutoring assistance. Instead, the Committee demonstrates its commitment to improving low-performing schools by investing $500,000,000 to turn those schools around not only for the benefit of current students but for the benefit of younger children progressing through the school system.

State agency programs: migrant

The Committee recommends $393,900,000 for the migrant education program. This amount is $7,376,000 more than the fiscal year 2007 funding level and $13,605,000 more than the budget request. This program supports special educational and related services to children of migratory agricultural workers and fishermen, including (1) supplementary academic education; (2) remedial or compensatory instruction; (3) English for limited English proficient students; (4) testing; (5) guidance counseling; and (6) other activities to promote coordination of services across States for migrant children whose education is interrupted by frequent moves.

State agency programs: neglected and delinquent

For the State agency program for neglected and delinquent children, the Committee recommends $49,797,000, which is the same as the budget request and the fiscal year 2007 appropriation. This formula grant program provides educational services for children and youth under age 21 in institutions for juvenile delinquents, adult correctional institutions, or institutions for the neglected. A portion of these funds may be used for projects that support the successful re-entry of youth offenders into postsecondary and vocational programs.

Evaluation

The Committee provides $9,330,000 for evaluation. This is the same as the fiscal year 2007 funding level and $3,000 more than the budget request. Title I evaluation supports large scale national evaluations that examine how title I is contributing to improved student performance at the State, local education agency, and school levels. It also supports short-term studies that document promising models.

The Committee supports the Department's efforts to carry out congressionally authorized evaluations of Federal education programs using rigorous methodologies, particularly random assignment, that are capable of producing scientifically valid knowledge regarding which program activities are effective. To ensure that authorized evaluations are conducted in a rigorous manner, are independent of the program office, and include scientific peer review, the Committee believes that the Institute of Education Sciences should be the lead agency for the design and implementation of these evaluations. The Committee believes further that it is essential for program offices to work collaboratively with the Institute to include a priority or requirement in program solicitations for grantee participation in such evaluations, including random assignment, to the extent the Institute deems appropriate and where not specifically prohibited by law.

Comprehensive school reform

The Committee recommends $1,634,000 for the comprehensive school reform program. This is $718,000 less than the fiscal year 2007 funding level. The budget request did not include funding for this program. The amount recommended will provide continuation funding for the comprehensive school reform clearinghouse, which disseminates information about research-based school reforms to education practitioners and policymakers.

Migrant education, high school equivalency program

The Committee recommends $18,550,000 for the high school equivalency program. This amount is the same as the budget request and the fiscal year 2007 level. The high school equivalency program recruits migrant students age 16 and over and provides academic and support services to help those students obtain a high school equivalency certificate and subsequently to gain employment or admission to a postsecondary institution or training program.

College assistance migrant programs

The Committee recommends $15,377,000 for the college assistance migrant programs (CAMP). This amount is the same as the fiscal year 2007 level and the budget request. CAMP provides tutoring and counseling services to first-year, undergraduate migrant students and assists those students in obtaining student financial aid for their remaining undergraduate years.

IMPACT AID

The Committee recommends $1,278,453,000 for Federal impact aid programs in fiscal year 2008, which is $50,000,000 more than the fiscal year 2007 funding level and $50,353,000 more than the budget request. This account supports payments to school districts affected by Federal activities, such as those that educate children whose families are connected with the military or who live on Indian land.

The Committee recommendation also repeats language, as requested by the Administration, ensuring that schools serving the children of military personnel continue to receive impact aid funds when the military parents who live on-base are deployed and the child continues to attend the same school and in cases in which an on-base military parent is killed while on active duty and the child continues to attend the same school.

Basic support payments

The Committee recommends $1,140,517,000 for basic support payments to local educational agencies, $48,650,000 more than the fiscal year 2007 funding level and the budget request. Basic support payments compensate school districts for lost tax revenue and are made on behalf of Federally-connected children, such as children of members of the uniformed services who live on Federal property.

Payments for children with disabilities

The Committee recommends $49,466,000 for payments on behalf of Federally-connected children with disabilities, the same as the budget request and the fiscal year 2007 appropriation. These payments compensate school districts for the increased costs of serving Federally-connected children with disabilities.

Facilities maintenance

The Committee recommends $4,950,000 for facilities maintenance, the same as the fiscal year 2007 funding level and $353,000 more than the budget request. These capital payments are authorized for maintenance of certain facilities owned by the Department of Education.

Construction

The Committee recommends $17,820,000 for the construction program, which is the same as the budget request and the fiscal year 2007 level. This program provides formula and competitive grants to local educational agencies that educate Federally connected students or have Federally owned land for building and ren-

ovating school facilities. The Committee provides funding for the competitive program, as requested by the Administration.

Payments for Federal property

The Committee recommends $65,700,000 for payments related to Federal property, $1,350,000 more than the fiscal year 2007 level and the budget request. Funds are awarded to school districts to compensate for lost tax revenue as the result of Federal acquisition of real property since 1938.

SCHOOL IMPROVEMENT PROGRAMS

The Committee recommends $5,678,002,000 for school improvement programs. This amount is $422,524,000 more than the fiscal year 2007 funding level and $979,726,000 more than the budget request. This appropriation account includes programs authorized under titles II, IV, V, VI, and VII of the Elementary and Secondary Education Act; the McKinney-Vento Homeless Assistance Act, title IV–A of the Civil Rights Act, section 203 of the Educational Technical Assistance Act of 2002, and section 105 of the Compact of Free Association Amendments Act of 2003.

State grants for improving teacher quality

The Committee recommends $3,187,439,000 for State grants for improving teacher quality, which is $300,000,000 more than the fiscal year 2007 funding level and $399,951,000 more than the budget request. This program gives States and districts a flexible source of funding with which to meet their particular needs in strengthening the skills and knowledge of teachers and administrators to enable them to improve student achievement. States are authorized to retain 2.5 percent of funds for State activities, including reforming teacher certification, re-certification or licensure requirements; expanding, establishing, or improving alternative routes to State certification. This program also helps States carry out activities that include support during the initial teaching and leadership experience, such as mentoring programs; assisting school districts in effectively recruiting and retaining highly qualified and effective teachers and principals; reforming tenure and compensation systems; and developing professional development programs for principals. The Committee recommendation will provide for high quality professional development for an additional 51,000 teachers than in fiscal year 2007.

The Committee rejects the Administration's proposal to move $100,000,000 from this program to the teacher incentive fund under the Innovation and Improvement account. Research shows that teacher quality is the most important school-related factor in determining student achievement growth. To ensure a high-quality teacher workforce, the Committee believes that the better investment is in providing States and local education agencies the flexibility to choose the initiatives that work best for them to promote retention of highly qualified teachers and principals and to improve the quality of the teachers through professional development activities. Also, the Committee believes that maximum flexibility is the best course of action while various teacher quality initiatives are examined in the reauthorization of the No Child Left Behind Act.

Early childhood educator professional development

The Committee does not recommend funding early childhood educator professional development. The budget request also did not recommend funding this program. In fiscal year 2007, the funding level was $14,550,000. The Committee expects the Department to continue to strengthen professional development partnerships for early childhood educators through grants awarded under early reading first. To that end, the Committee has provided sufficient funding for the early reading first program.

Mathematics and science partnerships

The Committee recommends $182,160,000 for mathematics and science partnerships. This is the same as the fiscal year 2007 funding level and $36,000 more than the request. This program promotes strong math and science teaching skills for elementary and secondary school teachers. Grantees may use program funds to develop rigorous math and science curricula; establish distance learning programs; and recruit math, science, and engineering majors into the teaching profession. They may also provide professional development opportunities. Grants are made to States by formula based on the number of children aged 5 to 17 who are from families with incomes below the poverty line. States then award the funds competitively to partnerships that must include the State agency; an engineering, math, or science department of an institution of higher education; and a high-need school district. Other partners may also be involved.

State grants for innovative programs

The Committee recommends $99,000,000 for State grants for innovative programs. This is the same as the fiscal year 2007 funding level. The budget request did not include funding for this program. This program provides flexible funding to State and local educational agencies for 27 purposes identified in statute, including obtaining technology and technology-related training, combating illiteracy among children and adults, addressing the educational needs of gifted and talented children, and implementing school improvement and parental involvement activities under ESEA title I.

Educational technology State grants

The Committee recommends $272,250,000 for education technology State grants. This is the same as the fiscal year 2007 funding level. The budget request did not include funding for this program. The Committee recognizes that technology is critical to our schools to ensure students are prepared to compete in the 21st century.

The Committee notes with interest the finding of the Department of Education that K–12 student test scores on State math and reading tests were not significantly impacted when students used, for one-year, various educational software products. The Committee looks forward to the Department's second report that measures the software's efficacy over the course of two years. The Committee expects that report to address more than the 16 educational software titles addressed in the first report because there are hundreds of such titles commercially available. It also expects the report to ad-

dress how inadequate teacher training impacts the efficacy of software implementation in the classroom. The Committee encourages the Department to promote software training so that these programs may be implemented in the classrooms to achieve maximum benefit.

The Committee continues to support all aspects of educational technology grants, which cover a much wider array of applications and services than software, such as professional development, well-equipped classrooms, administrative structures, and a curriculum that recognizes the role technology plays in all disciplines.

Supplemental education grants

The Committee recommends $18,001,000 for supplemental education grants to the Federated States of Micronesia and the Republic of the Marshall Islands, which is the same as the budget request and the fiscal year 2007 funding level. The Compact of Free Association Amendments Act of 2003 (P.L. 108–188) authorizes these entities to receive funding for general education assistance. The Committee recommendation includes a consolidated amount for supplemental education grants because the underlying statute determines the allocation between Micronesia and the Marshall Islands.

21st century community learning centers

The Committee recommends $1,106,166,000 for 21st century community learning centers, $125,000,000 more than the fiscal year 2007 funding level and $124,986,000 more than the budget request. This program is a formula grant to States, which in turn distribute 95 percent of the funds on a competitive basis to local school districts, community-based organizations, and other public entities and private organizations. Grantees must target students who attend low-performing schools. Funds may be used for before and after school activities that advance student academic achievement including remedial education and academic enrichment activities; math, science, arts, music, entrepreneurial and technology education; tutoring and mentoring; recreational activities; and expanded library service hours.

The Committee's recommendation is part of its initiative to help reduce the number of abortions in America. Youth who do not spend time in structured activities after school are 37 percent more likely to become teen parents than are youth who spend time in after school programs. After-school programs help prevent teen pregnancy by encouraging good decision-making and providing youth health education and positive role models in a supervised setting after school. After-school programs can also provide greater enrichment opportunities to help teenagers remain in school and prepare for postsecondary education or employment.

In addition, the Committee's recommendation reflects its concern that, between 3 p.m. and 6 p.m., the rate of juvenile crime triples, as well as the likelihood that unsupervised students will become victims of crime. Lack of supervision and boredom can increase the likelihood that a young person will experiment with drugs and alcohol.

The $125,000,000, or 12.7 percent, increase over fiscal year 2007 will help communities provide after-school programs serving 1.4 million students, approximately 163,000 more than in fiscal year 2007. The Committee intends that the Department encourage States to use 40 percent of their additional allocations over fiscal year 2007 (equal to $50,000,000 across all States), as practicable, to provide supervised and supportive after-school activities to approximately 65,000 middle and high school students.

State assessments

The Committee recommends $411,630,000 for State assessments, the same as the budget request and $4,067,000 more than the fiscal year 2007 level. This program provides States with funding to develop annual assessments and to carry out activities related to ensuring accountability for results in the State's schools and school districts.

Javits gifted and talented education

The Committee recommends $7,596,000 for gifted and talented education, the same as the fiscal year 2007 funding level. The budget request did not include funding for this program. This program supports grants to build and enhance the ability of elementary and secondary schools to meet the needs of gifted and talented students. Competitive grants are awarded to States and school districts, institutions of higher education and other public and private entities.

Foreign language assistance grants

The Committee recommends $26,780,000 for foreign language assistance grants, which is $3,000,000 more than the fiscal year 2007 funding level and $3,025,000 more than the budget request. The program supports competitive grants to school districts and States to increase the quality and quantity of elementary and secondary-level foreign language instruction in the United States.

The bill provides that $3,000,000 shall be available for five-year grants to local educational agencies that would work in partnership with one or more institutions of higher education to establish or expand articulated programs of study in languages critical to U.S. national security. The programs would be designed to enable successful students, as they advance through college, to achieve a superior level of proficiency or professional working proficiency in critical need languages such as Arabic, Chinese, Japanese, Korean, and Russian, as well as the Indic, Iranian, and Turkic language families. The Committee encourages school districts applying for this funding to reach out to institutions and centers funded under the Department's International Education programs under Title VI of the Higher Education Act.

Education for homeless children and youth

The Committee recommends $66,878,000 for the education of homeless children and youth program, which is $5,000,000 more than the budget request and $5,007,000 more than the fiscal year funding 2007 level. Grants are allocated to States in proportion to the total that each State receives under the title I program. For

local grants, at least 50 percent must be used for direct services to homeless children and youth, including tutoring or remedial or other educational services. The Committee notes that funding for this program has been essentially frozen since fiscal year 2004 while the number of homeless children has increased approximately 50 percent to 914,225. The Committee's recommendation reflects its commitment to these particularly disadvantaged students. The $5,000,000 increase will enable States and school districts to identify and serve an additional 74,000 children.

Training and advisory services

The Committee recommends $7,113,000 for training and advisory services authorized by title IV–A of the Civil Rights Act. This amount is the same as the budget request and the fiscal year 2007 funding level. Title IV–A authorizes technical assistance and training services for local educational agencies to address problems associated with desegregation on the basis of race, sex, or national origin. The Department awards three-year grants to regional equity assistance centers (EACs) located in each of the 10 Department of Education regions. The EACs provide services to school districts upon request. Typical activities include disseminating information on successful education practices and legal requirements related to nondiscrimination on the basis of race, sex, and national origin in educational programs. Activities also include training designed to develop educators' skills in specific areas, such as the identification of race and sex bias in instructional materials; increasing the skills of educational personnel in dealing with race-based confrontations such as hate crimes; and providing technical assistance in the identification and selection of appropriate educational programs to meet the needs of limited English proficient students.

Education for Native Hawaiians

The Committee recommends $33,907,000 for education for Native Hawaiians, which is the same as the fiscal year 2007 funding level. The budget request did not include funding for this program. A number of authorized programs limited to Native Hawaiians are supported with these funds, including a model curriculum project, family-based education centers, postsecondary education fellowships, gifted and talented education projects, and special education projects for disabled pupils.

Alaska Native education equity

The Committee recommends $33,907,000 for the Alaska Native education equity program, which is the same as the fiscal year 2007 funding level. The budget request did not include funding for this program. These funds are used to develop supplemental educational programs to benefit Alaska Natives.

Rural education

The Committee recommends $168,918,000 for rural education programs, which is the same as the fiscal year 2007 funding level and $67,000 more than the budget request. This fund includes two programs to assist rural school districts to improve teaching and learning in their schools. The small, rural schools achievement pro-

gram provides funds to rural districts that serve a small number of students. The rural and low-income schools program provides funds to rural districts that serve concentrations of poor students, regardless of the number of students served by the district.

Comprehensive centers

The Committee recommends $56,257,000 for comprehensive centers, the same as the fiscal year 2007 level and $1,000 more than the budget request.

These funds are used for the 21 comprehensive centers first funded in fiscal year 2005. The centers include 16 regional centers that will provide training and technical assistance to State educational agencies within their geographic regions to help them implement provisions of the Elementary and Secondary Education Act and 5 content centers, each specializing in a different area.

INDIAN EDUCATION

The Committee recommends $124,000,000 for Indian education. This amount is $5,310,000 more than the fiscal year 2007 funding level and $5,317,000 more than the budget request. This account supports programs authorized by part A of title VII of the Elementary and Secondary Education Act.

Although the number of Indian students enrolling in colleges and universities has more than doubled in the last two and a half decades, the Department of Education finds that the Indian student population remains subject to significant risk factors that threaten their ability to improve their academic achievement. The Committee provides the first increase to this program since fiscal year 2002 in order to demonstrate its commitment to help Indian students achieve academic success. This increase will enable eligible schools to address the unique educational and culturally related academic needs of 26,156 more students than last year.

The Committee recognizes that the purpose of title VII is to support the efforts of local educational agencies (LEAs), Indian tribes, and organizations "to meet the unique educational and culturally related academic needs of American Indian and Alaska Native students" and is a part of the United States' trust relationship with Indian people. Title VII programs ensure that Native students receive an education consistent with tribal traditions, languages, and culture. In its administration of title VII funds, the Committee directs the Department to continue to adhere to the Statement of Policy set forth in section 7101 of the ESEA.

Grants to local educational agencies

The Committee recommends $100,057,000 for grants to local education agencies. This program provides assistance through formula grants to school districts and schools supported or operated by the Bureau of Indian Affairs. The purpose of this program is to reform elementary and secondary school programs that serve Indian students, including preschool children. Grantees must develop a comprehensive plan and assure that the programs they carry out will help Indian students reach the same challenging standards that apply to all students. This program supplements the regular school program to help Indian children sharpen their academic skills, bol-

ster their self-confidence, and participate in enrichment activities that would otherwise be unavailable.

Special programs for Indian children

The Committee recommends $19,884,000 for special programs for Indian children. These programs make competitive awards to improve the quality of education for Indian students. This program also funds the American Indian Teacher Corps and the American Indian Administrator Corps to recruit and support American Indians as teachers and school administrators.

National activities

The Committee recommends $4,059,000 for national activities. Funds under this authority support research, evaluation and data collection to provide information on the status of education for the Indian population and on the effectiveness of Indian education programs.

INNOVATION AND IMPROVEMENT

The Committee recommends $992,354,000 for innovation and improvement programs. This amount is $154,668,000 above the fiscal year 2007 funding level and $70,336,000 above the budget request. This appropriation account includes programs authorized under part G of title I and portions of titles II and V of the Elementary and Secondary Education Act.

The Committee urges the Department, in the development and execution of its programs, to be mindful of the alarming national dropout rates for African American males.

Troops-to-teachers and Transition to Teaching

The Committee recommends $14,645,000 for troops to teachers, the same as the budget request and the fiscal year 2007 funding level. This program is designed to assist eligible members of the armed forces to obtain certification or licensure as elementary and secondary school teachers, or vocational or technical teachers.

The Committee recommends $44,484,000 for transition to teaching, which is the same as the fiscal year 2007 funding level and $2,000 more than the budget request. Transition to teaching is designed to help mitigate the shortage of qualified licensed or certified teachers. The program provides competitive grants to help support State and local educational agencies' efforts to recruit, train, and place talented individuals into teaching positions and to support them during their first years in the classroom. In particular, the program focuses on mid-career professionals, including former military personnel, who have substantial career experience and are recent college graduates. Grants are made on a competitive basis.

Writing instruction

The Committee recommends $23,533,000 for the writing instruction. This is $2,000,000 more than the fiscal year 2007 funding level. The President's budget did not include funding for this program. Funds are provided to support training programs to teach

writing effectively. Federal funds support 50 percent of the costs of these programs, and recipients must contribute an equal amount.

Teaching of traditional American history

The Committee recommends $119,790,000 for the teaching of traditional American history, $69,790,000 more than the budget request and the same as the fiscal year 2007 level. This program supports competitive grants to school districts to promote the teaching of American history in elementary and secondary schools as a separate academic subject.

School leadership

The Committee recommends $14,731,000 for school leadership activities, which is the same as the fiscal year 2007 funding level. The budget request did not include funding for this program. The program provides competitive grants to assist high-need school districts with recruiting, training, and retaining principals and assistant principals.

Advanced credentialing

The Committee recommends $10,695,000 for advanced credentialing. This is $6,000,000 less than the fiscal year 2007 funding level. The budget request did not include funding for this program. The program supports activities to encourage and support teachers seeking advanced certification or credentialing. The Committee recommendation continues funding to help support an unprecedented number of teachers seeking advanced certification. These funds also will support expanded recruitment and certification of teachers to work in high-need schools.

Charter school grants and credit enhancement for charter school facilities

The Committee recommends $251,394,000 for support of charter schools. This is $1,000 more than the budget request and the same as the fiscal year 2007 funding level for the charter school grants and the credit enhancement for charter school facilities, which are combined in the Committee recommendation to enhance administrative efficiency.

Charter schools are developed and administered by individuals or groups of individuals, which may include teachers, administrators, and parents. These groups enter into charters for operation of their schools, which must be granted exemptions from State and local rules that limit flexibility in school operation and management. Under this program, grants are made to State educational agencies in States that have charter school laws. The State educational agencies in turn make sub-grants to authorized public chartering agencies in partnerships with developers of charter schools. The Committee intends the Department to entertain applications for credit enhancement assistance for funding under this account.

The Committee notes that recent studies of the effectiveness of charter schools have shown mixed results and awaits the final evaluation report that will test more rigorously their promise. In the meantime, the Committee has recommended continued funding.

Voluntary public school choice

The Committee recommends $26,278,000 for voluntary public school choice, the same as the fiscal year 2007 funding level and $3,000 more than the budget request. This program supports efforts to establish intra-district and inter-district public school choice programs to provide students in participating schools with the widest variety of options for their education. Funds are used to make competitive awards to States, school districts or partnerships.

Magnet schools assistance

The Committee recommends $106,693,000 for the magnet schools assistance program. This is the same as the fiscal year 2007 funding level and $8,000 more than the budget request. The magnet schools assistance program awards competitive grants to local educational agencies for use in establishing or operating magnet schools that are part of a desegregation plan approved by a court or by the Department of Education's Office for Civil Rights. A magnet school is defined by the statute as "a school or education center that offers a special curriculum capable of attracting substantial numbers of students of different racial backgrounds."

Fund for the improvement of education

The Committee recommends $205,402,000 for the fund for the improvement of education (FIE), which is $46,894,000 more than the fiscal year 2007 funding level and $147,294,000 more than the budget request.

The Committee recommendation reflects an investment in activities that have proven to be effective. As such, the Committee's recommendation does not include funding for the language teacher corps; choice incentive fund; adjunct teacher corps initiative; State scholars capacity building; exchanges for historic whaling and trading partners; and excellence in economic education.

Within the amount provided, the Committee recommends $2,000,000 for the evaluation and data quality initiative; $3,000,000 for teacher to teacher; $25,043,000 for reading is fundamental; $11,513,000 for star schools; $10,890,000 for ready to teach; $2,000,000 for foundations for learning; $38,777,000 for arts in education; $39,600,000 for parental assistance information centers; $3,000,000 for women's educational equity, $10,000,000 for full service community schools and $11,800,000 for other programs.

The Committee does not recommend funding for mental health integration in public schools. However, the Committee strongly supports the purpose of this program, which is to link school systems with the local mental health system. To accomplish that end, the Committee has recommended significant increases in other programs to support mental health services in the schools. Particularly, the Committee has recommended that grantees of elementary and secondary school counseling and safe schools/healthy students collaborate with local mental health service agencies.

The Committee's recommendation includes $10,000,000 to help establish full-service community schools (FSCS). A FSCS is a public elementary or secondary school that coordinates with community-based organizations and public/private partnerships to provide

students, their families, and the community access to comprehensive services. These services include early childhood education; remedial education and academic enrichment activities; programs that promote parental involvement and family literacy; mentoring and other youth development programs; parent leadership and parenting education activities; community service and service learning opportunities; programs that provide assistance to students who have been truant, suspended, or expelled; job training and career counseling services; nutrition services; primary health and dental care; mental health counseling services; and adult education including instruction in English as a second language.

The Committee intends these funds to be allocated on a competitive basis to eligible entities. An eligible entity is a consortium of a local educational agency and one or more community-based organizations, nonprofit organizations, or other public or private enti ties, to assist public elementary or secondary schools to function as a FSCS. Grants shall be used to coordinate or provide not less than three services at one or more public elementary or secondary schools.

The Secretary shall require that each grant application include a list of partner entities that will assist the eligible entity to coordinate or provide services; a memorandum of understanding between the eligible entity and all partner entities describing the role the partner entities will assume; a description of the capacity of the eligible entity to provide and coordinate qualified services at a FSCS; and a comprehensive plan that includes descriptions of the student, family, and school community to be served, including information about the demographic characteristics and needs of students, families, and community residents, the number of individuals to be served, and the frequency of services. It shall also include qualified services to be provided or coordinated by the eligible entity and its partner entities.

The Committee includes the following projects in the following amounts:

Project	Committee recommendation
ABC Unified School District, Cerritos, CA for an after-school program at Melbourne Elementary School	$100,000
Academy for Urban School Leadership, Chicago, IL for Chicago Academy and Chicago Academy High School, which may include support for resident teachers	200,000
Action for Bridgeport Community Development, Inc., Bridgeport, CT for teacher training programs	300,000
African-American Male Achievers Network, Inc., Inglewood, CA for its Project STEP program for at-risk youth	40,000
Akron Public Schools, OH for a Math, Science, and Technology Community Learning Center, which may include equipment	200,000
Alamance-Burlington School District, Burlington, NC for the Professional Development Academy	150,000
All Kinds of Minds, Chapel Hill, NC for teacher training programs	150,000
American Ballet Theatre, New York, NY for educational activities	150,000
Amistad America, New Haven, CT for the Atlantic Freedom Tour of the Armistad educational programs	250,000
An Achievable Dream, Inc., Newport News, VA for education and support services for at-risk children, which may include teacher stipend scholarships	150,000
Angelo State University, San Angelo, TX for a teacher training initiative	200,000
Apache County Schools, S1. Johns, AZ for a teacher training initiative	100,000
Arab City Schools, Arab, AL for technology upgrades	200,000
AVANCE, Inc, El Paso, TX for parenting education programs	100,000
AVANCE, Inc., Del Rio, TX for a family literacy program	100,000
AVANCE, Inc., Waco, TX for parenting education programs	100,000
Barat Education Foundation, Lake Forest, IL for the American Citizen Initiative pilot program	250,000

Project	Committee recommendation
Bay Haven Charter Academy Middle School, Lynn Haven, FL for its physical education program, which may include equipment	150,000
Baylor University, Waco, TX for its Language and Literacy Center	100,000
Best Buddies International, Miami, FL for mentoring programs for persons with intellectual disabilities	300,000
Best Buddies Maryland, Baltimore, MD for mentoring programs for persons with intellectual disabilities	300,000
Best Buddies Rhode Island, Providence, RI for mentoring programs for persons with intellectual disabilities	150,000
Big Top Chautauqua, WI for educational activities	250,000
Boise State University, Boise, ID for the Idaho SySTEMic Solution program	200,000
Bowie State University, Bowie, MD for establishment of a Principal's Institute	200,000
Boys & Girls Club of Hawaii, Honolulu, HI for a multi-media center, which may include equipment	300,000
Boys & Girls Town of Missouri, Columbia, MO for technology upgrades	150,000
Boys and Girls Club of San Bernardino, CA for an after-school program in the Delman Heights community, which may include equipment	140,000
Bradford Area School District, Bradford, PA for the purchase of equipment	100,000
Brookdale Community College, Lincroft, NJ for a Student Success Center in Asbury Park, NJ which may include equipment	200,000
Bushnell Center for the Performing Arts, Hartford, CT for arts education programs	100,000
California State University Northridge, CA for development of an assessment and accountability system for teacher education	250,000
California State University, San Bernardino, CA for a leadership training program for urban youth	260,000
Canton Symphony Orchestra Association, Canton, OH for the Northeast Ohio Arts Education Collaborative, including teacher training and curriculum development	100,000
Carnegie Hall, New York, NY for its National Music Education Program	150,000
Central County Occupational Center, San Jose, CA for a first responder career and technical training program for high school students	100,000
Central Pennsylvania Institute of Science and Technology, State College, PA for curriculum and equipment at its vocational training program	600,000
Centro de Salud Familiar Le Fe, El Paso, TX for an elementary charter school, which may include equipment	200,000
Charlotte County School District, Port Charlotte, FL for an instructional system for English language learners, which may include equipment and software	250,000
Charter School Development Foundation, Las Vegas, NV for the Andre Agassi College Preparatory Academy	200,000
City of Fairfield, CA for after-school programs	325,000
City of Gadsden, AL for technology upgrades in city schools	250,000
City of Hayward, Hayward, CA for after-school programs	200,000
City of Indianapolis, Indianapolis, IN for the Indianapolis Center for Education Entrepreneurship to recruit leaders to implement educational reform	150,000
City of Newark, Newark, CA for after-school programs	25,000
City of Pawtucket School Department, Pawtucket, RI for the Jacqueline Walsh School of the Performing and Visual Arts, which may include equipment	300,000
City of Pembroke Pines, FL for the autism program at the Pembroke Pines-Florida State University Charter School	200,000
City of San Jose, CA for development of a Smart Start early childhood development training and certification program at National Hispanic University	150,000
City of San Jose, CA for early childhood education programs, including parental involvement	172,000
City of Springfield, MO for the Ready to Learn Program	300,000
City of Whittier, Whittier, CA for after-school programs, which may include equipment	200,000
City School District of New Rochelle, New Rochelle, NY for after-school learning centers	225,000
Clark County School District, Las Vegas, NV for the Education Executive Leadership Program	200,000
Clark County School District, Las Vegas, NV for the Newcomer Academy	200,000
Clovis Unified School District, Clovis, CA for curriculum development	190,000
College Summit, Inc., Washington, DC for an initiative to increase college enrollment of low income youth in South Carolina	135,000
Communities In Schools-Northeast Texas, Mount Pleasant, TX for dropout prevention programs	200,000
Communities in Schools of Cochran and Bleckley County, Cochran, GA for after-school programs	40,000
Communities in Schools of Coweta, Inc., Newnan, GA for education technology upgrades	100,000
Communities in Schools of Fitzgerald-Ben Hill County, Fitzgerald, GA for after-school programs	50,000
Communities In Schools of Tacoma, Tacoma, WA for after-school programs	50,000
Communities in Schools, Austin, TX for mentoring, dropout prevention and college preparatory programs	200,000
Communities in Schools, San Fernando Valley, Inc., North Hills, CA to implement full service community schools	200,000
Community Development Commission of the County of Los Angeles, Monterey Park, CA for the South Whitter community education and computer center	100,000

Project	Committee recommendation
Community Service Society, New York, NY for a program that utilizes seniors as literacy mentors and in-class assistants to elementary students	100,000
Connecticut Technical High School System, Middletown, CT for equipment for the Manufacturing Technologies Department of Platt Technical High School in Milford, CT	250,000
Contra Costa College, San Pablo, CA for its Bridges to the Future Program	100,000
Cooperative Educational Service Agency No. 11 for after-school programs	450,000
Cooperative Educational Service Agency No. 12, Ashland, WI for after-school programs	650,000
Cooperative Educational Service Agency No. 5, Portage, WI for after-school programs	400,000
Cooperative Educational Service Agency No. 9, Tomahawk, WI for after-school programs	400,000
County of San Diego, San Pasqual Academy, Escondido, CA for purchase of equipment	200,000
Cuyahoga County Board of County Commissioners, Cleveland, OH for an early childhood initiative	300,000
Delaware Department of Education, Dover, DE for the Starting Stronger Early Learning Initiative	200,000
Detroit Youth Foundation, Detroit, MI for comprehensive educational and enrichment activities for middle and high school youth	75,000
DNA EpiCenter, Inc., New London, CT for a learning center for students and teachers	75,000
Duval County Public Schools, Jacksonville, FL for purchase of equipment	200,000
Edgar School District, Edgar, WI for equipment and technology for a new computer technology center	100,000
Edison and Ford Winter Estates Education Foundation for educational programming	150,000
Education Partnership, Providence, RI for school leadership professional development	200,000
Education Service Center, Region 12, Hillsboro, TX for a GEAR UP college preparedness program	100,000
Ennis Independent School District, Ennis, TX for English as a second language instruction, including purchase of equipment	200,000
Envision Schools, San Francisco, CA for the Metropolitan Arts and Technology High School, which may include equipment	250,000
Erskine College, Due West, SC for an elementary and secondary school arts initiative	250,000
Exploratorium, San Francisco, CA for its Bay Area Science Teacher Recruitment, Retention, and Improvement Initiative	300,000
Fairfax County Public Schools, Fairfax, VA for language programs in Franklin Sherman Elementary School and Chesterbrook Elementary School in McLean, Virginia	250,000
Fairfax County Public Schools, Falls Church, VA for emergency medical services curriculum development	200,000
Fairhope Center for the Arts, Bay Minette, AL for arts education programs, including purchase of equipment	205,000
Families In Schools, Los Angeles, CA for its Read with Me/Lea Conmigo family literacy program	150,000
Fayetteville Technical Community College, Fayettevile, NC for teacher training and professional development programs	250,000
Forward in the Fifth, Somerset, KY for a civic literacy program	250,000
Friends of the Children National, Portland, OR for mentoring programs	200,000
George B. Thomas, Sr. Learning Academy, Inc., Bethesda, MD for tutoring services for at-risk students	250,000
Girl Scouts of the USA, New York, NY for the Fair Play initiative to engage girls in science, technology, engineering and math	250,000
Graham County Schools, Safford, AZ for a teacher training initiative	100,000
Guam Public School System, Hagatna, GU for development and implementation of Chamorro language instructional programs	150,000
Hamilton Wings, Elgin, IL for arts education programs	150,000
Harris County Department of Education, Houston, TX for an after-school safety program, which may include the purchase of software	250,000
Harvey Public School District 152, Harvey, IL for an early literacy program, which may include equipment	200,000
Hawaii Department of Education, Honolulu, HI for educational activities	300,000
Hawk Mountain Sanctuary Association, Kempton, PA for curriculum development	150,000
Helen Keller International, New York, NY for the Child Sight Vision Screening Program and to provide eyeglasses to children whose educational performance may be hindered because of poor vision	1,000,000
High Plains Regional Education Cooperative, Raton, NM for its Cooperative Broadband Education project, which may include equipment	500,000
Hillside Family of Agencies, Rochester, NY for the Work-Scholarship Connection Youth Employment Training Academy	250,000
Hoke County Schools, Raeford, NC for instructional technology	100,000
Houston Independent School District, Houston, TX for a teacher incentive program	250,000
I KNOW I CAN, Columbus, OH for college preparatory programs	100,000
In Tune Foundation Group, Washington, DC for educational activities	450,000
Independent School District 181, Brainerd, MN for its Teacher Support System	150,000
Institute for Student Achievement, Lake Success, NY for school reform activities at Wyandanch High School	250,000
Institute for Student Achievement, Lake Success, NY to implement small learning communities at one or more high schools in the Bronx	50,000

Project	Committee recommendation
Iowa City Community School District, Iowa City, IA for an early literacy program	350,000
Ivy Tech Community College of Indiana-Southeast, Madison, IN for an early college and middle college program	100,000
Jacob Burns Film Center, Pleasantville, NY for education programs	225,000
Jazz at Lincoln Center, New York, NY for music education programs	150,000
Jefferson County Public Schools, Golden, CO for technological instruction, testing, and support, which may include equipment	300,000
Jersey Shore Area School District, Jersey Shore, PA for equipment to create a digital classroom	100,000
JFYNetWorks, Boston, MA for academic support for Adequate Yearly Progress initiative, including educational software, professional development instruction, and technical assistance	250,000
JFYNetWorks, Boston, MA for implementation of its computer-based JFYNet: Academic Support for Adequate Yearly Progress initiative in Malden, Revere, and Framingham, MA, which may include the purchase of software	250,000
Joplin School District, Joplin, MO for the Smart Board initiative, including purchase of equipment	100,000
Jumpstart for Young Children, Inc., Boston, MA for an early literacy program for at-risk children	200,000
Jumpstart for Young Children, San Francisco, CA for an early childhood enhancement project to provide student mentors to preschool children	250,000
Kelberman Center, Utica, NY to expand programs for pre-school and school age children with autism spectrum disorder	75,000
KIPP Foundation, San Francisco, CA for a subgrant to the KIPP Delta College Preparatory School in Helena, AR	150,000
KIPP Foundation, San Francisco, CA for curriculum development and the recruitment and professional development of school leaders, teachers, and administrators	100,000
KIPP Foundation, San Francisco, CA for KIPP Reach College Preparatory School in Oklahoma City, OK	250,000
La Crosse School District, La Crosse, WI for a 21st Century Community Learning Center at Logan Middle School, including parental involvement	50,000
Learning Point Associates/North Central Regional Education Laboratory, Naperville, IL to help schools implement No Child Left Behind	250,000
Lee Pesky Learning Center, Boise, ID to provide educational materials for the Literacy Matters! Program	300,000
Lemay Child & Family Center, St. Louis, MO for early childhood education and family literacy programs	100,000
Los Angeles Conservation Corps, Los Angeles, CA for a hands-on, science-based program for public school students	50,000
Louisiana Arts and Sciences Museum, Baton Rouge, LA for curriculum development and purchase of equipment	200,000
Louisiana Tech University, Ruston, LA for IDEA Place and the SciTech Classroom, including purchase of equipment and curriculum development	250,000
Lower East Side Conservancy, New York, NY for education programs and outreach	200,000
Madison County Schools, Richmond, KY for a computer lab, which may include equipment	75,000
Mesa Unified School District, Mesa, AZ. for after-school educational and enrichment activities for at-risk youth	150,000
Military Heritage Center Foundation, Carlisle, PA for the Voices of the Past Speak to the Future program, including purchase of equipment	100,000
Miller County Development Authority, Colquit, GA for a video/television production training program for high school drop-outs and at-risk youth in Miller County	100,000
Milton S. Eisenhower Foundation, Washington, DC for a full service school demonstration project in the Canton City, OH public school district	150,000
Milwaukee Public Schools, Milwaukee, WI for after-school or summer community learning centers	100,000
Minnesota Humanities Commission, St. Paul, MN to implement curricula and classroom resources on Native Americans	500,000
Mississippi University for Women, Columbus, MS for strengthening partnerships between K–12 parents and their children's teachers, principals, superintendents and other school officials	250,000
Missouri State University, Springfield, MO for a college preparatory pilot program	100,000
Monroe County School District, Key West, FL for technology upgrades	200,000
Montgomery County Public Schools, Rockville, MD to recruit and certify postdoctoral scientists, mathematicians, or engineers from the National Institutes of Health to become teachers	300,000
Mote Marine Laboratory, Sarasota, FL for marine science curriculum development	200,000
Mount Hood Community College, Gresham, OR for early childhood education and training activities, which may include equipment	200,000
National Center for Electronically Mediated Learning, Inc., Milford, CT for the P.E.B.B.L.E.S. Project, which may include equipment and technology	150,000
National Council on Crime and Delinquency, Oakland, CA for a school-based model on violence prevention	200,000
National Cued Speech Association, Bethesda, MD for parent, teacher, and transliterator training and certification in cued speech for preschool and school-aged children	175,000
National Flight Academy, Naval Air Station Pensacola, FL for technology upgrades	150,000

Project	Committee recommendation
National Resource Center for Deafblindness, East Greenville, PA for curriculum development	150,000
National Teacher's Hall of Fame, Emporia, KS for teacher professional development and retention programs	150,000
Neighborhood Youth Association, Venice, CA for academic support to ensure college readiness	75,000
New Mexico Public Education Department, Santa Fe, NM for summer reading and math institutes throughout the State	500,000
Newton Public Schools, Newton, KS for an educational technology initiative, including purchase of equipment	100,000
North Carolina Agricultural and Technical University, Greensboro, NC for a project to reduce suspension rates of students in the Guilford County School System	300,000
North Carolina Central University, Durham, NC for academic enrichment activities, including parental involvement	100,000
North Carolina Symphony, Raleigh, NC for musical and artistic residency activities for elementary and secondary students	175,000
North Carolina Technology Association Education Foundation, Raleigh, NC for school technology demonstration projects, including subgrants	100,000
North Philadelphia Youth Association, Philadelphia, PA for education and enrichment services for youth	50,000
Northeast Louisiana Family Literacy Interagency Consortium to provide children's literacy services	200,000
Northern Tier Industry & Education Consortium, Dimock, PA to expand the activities of its Advisory and Assessment Committees	50,000
Norwich Public School System, Norwich, CT for English language instruction	250,000
Oakland Unified School District, Oakland, CA for a technology integration project to implement a new data system, which may include equipment	200,000
O'Neill Sea Odyssey, Santa Cruz, CA for science education programs for elementary school children	100,000
OneWorld Now!, Seattle, WA for after-school programs and student scholarships	200,000
Ossining Union Free School District, Ossining, NY for after-school, literacy, or school reform initiatives	225,000
Parent Institute for Quality Education, San Diego, CA for a parent training program	350,000
PE4life, Kansas City, MO for physical education programs in the Titusville, Pennsylvania School District, including purchase of equipment	200,000
PE41ife, Kansas City, MO to establish a P.E. program in Mississippi, including purchase of equipment	250,000
People for People, Philadelphia, PA for after-school programs	75,000
Peru State College, Peru, NE for the Adopt a High School initiative	100,000
Philadelphia Academies, Inc., Philadelphia, PA for a longitudinal study on the impact of the organization's career-based education model	100,000
Pinal County Education Service Agency, Florence, AZ for a teacher training initiative	100,000
Polk County Public Schools, Bartow, FL for purchase of assistive technologies	100,000
Port Chester-Rye Union Free School District, Port Chester, NY for academic enrichment, professional development, family engagement, or other activities to implement full service community schools	225,000
Project GRAD USA, Philadelphia, PA for college readiness programs	100,000
Purdue University Calumet, Hammond, IN for equipment and start-up expenses for a magnet school	250,000
Queens Theatre in the Park, Flushing, NY for a project to provide youth with career planning and development in the performing arts industry	150,000
Renwick Public Schools, Andale, KS for an educational technology initiative, including purchase of equipment	150,000
Rio Rancho Public Schools, Rio Ranch, NM for distance learning, which may include equipment	500,000
Riverside Community College, Riverside, CA for the Fast-Track to the Associate Degree Nursing Program	250,000
Riverside County Office of Education, Riverside, CA for the High School Science Initiative	210,000
Rockdale County Public Schools, Conyers, GA for a credit recovery program, which may include the purchase of software	200,000
Rose-Hulman Institute of Technology, Terre Haute, IN for a K–12 STEM Immersion Initiative	200,000
Salesian Boys and Girls Club of Los Angeles, CA for education and support services for middle and high school students	100,000
San Bernardino City Unified School District, San Bernardino, CA for the English Learners program	250,000
San Bernardino County Superintendent of Schools, San Bernardino, CA to expand the Science, Technology, Engineering, and Mathematics initiative	300,000
San Joaquin County, Stockton, CA for its San Joaquin A Plus tutoring program	350,000
San Mateo County, Redwood City, CA for its Preschool for All program	200,000
School Board of Broward County, Fort Lauderdale, FL for teacher support and development	300,000
Schultz Center for Teaching and Leadership, Jacksonville, FL for purchase of equipment	250,000
Selden/Centereach Youth Association, Selden, NY for after-school programs	100,000
Silver Crescent Foundation, Charleston, SC for a middle and high school academic engineering and technology program	200,000
Sociedad Latina, Roxbury, MA for its Mission Community Enrichment Program	100,000
Southwestern University, Georgetown, TX for a college preparatory initiative	100,000

Project	Committee recommendation
Springboard for Improving Schools, San Francisco, CA for a professional development center to serve Central Valley, CA teachers and administrators	250,000
Springfield Public School District No. 19, Springfield, OR for an Academy of Arts and Academics	100,000
St. Mary's County Public Schools, Leonardtown, MD for a mathematics, science, and technology academy	500,000
State of Nevada Department of Education for technology upgrades in the Elko, Nye, Douglas, Lyon and Churchill school districts, including subgrants	250,000
Summit Educational Resources, Getzville, NY for service coordination and support for children with developmental disabilities	100,000
Susannah Wesley Community Center, Honolulu, HI for computers and technology to serve at risk high school students, and other students in an after-school program	100,000
Tampa Metropolitan YMCA, Tampa, FL for after-school programs	125,000
Texas Southern University, Houston, TX for the TSU Lab School, which may include equipment and technology	250,000
Tomas Rivera Policy Institute, Los Angeles, CA for a longitudinal study on high school graduation rates	100,000
Town of Cumberland, Cumberland, RI for the Mayor's Office of Children and Learning for evidence-based innovative K-12 education programs	150,000
Towson University, Towson, MD for an education partnership with the City of Baltimore, Baltimore City Public School System and the Cherry Hill community	300,000
Tracy Joint Unified School District, Tracy, CA for English language learner initiatives	125,000
Tri-County Educational Service, Wooster, OH for the Olweus Bullying Prevention program	150,000
Trumbull County Educational Service Center, Niles, OH for school robotics programs, which may include subgrants	185,000
Tulsa Public Schools, Tulsa, OK for innovative programming for students at risk of dropping out, including curriculum development	200,000
Union County Public Schools, Monroe, NC for equipment and technology needs for the information technology academy	100,000
Union Free School District of the Tarrytowns, Sleepy Hollow, NY for family literacy activities and professional development to support literacy instruction	225,000
University of Akron, Akron, OH to link regional school districts with industry to promote STEM academic and career pathways	150,000
University of Alabama, Tuscaloosa, AL to implement a manufacturing engineering curriculum for high schools students	300,000
USD 259, Wichita Public Schools, Wichita, KS for technology upgrades	200,000
Valle Lindo School District, South El Monte, CA for technology upgrades	75,000
Venango Technology Center, Oil City, PA for the purchase of equipment	100,000
Vision Therapy Project, Casper, WY for a teacher training initiative	250,000
Visually Impaired Preschool Services, Louisville, KY for programs to address school readiness needs of visually impaired children	100,000
Washington College, Chestertown, MD for K-12 science, technology, engineering and mathematics outreach programs	350,000
Washington State University, Tacoma, WA for education and enrichment services for youth at its Center for Community Education, Enrichment and Urban Studies	250,000
WE CARE San Jacinto Valley, Inc., San Jacinto, CA for the after school tutoring program	100,000
West Contra Costa Unified School District, Richmond, CA for high school architecture, construction, and engineering curricula	100,000
White-Williams Scholars, Philadelphia, PA for a college preparation initiative, which may include student scholarships	75,000
Widener University, Chester, PA for school-readiness programs	150,000
Wildlife Information Center, Inc., Slatington, PA for an environmental education initiative	100,000
Williamsburg County First Steps, Kingstree, SC for a school-readiness program	87,000
Yonkers Public Schools, Yonkers, NY for after-school and summer academic enrichment, literacy, and professional development services, and for parental involvement activities	250,000
Youngstown City School District, OH for a Pathways to Building Trades Program in the Youngstown and Warren, OH school districts	225,000
Youngstown State University, Youngstown, OH for a pilot K–12 attention enhancement for learning project	100,000
YWCA of Gary, Gary, IN for after-school and summer programs, which may include equipment	200,000

Advanced placement program grants

The Committee recommends $50,000,000 for the advanced placement program. This recommendation is $12,974,000 more than the fiscal year 2007 funding level and $72,175,000 less than the budget

request. These funds support the advanced placement test fee program, which awards grants to States to enable them to cover part or all of the cost of advanced placement test fees of low-income students who are enrolled in advanced placement classes and plan to take the advanced placement test. These funds also support competitive grants to States, school districts, and national nonprofit educational agencies for programs that encourage greater participation by low-income students in advanced placement courses.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

The Committee recommends $714,075,000 for safe schools and citizenship education programs. This amount is $15,443,000 less than the fiscal year 2007 funding level and $389,827,000 more than the budget request. This appropriation account includes programs authorized under parts of titles II, IV, and V of the Elementary and Secondary Education Act.

Safe and drug-free schools and communities: State grants

The Committee recommends $300,000,000 for the State grants program, $46,500,000 less than the fiscal year 2007 funding level and $200,000,000 more than the budget request. Of the funds provided, 80 percent flows to State and local agencies and 20 percent goes to governors offices for such activities as youth drug prevention, violence prevention, and school safety and security. The Committee's recommendation reflects its expectation that the structure of the program may be significantly altered in the reauthorization of the No Child Left Behind Act to focus on State capacity to assist school districts in creating a safe, drug-free, and secure school environment.

Safe and drug-free schools and communities: National programs

The Committee recommends $141,112,000 for the national programs under the Safe and Drug-Free Schools and Communities Act, which is the same as the fiscal year 2007 funding level and $58,888,000 less than the budget request. Under this program, the Secretary of Education administers a variety of activities to prevent the illegal use of drugs and violence among students at all educational levels, preschool through postsecondary.

The Committee's recommendation does not include the Administration's request for funding for research-based grant assistance to local educational agencies. The Committee denies this request because it has restored most of the 71 percent cut to safe and drug free State grants proposed by the Administration.

The Committee's recommendation includes at least the fiscal year 2007 funding level for the student drug testing pilot program. The Committee is concerned about rising levels of drug use in America's schools and its disastrous impact on our children and their future. The Committee reminds the Department that testing must be conducted in strict compliance with Supreme Court rulings on student drug testing.

The Committee's recommendation reflects its support of the work that the Department has done in recent years through the readiness and emergency management for school grants, and the safe schools/healthy students initiative. These programs have helped

school districts prevent, prepare for, and respond to catastrophic events and other emergencies, as well as implement more comprehensive approaches to preventing drug use and violence with community partners. The Committee believes that the Department should expand its assistance under these programs to colleges and universities to assist them in responding to traumatic events and emergencies within the context and needs of higher education.

The Committee's recommendation includes $35,175,000 for school emergency preparedness activities, which is $7,000,000 more than the fiscal year 2007 level. The Committee intends the increase to be used for new grants for higher education institutions. Together with $3,000,000 provided under the Substance Abuse and Mental Health Services Administration (SAMHSA), a total of $10,000,000 shall be available in fiscal year 2008 for a jointly funded initiative administered by the Department of Education and SAMHSA. The funds will support competitive grants to institutions of higher education to develop and implement emergency management plans for preventing campus violence (including assessing and addressing the mental health needs of students) and for responding to threats and incidents of violence or natural disaster in a manner that ensures the safety of the campus community. The Committee intends that these funds be available to help colleges and universities plan and prepare for the entire constellation of threats (terrorist attacks, natural disasters, shootings, and gang-related activity). The Committee requests that the Department and SAMHSA brief the Committee on its plan for the implementation of this initiative within 90 days of enactment of this Act. In addition to the new higher education emergency preparedness grants, the Committee's recommended funding will permit the Department to continue to support emergency preparedness grants for elementary and secondary schools and expand its examination of a variety of school safety initiatives.

The Committee's recommendation also includes $79,200,000 for safe schools/healthy students initiative. The bill also provides $80,868,000 for the safe schools/healthy students initiative under SAMSHA. In total, $160,068,000 will be available in fiscal year 2008 for these comprehensive grants, which require the commitment of local partners—school districts, local law enforcement, juvenile justice agencies, and public mental health authorities—to develop joint strategies and services to prevent youth violence and provide needed student mental health services. A key feature of this program is its collaborative planning among the Department of Education, the Department of Health and Human Services, and the Department of Justice and joint funding between the Department of Education and SAMSHA.

Alcohol abuse reduction

The Committee recommends $32,409,000 for grants to reduce alcohol abuse, which is the same as the fiscal year 2007 funding level. The budget request did not include funding for this program. This program awards competitive grants to school districts to develop and implement programs to reduce alcohol abuse in secondary schools.

Mentoring programs

The Committee recommends $48,814,000 for mentoring programs. This is the same as the fiscal year 2007 funding level. The budget request did not include funding for this program. This program provides competitive grants to school districts and community-based organizations to promote mentoring programs for children with the greatest need.

Character education

The Committee recommends $24,248,000 for character education, the same as the fiscal year funding 2007 level and the budget request. This program provides support for the design and implementation of character education programs in elementary and secondary schools. Grantees may select the elements of character that will be taught and must consider the views of parents and students to be served by the program.

Elementary and secondary school counseling

The Committee recommends $61,500,000 for elementary and secondary school counseling, $26,850,000 more than the fiscal year 2007 level. The budget request did not include funding for this program. This program provides grants to school districts to enable them to establish or expand elementary school and secondary school counseling programs. School counselors are primarily supported with non-Federal funds.

The Committee's 77.5 percent increase in the elementary and secondary school counseling program demonstrates its commitment to a comprehensive school counseling program that includes counselors, psychologists, social workers, and appropriately trained psychiatrists. The Department is encouraged to give priority to local educational agencies that can demonstrate a strong involvement with community groups, social service agencies, or other public or private entities in collaborative efforts to enhance school counseling services and promote school-linked integration of services.

The program is also part of the Committee's initiative to help reduce the number of abortions in America. The Committee's increase will provide 76 new grants to expand academic, mental, emotional, social, developmental, and behavioral services to middle- and high-school students.

Carol M. White physical education program

The Committee recommends $72,674,000 for the physical education program, which is the same as the fiscal year 2007 funding level. The budget request did not include funding for this program, which provides grants to local educational agencies and community-based organizations to initiate, expand, and improve physical education programs for students in kindergarten through 12th grade.

The Committee directs the Department to work with the Centers for Disease Control and Prevention to incorporate the school health index into this program. For fiscal year 2008 awards, the Department shall grant priority to those applications that have completed physical education and nutritional assessments as part of the school health index or propose to implement the school health

index. Awards should support the implementation of science-based curriculum tools to encourage physical education and healthy eating. The Committee notes with interest the statement of the Department of Education that it has already invested heavily in traditional physical education equipment. As such, it agrees with the Department's efforts to focus on grants that propose other effective means of promoting physical activity and reducing obesity, including innovative equipment targeting at-risk children not typically motivated by traditional physical education classes.

Civic education

The Committee recommends $33,318,000 for civic education, $4,207,000 more than the fiscal year 2007 level. The budget request did not include funding for this program. Program funds support the "We the People" and the cooperative education exchange programs. "We the People" seeks to promote civic competence and responsibility among students. Cooperative education exchange provides support for education exchange activities in civics and economics between the United States and eligible countries in Central and Eastern Europe, the Commonwealth of Independent States, any country that was formerly a republic of the Soviet Union, the Republic of Ireland, the province of Northern Ireland and developing countries with a democratic form of government.

The Committee intends that most of the increase provided over fiscal year 2007 be used to enhance civics instruction in the middle and high school grades. The recently released 2006 National Assessment of Educational Progress Civics shows that knowledge about civic life, politics, and government of 4th graders has improved, while the performance of 8th and 12th graders is flat at best. The Committee hopes that increased support for civics instruction and materials in secondary schools will address the declining civics knowledge of students as they progress through the educational pipeline. The bill permits funds to be used for a comprehensive program to improve public knowledge, understanding, and support of American democratic institutions.

ENGLISH LANGUAGE ACQUISITION

The Committee recommends $774,614,000 for English language acquisition programs. This amount is $105,607,000 more than the fiscal year 2007 funding level and $103,795,000 more than the budget request. This program provides formula grants to States to serve limited English proficient (LEP) students. Grants are based on each State's share of the national limited English proficient and recent immigrant student population. Funds under this account also support professional development to increase the pool of teachers prepared to serve limited English proficient students as well as evaluation activities.

The Committee provides a $105,607,000 increase for this program—the first significant increase since fiscal year 2002—to assist States and school districts with the No Child Left Behind requirement that the LEP students learn to read and speak English quickly.

High rates of immigration over the last two decades have resulted in dramatic increases in the number of LEP students identi-

fied by States. According to the U.S. Census Bureau, the number of LEP students has risen from less than 1 million in 1980 to more than 4.6 million in 2004. According to the Department, the overall increase in LEP students and the rapid growth in the LEP population in States lacking an infrastructure for serving LEP students underscore the need for this program.

SPECIAL EDUCATION

The Committee recommends $12,310,831,000 for programs for children with disabilities authorized under the Individuals with Disabilities Education Act (IDEA). This funding level is $825,684,000 above the budget request and $507,964,000 above the fiscal year 2007 level. These grants help States and localities pay for the rising costs of special education for 6.9 million children with disabilities.

State grants: grants to States

The Committee recommends $11,292,425,000 for grants to States, which is $800,484,000 above the budget request and $509,464,000 more than the fiscal year 2007 level. Of the funds provided for the 2008–2009 academic year, $4,650,443,000 is appropriated for fiscal year 2008 for obligation after July 1, 2008 and $6,641,982,000 is appropriated for fiscal year 2009 for obligation on, or after, October 1, 2008.

This program provides formula grants to assist the States in meeting the excess costs of providing special education and related services to children with disabilities. In order to be eligible for funds, States must make free appropriate public education available to all children with disabilities. Funds are distributed based on the amount that each State received from the fiscal year 1999 appropriation, and the numbers of children in the general population and who live in poverty in the age range for which each State mandates free appropriate public education for children with disabilities.

Over the past 10 years, the number of students enrolled in special education programs has risen 18 percent. Almost 14 percent of public school students receive special education services because they have a disability. Nearly every regular education classroom across the country includes students with disabilities. As such, the Committee rejects the deep cut in IDEA part B State grants proposed by the Administration, and stops the decline in the Federal percentage share of special education costs, in order to sustain educational and related services for these special needs children who are most at risk of being left behind.

The Committee includes language proposed in the budget request to limit the increase in the amount of funds required to be transferred to the Department of the Interior to the lesser amount equal to the amount transferred in 2007 plus inflation or the percentage increase in the appropriation for the grants to States program.

State grants: preschool grants

The Committee recommends $380,751,000 for preschool grants, the same as the fiscal year 2007 level and the budget request. These funds provide additional assistance to States to help them

make a free appropriate public education available to all children with disabilities in the three through five age range.

State grants: grants for infants and families

The Committee recommends $436,400,000 for grants for infants and families, the same as the fiscal year 2007 funding level and $13,333,000 more than the budget request. This formula grant program assists States in developing and implementing Statewide systems of coordinated, comprehensive, multidisciplinary, interagency programs to make available early intervention services to all children with disabilities, aged birth through two, and their families.

IDEA national activities: technical assistance and dissemination

The Committee recommends $48,903,000 for technical assistance and dissemination, which is the same as the fiscal year 2007 funding level and $1,000 more than the budget request. This program provides funding for technical assistance, demonstration projects and information dissemination. These funds support efforts by State and local education agencies, institutions of higher education, and other entities to build State and local capacity to make systemic changes and improve results for children with disabilities.

IDEA national activities: personnel preparation

The Committee recommends $89,720,000 for personnel preparation, which is the same as the fiscal year 2007 funding level and $1,000 more than the budget request. This program supports competitive awards to help address State-identified needs for qualified personnel to work with children with disabilities, and to ensure that those personnel have the skills and knowledge they need to serve those children. Awards focus on addressing the need for personnel to serve low-incidence populations and leadership personnel.

IDEA national activities: parent information centers

The Committee recommends $25,704,000 for parent information centers, the same as the fiscal year 2007 level and the budget request. This program makes awards to parent organizations to support parent training and information centers, including community parent resource centers. These centers provide training and information to meet the needs of parents of children with disabilities living in the areas served by the centers, particularly underserved parents and parents of children who may be inappropriately identified. Technical assistance is also provided under this program for developing, assisting, and coordinating centers receiving assistance under this program.

IDEA national activities: technology and media services

The Committee recommends $36,928,000 for technology and media services, which is $1,500,000 less than the fiscal year 2007 funding level and $11,865,000 more than the budget request. This program makes competitive awards to support the development, demonstration, and use of technology and educational media activities of educational value to children with disabilities.

These funds support continued production and circulation of recorded textbooks, increased outreach activities to print-disabled

students and their teachers, and accelerated use of digital technology. The Committee believes that the funds recommended will enable the expansion of service to students with print disabilities, the continuation of digital production, and use of extensive libraries of educational materials.

REHABILITATION SERVICES AND DISABILITY RESEARCH

The Committee recommends $3,279,193,000 for rehabilitation services and disability research. This reflects the amount authorized by law. The Committee rejects the Administration's proposal to deny this program its authorized cost-of-living adjustment. The programs in this account are authorized by the Rehabilitation Act of 1973, the Helen Keller National Center Act, and the Assistive Technology Act of 1998.

Vocational rehabilitation grants to States

For vocational rehabilitation State grants, the Committee recommends $2,874,043,000 which is $36,883,000 more than fiscal year 2007. This program supports basic vocational rehabilitation services through formula grants to the States. These grants support a wide range of services designed to help persons with physical and mental disabilities prepare for and engage in gainful employment to the extent of their capabilities. Emphasis is placed on providing vocational rehabilitation services to persons with the most significant disabilities. The Committee's recommendation provides the cost-of-living adjustment (COLA) for these State grants, as authorized. The budget request did not include this COLA increase.

Client assistance

The Committee recommends $11,782,000 for the client assistance program, the same as the budget request and the fiscal year 2007 amount. A client assistance program is required in each State as a condition of receipt of a basic State grant. State formula grants are used to help persons with disabilities overcome problems with the service delivery system and improve their understanding of services available to them under the Rehabilitation Act.

Training

For training personnel to provide rehabilitation services to persons with disabilities, the Committee recommends $38,438,000, the same as the budget request and the fiscal year 2007 level. The program supports long-term and short-term training, in-service personnel training, and training of interpreters for deaf persons. Projects in a broad array of disciplines are funded to ensure that skilled personnel are available to serve the vocational needs of persons with disabilities.

Demonstration and training programs

The Committee recommends $6,511,000 for demonstration and training programs, which is $329,000 less than the budget request and the same as the fiscal year 2007 funding level. These programs authorize discretionary awards on a competitive basis to public and

private organizations to support demonstrations, direct services, and related activities for persons with disabilities.

The Committee includes the following projects in the following amounts:

Project	Committee recommendation
Advocating Change Together, Inc., St. Paul, MN for a disability rights training initiative	$100,000
City of North Miami Beach, FL, North Miami Beach, FL for fitness and other programs for the disabled	100,000
Jewish Vocational and Career Counseling Service, San Francisco, CA for a Transition Services Project to provide vocational training and job placement for youth and adults with disabilities	250,000
Vocational Guidance Services, Cleveland, OH for equipment and technology in order to increase employment for persons with disabilities	100,000

Migrant and seasonal farmworkers

For programs serving migrant and seasonal farmworkers, the Committee recommends $2,279,000, which is the same as the fiscal year 2007 level. The budget request did not include funding for this program. This program provides discretionary grants to make comprehensive vocational rehabilitation services available to migrant and seasonal farmworkers with vocational disabilities. Projects emphasize outreach activities, specialized bilingual rehabilitation counseling, and coordination of vocational rehabilitation services with services from other sources.

Recreational programs

For recreational programs, the Committee recommends $2,518,000, the same as the fiscal year 2007 level. The budget request did not include funding for this program. This program provides individuals with recreation and related activities to aid in their employment, mobility, independence, socialization, and community integration. Discretionary grants are made on a competitive basis to States, public agencies, and nonprofit private organizations, including institutions of higher education.

Protection and advocacy of individual rights

For protection and advocacy for persons with disabilities, the Committee recommends $16,489,000, the same as the budget request and the fiscal year 2007 level. Grants are awarded to entities that have the authority to pursue legal, administrative, and other appropriate remedies needed to protect and advocate the rights of persons with disabilities.

Projects with industry

For projects with industry, the Committee recommends $19,538,000, the same as the fiscal year 2007 amount. The budget request did not include funding for this program. This program promotes greater participation of business and industry in the rehabilitation process. The program provides placement and job development services to assist persons with disabilities to prepare them for employment in the competitive labor market. Awards are made to a variety of agencies and organizations, including business and industrial corporations, rehabilitation facilities, labor organizations, trade associations, and foundations.

Supported employment State grants

For supported employment State grants, the Committee recommends $29,700,000, which is the same as the fiscal year 2007 level. The budget request did not include funding for this program. These formula grants assist States in developing collaborative programs with public agencies and nonprofit agencies for training and post-employment services leading to supported employment. In supported employment programs, persons with the most significant disabilities are given special supervision and assistance to enable them to work in an integrated setting.

Independent living: State grants

For State grants for independent living, the Committee recommends $22,588,000. This amount is the same as the budget request and the fiscal year 2007 level. This program supports formula grants to the States to provide services for independent living for persons with significant disabilities.

Independent living: centers

For centers for independent living, the Committee recommends $74,638,000, which is the same as the budget request and the fiscal year 2007 level. A population-based formula determines the total amount that is available for discretionary grants to centers in each State. These discretionary grants support a network of consumer-controlled, nonresidential, community-based private nonprofit centers that provide a wide range of services to help persons with significant disabilities live more independently in family and community settings. Centers provide information and referral services, independent living skills training, peer counseling, and individual and systems advocacy. Discretionary grants are made to private nonprofit organizations.

Independent living: services for older blind persons

For independent living services for older blind individuals, the Committee recommends $32,895,000. This amount is the same as the fiscal year 2007 level and the budget request. Funds are distributed to States according to a formula based on the population of individuals who are 55 or older, and grants support services for persons 55 years old or over whose severe visual impairment makes gainful employment extremely difficult to obtain, but for whom independent living goals are feasible.

Program improvement

For program improvement activities, the Committee recommends $633,000, which is the same as the budget request and $202,000 less than the fiscal year 2007 funding level. The program: (1) provides technical assistance and consultative services to public and non-profit private agencies and organizations; (2) provides short-term training and technical instruction; (3) conducts special demonstrations; (4) collects, prepares, publishes and disseminates educational or informational materials; and (5) carries out monitoring and conducts evaluations.

Evaluation

The Committee recommends $1,473,000 for program evaluation, which is the same as the fiscal year 2007 funding level and $500,000 less than the budget request. These funds are used to evaluate the impact and effectiveness of individual programs authorized under the Rehabilitation Act. Contracts are awarded on an annual basis for studies to be conducted by persons not immediately involved in the administration of the programs authorized by the Act.

Helen Keller National Center

For the Helen Keller National Center for Deaf-Blind Youth and Adults, the Committee recommends $8,511,000, the same as the fiscal year 2007 level and $500,000 more than the budget request. These funds are used for the operation of a national center that provides intensive services for deaf-blind individuals and their families at Sands Point, New York, and a network of 10 regional offices that provide referral, counseling, transition services, and technical assistance to service providers.

National Institute on Disability and Rehabilitation Research

The Committee recommends $106,705,000 for the National Institute on Disability and Rehabilitation Research, the same as the budget request and the fiscal year 2007 level. The Institute supports research, demonstration, and training activities that are designed to maximize the employment and integration into society of individuals with disabilities of all ages.

Assistive technology

For assistive technology activities, the Committee recommends $30,452,000, which is the same as the fiscal year 2007 amount and $4,341,000 more than the budget request. Technology assistance activities are authorized under the Assistive Technology Act of 1998. This Act authorizes population-based formula grants to the States to assist them in supporting alternative financing programs and assistive technology device demonstrations, loan, and reutilization programs. In addition, the funds support protection and advocacy services related to assistive technology and national technical assistance activities are supported.

Of the funds provided, $25,058,000 is for the State grant program, $4,341,000 is for the protection and advocacy program, and $1,053,000 is for national activities. Consistent with the authorizing statute, the Committee does not provide separate funding for the alternative financing program. Instead, funds provided for alternative financing are included in the State grant program.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

American Printing House for the Blind

The Committee recommends $17,573,000 for the American Printing House for the Blind, which is the same as the fiscal year 2007 funding level and the budget request. This appropriation subsidizes the production of educational materials for legally blind persons enrolled in pre-college programs. The Printing House, which is char-

tered by the State of Kentucky, manufactures and maintains an inventory of educational materials in accessible formats that are distributed free of charge to schools and States based on the number of blind students in each State. The Printing House also conducts research and field activities to inform educators about the availability of materials and how to use them.

National Technical Institute for the Deaf

The Committee recommends $60,757,000 for the National Technical Institute for the Deaf (NTID), an increase of $4,616,000 more than the fiscal year 2007 funding level and $4,495,000 more than the budget request. The NTID was established by Congress in 1965 to provide a residential facility for postsecondary technical training and education for deaf persons with the purpose of promoting the employment of these individuals. The Institute also conducts applied research and provides training in various aspects of deafness. The Secretary of Education administers these activities through a contract with the Rochester Institute of Technology in Rochester, New York.

Gallaudet University

The Committee recommends $109,952,000 for Gallaudet University, an increase of $2,954,000 above the fiscal year 2007 appropriation and the budget request. The Committee does not provide the $600,000 requested by the Administration for evaluation, which is no longer needed because the Office of Management and Budget has already conducted a second PART review of Gallaudet and is working with the University to improve its performance. Gallaudet is a private, non-profit educational institution Federally-chartered in 1864 providing elementary, secondary, undergraduate, and continuing education for deaf persons. In addition, the University offers graduate programs in fields related to deafness for deaf and hearing students, conducts research on deafness, and provides public service programs for deaf persons.

CAREER AND TECHNICAL EDUCATION AND ADULT EDUCATION

The Committee recommends $2,046,220,000 for career and technical education and adult education programs. This amount is $46,684,000 more than the fiscal year 2007 funding level and $849,046,000 more than the budget request. This appropriation account includes vocational education programs authorized by the Carl D. Perkins Career and Technical Education Act of 2006. The account also includes adult education programs authorized under the Workforce Investment Act of 1998.

Career and technical education State grants

The Committee recommends $1,206,553,000 for basic grants to States under the Carl D. Perkins Career and Technical Education Act of 2006, which is $25,000,000 more than as the fiscal year 2007 funding level and $606,553,000 more than the budget request. Of the total for basic grants to States made available for school year 2008–2009, $415,553,000 is available for obligation on July 1, 2008 and $791,000,000 is available for obligation on October 1, 2008.

State grants support a variety of vocational education programs developed in accordance with the State plan. The Act concentrates Federal resources on institutions with high concentrations of low-income students. The populations assisted by basic grants range from secondary students in pre-vocational courses to adults who need retraining to adapt to changing technological and labor markets.

The Committee strongly disagrees with the Administration's proposal to cut funding for career and technical education by 49 percent in fiscal year 2008, just after the recent reform and reauthorization of the program. Funding for basic grants to States will continue support for state-of-the art vocational training to approximately 5 million students in secondary schools and 3 million students in community and technical colleges.

Tech-prep

The Committee recommends $104,753,000 for tech-prep, the same as the fiscal year 2007 funding level. The budget request did not include funding for this program. This appropriation includes activities under title II of the Carl D. Perkins Career and Technical Education Act of 2006.

The tech-prep education program provides planning and demonstration grants to consortia of local educational agencies and postsecondary institutions to develop and operate model technical education programs that integrate academic and vocational education. These programs begin in high school and provide students with the mathematical, science, communications, and technological skills needed to enter a two-year associate degree or two-year certificate program in a given occupational field. They also help students make a successful transition into further postsecondary education or begin their careers. The funds in the bill will assist approximately 2 million students to make the successful transition from school to careers.

National programs

For national programs, the Committee provides $8,000,000, which is $2,000,000 less than the fiscal year 2007 funding level and the budget request. This authority supports the conduct and dissemination of research in vocational education. It also includes support for the National Centers for Research and Dissemination in Career and Technical Education and other discretionary research.

Tribally controlled postsecondary vocational and technical institutions

The Committee recommends $8,000,000 for grants for tribally controlled postsecondary vocational and technical institutions, a $634,000 increase over the fiscal year 2007 funding level and the budget request. This program provides grants to two tribally controlled postsecondary career and technical institutions to provide career and technical education to Indian students. This program was funded under the "Higher Education" account in fiscal year 2007.

State programs for adult education

For State grants, the Committee recommends $588,975,000, which is $25,000,000 more than the fiscal year funding 2007 level and $24,901,000 more than the budget request. State formula grants support programs to enable all adults to acquire basic literacy skills, to enable those who so desire to complete a secondary education, and to make available to adults the means to become more employable, productive, and responsible citizens. Grants are provided on a formula basis to States under the Adult Education and Family Literacy Act.

According to the Department of Education, there is a significant and ongoing need for adult education services given the number of high school dropouts and the growing population of adult immigrants without the English language skills that are needed to succeed in school and the workplace. Moreover, the adult education program is one of a relatively few number of programs rated as effective under the Administration's Program Assessment Rating Tool (PART). Accordingly, the Committee provides a $25,000,000 increase over the request to begin to address these needs. The Committee intends that the set aside for English literacy and civics education State grants within the adult education program be increased by $3,040,000, from $68,582,000 in fiscal year 2007 to $71,622,000 in fiscal year 2008.

National Programs—national leadership activities

The Committee provides $7,000,000 for national leadership activities. This amount is $2,005,000 less than the fiscal year 2007 funding level and $2,096,000 less than the budget request. Through applied research, development, dissemination, evaluation, and program improvement activities, this program assists State efforts to improve the quality of adult education. The funds support such projects as evaluations on the status and effectiveness of adult education programs, national and international adult literacy surveys, and technical assistance on using technology to improve instruction and administration that show promise of contributing to the improvement and expansion of adult education.

National Institute for Literacy

For the National Institute for Literacy, the Committee recommends $6,638,000, which is $55,000 more than the fiscal year 2007 funding level and the same as the budget request. The Institute supports research and development projects, tracks progress made toward national literacy goals, supports research fellowships, disseminates information through a national clearinghouse, and coordinates literacy information data from national and State sources.

Smaller learning communities

The Committee recommends $93,531,000 for the smaller learning communities program, the same as the fiscal year 2007 funding level. The budget request did not include funding for this program. As in past years, the bill specifies that these funds shall be used only for activities related to the redesign of large high schools enrolling 1,000 or more students. The funds provided in the bill will

help school districts to implement smaller, more personalized learning environments in large high schools benefitting approximately 550,000 students in fiscal year 2008.

The Committee directs that the Department consult with the House and Senate Committees on Appropriations prior to the release of program guidance for the fiscal years 2007 and 2008 smaller learning communities grant competition. The Committee directs that the Department submit to the House and Senate Committees on Appropriations an operating plan outlining the planned use of the five percent set-aside prior to the obligation of these funds. Further, the Committee urges the Department to enter into a jointly funded program with a private or public foundation with expertise in designing and implementing small schools in order to further leverage the Federal investment in smaller learning communities.

State grants for incarcerated youth offenders

The Committee recommends $22,770,000 for State grants for incarcerated youth offenders, the same as the fiscal year 2007 funding level. The budget request did not include funding for this program. This program makes grants to State correctional agencies to assist and encourage incarcerated youths to acquire functional literacy skills and life and job skills.

STUDENT FINANCIAL ASSISTANCE

The Committee recommends $17,464,883,000 for student financial assistance programs, an increase of $1,922,427,000 above the fiscal year 2007 appropriation and $3,070,391,000 above the budget request.

Pell Grants.—The Committee recommends $15,583,000,000 for the Pell Grant program, $1,922,289,000 above the fiscal year 2007 level and $2,169,000,000 above the Administration's request. The bill also includes new language permitting mandatory funds not needed for academic competitiveness and SMART grants in the prior fiscal year to be used for Pell grants in the current fiscal year.

Providing these additional resources in order to raise the maximum Pell Grant to $4,700 for the 2008–2009 academic year is one of the Committee's highest priorities. The Committee recommendation will help over 5.5 million low- and middle-income students obtain a college degree. Approximately 79 percent of all Pell Grant recipients have annual family incomes of $30,000 or less.

Between 2001 and 2006, the cost of attending a four-year public college increased by $3,764 or 42 percent; however, the maximum Pell grant increased by just $300—only 8 percent of the college cost increase. The 2007 Continuing Appropriations Resolution raised the Pell maximum grant by $260, from $4,050 to $4,310, providing the first increase in four years to help disadvantaged students pay for rising college costs. This bill will raise the maximum Pell award by another $390 to $4,700. Over two years, the maximum Pell Grant will have increased by $650—one of the largest expansions of the Pell Grant program in its history. The Committee recommendation is another step forward in expanding college access and opportunity for more Americans.

Federal supplemental educational opportunity grants (SEOG).—The Committee recommends $770,933,000 for SEOG, the same as fiscal year 2007 appropriation. The Committee strongly disagrees with the Administration's proposal to terminate the program, which provides funds to postsecondary institutions for need-based grants of up to $4,000 to undergraduates, with priority given to Pell-eligible students who demonstrate exceptional financial need. Approximately 65 percent of dependent SEOG recipients have annual family incomes under $30,000 and nearly 80 percent of independent SEOG recipients have annual family incomes under $20,000.

Institutions must contribute a 25 percent match toward their Federal SEOG allocations. Thus, the amount provided in the bill will result in nearly $1,000,000,000 in need-based student financial aid benefiting more than one million students.

Work-study.—The Committee recommends $980,492,000 for the work-study program, $138,000 above the fiscal year 2007 appropriation and the same as the budget request. Funding for this program is provided through institutions to students who work part-time to meet the cost of education. Approximately 3,300 colleges and universities receive funding according to a statutory formula and may allocate it for job location and job development centers. Work-study jobs must pay at least the Federal minimum wage and institutions must provide 25 percent of student earnings. Thus, the amount provided in the bill will result in more than $1,100,000,000 in need-based student aid for more than 880,000 undergraduate and graduate students.

Perkins loans cancellations.—The Committee recommends $65,471,000 for Federal Perkins loans cancellations, the same as the fiscal year 2007 appropriation. The Committee disagrees with the Administration's proposal to terminate funding for this program, which reimburses college revolving loan funds for loans that are forgiven under Federal law. Perkins loans may be forgiven when a student borrower pursues a public service career in 1 of 12 statutorily-designated areas, including teaching in low-income communities and in shortage subjects, Head Start programs, military service in areas of imminent danger, Peace Corps and ACTION service, nurses and medical technicians providing health care services, and law enforcement/corrections. Over one half of Perkins loan cancellations are for teachers.

Leveraging educational assistance partnership (LEAP).—The Committee recommends $64,987,000 for the LEAP program, the same as the fiscal year 2007 appropriation. The Committee disagrees with the Administration's proposal to terminate funding for this program, which provides dollar-for-dollar matching funds to States for grant and work study assistance to eligible postsecondary students who demonstrate financial need. Over half of LEAP grants go to students with annual family incomes under $20,000. The amount provided in the bill will leverage nearly $165,000,000 in need-based aid to nearly 165,000 students.

Under LEAP, Federally supported grants and job earnings are limited to $5,000 per award year for full-time students. By law, each State's allocation is based on its relative share of the total national population of students eligible to participate in the pro-

grams, except that no State is to receive less than it received in 1979. If LEAP amounts are below this level, each State is allocated an amount proportional to the amount of funds it received in 1979. If a State does not use all of its allocation, the excess funds are distributed to other States in the same proportion as the original distribution. States must, at a minimum, match LEAP grants dollar for dollar with State funds provided through direct State appropriations for this purpose.

STUDENT AID ADMINISTRATION

The bill includes $708,216,000 for the student aid administration account. The Committee recommendation is $9,734,000 below the fiscal year 2007 appropriation and the same as the budget request. These funds will support the Department's student financial aid management expenses. The Office of Federal Student Aid and the Office of Postsecondary Education have primary responsibility for administering Federal student financial assistance programs.

Latino students attending college as the first members of their families seeking a higher education face hurdles understanding the college entrance process and accessing financial aid with which their parents have little or no experience. This is acutely apparent for students from recent immigrant families. Surveys and studies also show that the cost of completing a four-year college program leading to a bachelor degree is a major hurdle for Hispanic high school and junior college graduates. The Committee therefore urges the Department to launch information campaigns designed to educate Hispanic communities about the college application and funding processes, as well as provide them with a detailed guide describing the financial aid available to them.

HIGHER EDUCATION

The Committee recommends $2,051,533,000 for higher education programs, an increase of $107,846,000 above the fiscal year 2007 appropriation and $213,796,000 above the budget request.

Strengthening institutions.—The Committee recommends $79,535,000 for the regular strengthening institutions program, the same as the fiscal year 2007 level and the budget request. This program provides general operating subsidies to institutions with low average educational and general expenditures per student and significant percentages of low-income students. Awards may be used for faculty and academic program development, management, joint use of libraries and laboratories, acquisition of equipment, and student services.

Strengthening Hispanic-serving institutions (HSIs).—The Committee recommends $99,500,000 for the Hispanic-serving institutions program, which is $4,586,000 above the fiscal year 2007 level and $4,589,000 above the budget request. The HSI program provides operating subsidies to schools that serve at least 25 percent Hispanic students.

The Committee is concerned about the acute shortage of Hispanics earning advanced degrees. The Committee supports legislative efforts in the reauthorization of the Higher Education Act to expand graduate opportunities for Hispanic-serving institutions

and encourages the Department to submit a budget request for HSI graduate programs in the event that such a program is authorized under title V of the Higher Education Act.

Strengthening historically black colleges and universities.—The Committee recommends $249,500,000 for strengthening historically black colleges and universities (HBCUs), which is $11,405,000 above the fiscal year 2007 appropriation and the budget request. This program provides operating subsidies to accredited, legally authorized HBCUs established prior to 1964 whose principal mission is the education of black Americans. Funds may be used to support both programs and management and are distributed through a formula grant based on the enrollment of Pell Grant recipients, number of graduates, and the number of graduates entering graduate or professional schools in which blacks are underrepresented. The minimum grant is $500,000.

Strengthening historically black graduate institutions.—The Committee recommends $57,915,000 for the strengthening historically black graduate institutions program, the same as the fiscal year 2007 appropriation and the budget request. The program provides five-year grants to 18 postsecondary institutions that are specified in section 326(e)(1) of the Higher Education Act. Awards may be used for building endowments as well as the same purposes for which the strengthening HBCU grants may be used.

Strengthening Alaska Native and Native Hawaiian-serving institutions.—The Committee recommends $11,785,000 for strengthening Alaska Native and Native Hawaiian-serving institutions, the same as the fiscal year 2007 appropriation. The Administration proposed to terminate this program.

Strengthening tribally controlled colleges and universities.—The Committee recommends $24,475,000 for the strengthening tribally controlled colleges and universities program, which is $905,000 above the fiscal year 2007 appropriation and $5,905,000 above the budget request. In past years, the Committee has supported a competitive grant program to assist institutions in addressing long overdue and high-priority infrastructure and facilities requirements. The Committee intends for the funds provided to be used to support continuation of existing grants and new planning or developmental grants. Any remaining funds shall be available for grants for renovation and construction of facilities to continue to address urgently needed facilities repair and expansion.

International education and foreign languages studies

Domestic programs.—The Committee recommends $100,341,000 for the domestic activities of the international education and foreign languages studies programs, which is $8,800,000 above the fiscal year 2007 appropriation and the budget request. The title VI programs include national resource centers, foreign language and area studies fellowships, undergraduate international studies and foreign language programs, international research and studies projects, business and international education projects, international business education centers, language resource centers, American overseas research centers, and technological innovation and cooperation for foreign information access.

The Committee places a high priority on restoring over the next several years budget cuts to the title VI programs, which serve national needs in foreign language training and areas studies. The bill includes $3,155,000 to increase the number of individuals receiving academic year foreign language and area studies fellowships by 100 to 1,026, and summer fellowships by 70 to 700—approximately a 10 percent increase over last year.

The bill repeats language permitting up to one percent of the title VI/Fulbright-Hays funds provided to the Department to be used for program evaluation, national outreach, and information dissemination activities. The Committee urges that a portion of these funds be used to assist title VI grantees develop web portals to improve the dissemination of information produced under these programs to the public.

National Research Council Study.—The Committee notes that the National Research Council's recent study of title VI and Fulbright-Hays, entitled "International Education and Foreign Languages: Keys to Securing America's Future" found that these programs serve as the foundation for internationalization in higher education through research and teaching in a wide variety of areas and languages, and that they make a significant national contribution to the teaching and learning of less commonly taught languages in particular. The National Research Council concluded, however, that the Department has not made foreign language and cultures a priority. It also found a lack of strategic planning and coordination on international education and foreign languages within the Department and with other federal agencies.

Accordingly, the Committee urges the Department to establish a coordinating group on international education and foreign language studies within the Department. The group should consist of high-ranking Department personnel as well as relevant planning, budget and program staff, and should regularly consult with the international education and foreign language community. The group should (1) develop a strategic vision and master plan for the Department's international education and foreign language programs from elementary through higher education; (2) develop and implement a plan for improving the coordination and articulation among all Department programs on international education and foreign languages; and (3) consult with other Federal agencies to determine and address national needs in international education and foreign language studies. In addition, the group should improve the International Resource Information System (IRIS) data reporting system to ensure that (1) the data collected contains performance outputs and outcomes that are relevant to program monitoring and improvement; and (2) the data system provides greater standardization, allows comparison across years and across programs, and provides information to all grantees and to the public. In addition, the Committee urges the Department to strengthen the title VI and Fulbright-Hays program staff and support systems as international education programs and responsibilities grow. The Committee directs the Department to submit a report to the House and Senate Committees on Appropriations by February 1, 2008 describing steps taken to address these management, program and staffing needs.

Overseas programs.—The Committee recommends $13,610,000 for the overseas programs in international education and foreign language studies authorized under the Mutual Educational and Cultural Exchange Act of 1961, popularly known as the Fulbright-Hays Act. This amount is $1,000,000 more than the fiscal year 2007 level and the budget request. Funding for these programs support group projects abroad, faculty research abroad, special bilateral projects, and doctoral dissertation research abroad. Fulbright-Hays provides an essential overseas component for research and training of Americans in foreign languages and international studies. Overseas immersion is critical to achieving high levels of foreign language proficiency. Additional funds are intended to increase the number of research and study abroad fellowships and group projects abroad in intermediate and advanced language training in strategic world areas, as well as expand curriculum development and summer seminars abroad for K–12 teachers.

Institute for international public policy.—The Committee recommends $1,700,000 for the Institute for International Public Policy. This amount is $100,000 over the fiscal year 2007 level and the budget request. This program provides a grant to an eligible recipient to operate the Institute through sub-grantees chosen among minority serving institutions.

Fund for the improvement of postsecondary education.—The Committee recommends $63,264,000 for the fund for the improvement of postsecondary education (FIPSE), which is $41,275,000 over the fiscal year 2007 level and $41,276,000 over the budget request. FIPSE awards grants and contracts to a variety of postsecondary institutions and other organizations to improve the quality and delivery of postsecondary education.

The Committee includes the following projects in the following amounts:

Project	Committee recommendation
Alabama Institute of the Deaf and Blind, Talladega, AL for the interpreter training program	$200,000
Albany State University, Albany, GA, in partnership with Darton College, for an initiative to increase the success of minority males and nontraditional students in postsecondary education	250,000
American Speech-Language-Hearing Foundation, Rockville, MD for its New Century Scholars Program	275,000
Anne Arundel Community College, Arnold, MD for a health care training initiative, which may include equipment and technology	100,000
Armstrong Atlantic State University, Savannah, GA for development of the Bachelor of Arts degree in Cyber Security and Investigation Technology	200,000
Asnuntuck Community College, Enfield, CT for manufacturing technology training programs, which may include equipment and technology	250,000
Azusa Pacific University, San Bernardino, CA for nursing programs	400,000
Bellevue Community College, Bellevue, WA for development of computer security curriculum	300,000
Beloit College, Beloit, WI for equipment and technology	150,000
Bemidji State University, Bemidji, MN for equipment for an engineering technology center	300,000
Bennett College for Women, Greensboro, NC for equipment, technology, and professional development	300,000
Berkshire Community College, Pittsfield, MA for equipment and technology for distance education programs	100,000
Bluegrass Community and Technical College, Winchester, KY for equipment and technology	300,000
Broward Community College, Broward County, FL for an education and training program in emergency preparedness and response	200,000
Bucknell University, Lewisburg, PA for environmental studies programs and community outreach, which may include equipment	200,000
Buena Vista University, Storm Lake, IA for curriculum development	250,000
Butler Community College, Andover, KS for a closed captioning training program, including curriculum development	250,000
Caldwell Community College and Technical Institute, Hudson, NC for curriculum development	100,000

Project	Committee recommendation
California Baptist University, Riverside, CA for purchase of equipment	350,000
California Polytechnic State University, San Luis Obispo, CA for purchase of equipment	150,000
California State University - Channel Islands, Camarillo, CA for purchase of equipment	150,000
California State University - Fullerton, Fullerton, CA for technology upgrades at the Ruby Gerontology Center	350,000
Campbell University, Buies Creek, NC for its Advancement for Underrepresented Minority Pharmacists and Pharmaceutical Scientists Program	200,000
Central Arizona College, Coolidge, AZ for nursing programs, including curriculum development	300,000
Central Florida Community College, Ocala, FL for curriculum development	100,000
Central Methodist University, Fayette, MO for a science, technology, engineering and math teacher training program	350,000
Central Piedmont Community College, Charlotte, NC, for curriculum development at the Center for Integrated Emergency Response Training	100,000
Central Washington University, Ellensburg, WA for curriculum development	200,000
Chemeketa Community College, Salem, OR for equipment and technology for health sciences education and training programs	325,000
City College of New York, NY for the Charles B. Rangel Center for Public Service to prepare individuals for careers in public service, which may include establishing an endowment, library and archives for such center	2,000,000
Clark State Community College, Springfield, OH for curriculum development and purchase of equipment	300,000
Clayton College and State University, Morrow, GA for development of a Master of Arts in Archive degree program, which may include student scholarships and community outreach	300,000
Clover Park Technical College, Lakewood, WA for an institute for environmental sustainability in the workforce	150,000
College of Lake County, Grayslake, IL for curriculum development	250,000
College of Southern Idaho, Twin Falls, ID for the Pro-Tech program	200,000
College of Southern Maryland, LaPlata, MD for nursing education programs	100,000
College of the Canyons, Santa Clarita, CA for creation of the medical lab technician degree program, including curriculum development and purchase of equipment	100,000
College Success Foundation, Issaquah, WA for the Leadership 1000 Scholarship Program	200,000
Community College of Allegheny County, Pittsburgh, PA for a technical education initiative	200,000
Community College of Beaver County, Monaca, PA for equipment and technology	100,000
Consensus Organizing Center, San Diego, CA, for its Step Up college preparation initiative	100,000
Coppin State University, Baltimore, MD for its nursing education program, which may include equipment and technology	75,000
Darton College, Albany, GA for a biotechnology education and training collaboration with Albany State University and Albany Technical College	250,000
Delaware County Community College, Media, PA for equipment and instrumentation for science, engineering, and technology laboratories	150,000
Des Moines Area Community College, Des Moines, ID for the Jasper County Career Academy, which may include equipment	100,000
DeSales University, Center Valley, PA for the Digital Campus Initiative, including purchase of equipment	200,000
Eastern Illinois University, Charleston, IL for nursing programs	150,000
Eastern Shore Community College Industrial Maintenance Program, Melfa, VA for curriculum development	250,000
Eckerd College, St. Petersburg, FL for purchase of equipment	200,000
Edison College, Charlotte County Campus, Punta Gorda, FL for a nursing education program	75,000
El Camino College, Torrance, CA for nursing, engineering and nontraditional education and training programs	100,000
Elmira College, Elmira, NY for technology upgrades	100,000
Florida Campus Compact, Tallahassee, FL for a project to enhance service learning on college campuses throughout Florida	200,000
Florida Gulf Coast University, Ft. Myers, FL for the Coastal Watershed Institute	200,000
Focus: HOPE, Detroit; MI for an experiential learning laboratory and related equipment and technology to support undergraduate education and training	175,000
Franklin Pierce College, Rindge, NH for a nursing education program, which may include equipment	150,000
Frontier Community College, Fairfield, IL for purchase of equipment	150,000
Ft. Valley State University, Ft. Valley, GA for a teacher preparation program, which may include equipment and technology	125,000
Gadsden State Community College, Gadsden, AL for technology upgrades	250,000
Gateway Community and Technical College, Ft. Mitchell, KY for the Center for Advanced Manufacturing Competitiveness, including purchase of equipment	200,000
Gateway Community College, New Haven, CT, for radiography and radiation therapy training programs, which may include equipment	100,000

Project	Committee recommendation
Gila County Community College, Globe, AZ for the registered nursing program, including purchase of equipment	200,000
Grace College, Winona Lake, IN for technology upgrades	200,000
Greenfield Community College, Greenfield, MA for education and training programs in the arts, which may include equipment and student scholarships	125,000
Harcum College, Bryn Mawr, PA for purchase of equipment	200,000
Harrisburg Area Community College, Harrisburg, PA for curriculum development	150,000
Harrisburg University of Science and Technology, Harrisburg, PA for instructional programs, which may include equipment and technology	100,000
Herkimer County Community College, Herkimer, NY for equipment and technology for science laboratories	100,000
Hiwassee College, Madisonville, TN for a dental hygiene program, including curriculum development	260,000
Holy Family University, Philadelphia, PA for nurse education programs	150,000
Huntington Junior College, WV for an initiative to recruit and train students in closed captioning	120,000
Huston-Tillotson University, Austin, TX for a math and science education initiative, which may include equipment	250,000
Institute for Advanced Learning and Research, Danville, VA for professional development for teachers in the field of nanotechnology	200,000
Ivy Tech Community College, Evansville, IN for equipment and technology	75,000
Jackson State University, Jackson, MS for establishment of an osteopathic medical school	400,000
James Rumsey Technical Institute, Martinsburg, WV for the Automotive Technology Program, including purchase of equipment	100,000
Kent State University, New Philadelphia, OH for equipment and technology for its Tuscarawas County campus	150,000
King's College, Wilkes-Barre, PA to provide educational opportunities for students through civic engagement and service learning	200,000
La Sierra University, Riverside, CA	200,000
Lackawanna College, Scranton, PA for equipment, furnishings and operating expenses for an extension center in Susquehanna County	150,000
Lake City Community College, Lake City, FL for a math skills initiative	100,000
Latino Institute, Inc., Newark, NJ for its Latino Scholars Program	100,000
Lewis and Clark Community College, Godfrey, IL, for its National Great Rivers Research and Education Center	250,000
Lincoln College, Lincoln, IL for training, material acquisition and purchase of equipment	100,000
Lincoln Memorial University College of Osteopathic Medicine, Harrogate, TN for curriculum development	410,000
Linn-Benton Community College, Albany, OR for science and health equipment and technology	300,000
Lorain County Community College, Elyria, OH for its library and community resource center, which may include equipment and technology	300,000
Los Angeles Valley College, Valley Glen, CA for its Solving the Math Achievement Gap program	200,000
Lyon College, Batesville, AR, to purchase and install equipment	75,000
MacMurray College, Jacksonville, IL for technology upgrades	250,000
Madonna University, Livonia, MI for curriculum development for a disaster relief and recovery program	270,000
Maricopa County Community College, Tempe, AZ for the Bilingual Nursing Program at Gateway Community College in Phoenix, AZ	300,000
Marymount Manhattan College, New York, NY for a minority teacher preparation initiative	250,000
McNeese State University, Lake Charles, LA for the Louisiana Academy for Innovative Teaching and Learning	150,000
Mesa Community College, Mesa, AZ for an online registered nurse recertification program	100,000
Mesa Community College, Mesa, AZ for the Enfermeras En Escalera program to address a shortage of nurses	175,000
Metropolitan State University, St. Paul, MN for nursing education programs	500,000
Midland College, Midland, TX for purchase of equipment at the Advanced Technology Center	150,000
Midwestern University Chicago College of Pharmacy, Downers Grove, IL for the Advanced Career Explorers Program	100,000
Minnesota State Colleges and Universities, Office of the Chancellor, St. Paul, MN for a statewide veterans re-entry education program	300,000
Mira Costa Community College District, Oceanside, CA for a nursing education program, including purchase of equipment	350,000
Mississippi Gulf Coast Community College, Gautier, MS for equipment and furnishings for a marine technology center and estuarine education center	200,000
Missouri State University-West Plains, West Plains, MO for technology upgrades and programming at the Academic Support Center	200,000
Monroe Community College, Rochester, NY for a special needs preparedness training program	300,000
Montgomery County Community College, Blue Bell, PA for curricula, equipment and technology, faculty, and outreach for its advanced technologies initiative	250,000

Project	Committee recommendation
Mount Ida College, Newton, MA, for a veterinary technology program, which may include equipment	150,000
Murray State University, Hopkinsville, KY for purchase of equipment at the Veterinary Center	200,000
Nevada State College, Henderson, NV for the accelerated nursing program	300,000
New College of Florida, Sarasota, FL for equipment at the Jane Bancroft Cook Library	100,000
New College of Florida, Sarasota, FL for the Public Archaeology Laboratory, including purchase of equipment	225,000
New College of Florida, Sarasota, FL for the Strategic Languages Resource Center, including purchase of equipment	250,000
New Hampshire Community Technical College-Manchester, Manchester, NH for equipment for nursing and allied health education and training programs	150,000
Niagara County Community College, Sanborn, NY for equipment	200,000
North Arkansas College, Harrison, AR for technology upgrades	215,000
North Carolina Center for Engineering Technologies, Hickory, NC for purchase of equipment at the Center for Engineering Technologies	150,000
North Dakota State College of Science, Wahpeton, ND for a Center for Nanoscience Technology Training	200,000
Northern Illinois University, DeKalb, IL for its College of Engineering and Engineering Technology	125,000
Northern Kentucky University Research Foundation, Highland Heights, KY for the METS Center, including purchase of equipment	100,000
Northwest Shoals Community College, Phil Campbell, AL for technology upgrades	250,000
Norwich University, Northfield, VT for equipment and technology for a nursing program	200,000
Oakland Community College, Bloomfield Hills, MI for international education programs	200,000
Oklahoma Panhandle State University, Goodwell, OK for purchase of equipment	100,000
Onondaga Community College, Syracuse, NY for purchase of equipment	200,000
Oregon Health and Science University, Portland, OR for academic programs in the OGI School of Science and Engineering	200,000
Oregon Institute of Technology, Klamath Falls, OR for development of associate's and bachelor's degree programs in the health professions	350,000
Owens Community College, Toledo, OH for a first responder training initiative, including curriculum development	150,000
Palm Beach Community College, Lake Worth, FL for equipment and technology	300,000
Paula and Anthony Rich Center for the Study and Treatment of Autism, Youngstown, OH for distance learning technology and programs	440,000
Philadelphia School District, Philadelphia, PA for the CORE Philly Scholarship Program	475,000
Pierce College, Tacoma, WA for the Center of Excellence for Homeland Security, including curriculum development and training	100,000
Pittsburg State University, Pittsburg, KS for equipment for its Kansas Technology Center	250,000
Polk Community College, Winter Haven, FL for advanced manufacturing training programs	200,000
Portland State University, Portland, OR for equipment and technology for its science research and teaching center	125,000
Prince George's Community College, Largo, MD for equipment and technology to upgrade a management information system	150,000
Purchase College, State of University of New York, Purchase, NY, for science and math education programs, including teacher preparation programs	200,000
Radford University, Radford, VA for a study of the feasibility of establishing a graduate school in the medical sciences	250,000
Rhode Island College, Providence, RI for development of a Portuguese and Lusophone Studies Program	100,000
Richard Stockton College of New Jersey, Pomona, NJ for curriculum development	350,000
Richland Community College, Decatur, IL for development of an alternative fuels education and training program	200,000
Richmond Community College, Hamlet, NC for equipment and programs at the Industrial Training Center	150,000
Rockford College, Rockford, IL for technology upgrades and other equipment	200,000
Round Rock Higher Education Center, Round Rock, TX for nursing programs, including purchase of equipment	300,000
Rutgers University School of Law - Camden, NJ for student scholarships and loan repayment, internships and public interest programming	400,000
San Jacinto College, Pasadena, TX for a health care education and training initiative, which may include equipment and technology	225,000
Santa Clara University, Santa Clara, CA for equipment, technology, and training for its library and information commons initiative	500,000
Seton Hall University, South Orange, NJ for equipment and technology for its science and technology center	375,000
Siena Heights University, Adrian, MI for nursing programs	100,000
Silver Lake College, Manitowoc, WI for nursing programs, including curriculum development	185,000
Simpson College, Indianola, IA for purchase of equipment	250,000

Project	Committee recommendation
Sparks College, Shelbyville, IL for a closed captioner training program	200,000
St. Bonaventure University, St. Bonaventure, NY for equipment at the science facility	200,000
St. Bonaventure University, St. Bonaventure, NY for technology upgrades	200,000
St. Clair County Community College, Port Huron, MI for purchase of equipment	150,000
St. Francis College, Brooklyn, NY for equipment and technology to support its science, technology, engineering and math initiative	500,000
St. Petersburg College, St. Petersburg, FL for a distance learning program, including technology upgrades and purchase of equipment	200,000
State University of New York at Potsdam, Potsdam, NY for teacher training initiatives	100,000
Sweetwater Education Foundation, Chula Vista, CA, for its Compact for Success program, which may include student scholarships	300,000
Texas Chiropractic College, Pasadena, TX for health professions training.	100,000
Texas State Technical College, Waco, TX, for equipment for education and training programs	150,000
Texas Tech University, Lubbock, TX for the Center for the Study of Addiction and Recovery	150,000
Tohono O'odham Community College, Sells, AZ for computer, science and mathematics equipment, technology and instructional materials	100,000
Tri-County Community College, Murphy, NC for equipment and technology	50,000
Trident Technical College, Charleston, SC for nursing curriculum development	200,000
Trinity University, San Antonio, TX for purchase of equipment	150,000
University of Arizona, Tucson, AZ for development of a pilot project to provide instructional and support services to ensure the academic success of disabled veterans	250,000
University of California at Berkeley, Berkeley, CA for the Matsui Center for Politics and Public Service, which may include establishing an endowment, and for cataloguing the papers of Congressman Robert Matsui	700,000
University of Central Arkansas, Conway, AR, for a technology training and instruction initiative, which may include equipment	200,000
University of Central Florida, Orlando, FL for the Lou Frey Institute of Politics	250,000
University of Florida, Gainesville, FL for purchase of equipment at the College of Education	200,000
University of Louisiana at Monroe, Monroe, LA for technology upgrades at the College of Pharmacy	300,000
University of Michigan Depression Center, Ann Arbor, MI for the Postsecondary Education Campus Support project	200,000
University of Montevallo, Montevallo, AL for the Teacher Leadership Initiative for School Improvement	200,000
University of New Mexico, Albuquerque, NM for the American Indian Language Policy Research and Teacher Training Center	200,000
University of North Carolina at Wilmington, Wilmington, NC for development of an assistive technology center, which may include equipment	250,000
University of North Florida, Jacksonville, FL for the Virtual School Readiness Incubator	200,000
University of Texas at Tyler, Tyler, TX for a science, technology, engineering and mathematics program, including teacher training	150,000
University of Texas Medical Branch at Galveston, Galveston, TX for nursing programs	150,000
University of Texas Medical Branch at Galveston, Galveston, TX for the Centralized Clinical Placement system, including purchase of equipment	100,000
University of Virginia Center for Politics, Charlottesville, VA for the Youth Leadership Initiative	280,000
University of Washington at Bothell, WA for an initiative to train nursing faculty in partnership with a consortium of colleges	200,000
University of Wisconsin-Marshfield, Marshfield, WI for equipment and technology for science laboratories	200,000
Utah Valley State College, Orem, UT for a civic education program, including purchase of equipment	200,000
Vanguard University Nursing Center, Costa Mesa, CA for teacher and nurse training programs	150,000
Waldorf College, Forest City, IA for purchase of equipment	120,000
Weber State University, Ogden, UT for the TAPT program to recruit additional teachers	150,000
West Central Technical College, Waco, GA for purchase of equipment	150,000
West Chester University, West Chester, PA for nursing program development	200,000
Wisconsin Association of Independent Colleges and Universities, Madison, WI for continued implementation of the WAICU Collaboration Project	175,000
Wittenberg University, Springfield OH for a teacher training initiative	200,000
York College, City University of New York, Jamaica, NY for activities to prepare students for careers in aviation management	200,000

Minority science and engineering improvement.—The Committee recommends $8,730,000 for the minority science and engineering improvement program (MSEIP), the same as the fiscal year 2007 appropriation and the budget request. The MSEIP program awards grants to improve mathematics, science, and engineering programs

at institutions serving primarily minority students and to increase the number of minority students who pursue advanced degrees and careers in those fields.

TRIO.—The Committee recommends $868,178,000 for the TRIO programs, which is $40,000,000 above the fiscal year 2007 appropriation and the budget request. The TRIO programs provide a variety of outreach and support services to encourage low-income, potential first-generation college students to enter and complete college. Discretionary grants of up to four or five years are awarded competitively to institutions of higher education and other agencies. At least two-thirds of the eligible participants in TRIO must be low-income, first-generation college students. Under the Committee recommendation, over 850,000 students will receive TRIO services.

The Committee includes $10,000,000 to be used for a TRIO college completion initiative, providing supplemental awards under the student support services program to provide grant aid to students participating in the program, particularly to those at high risk of dropping out of college due to financial need. The Committee intends that student support services projects receiving supplemental awards shall provide matching funds equal to 33 percent of the total award; thus leveraging an additional $3,300,000 in need-based student aid. In total, this additional student financial assistance will benefit approximately 14,000 students.

The remaining increase over the fiscal year 2007 level shall be used to provide inflationary adjustments to existing TRIO projects in order to partially offset a loss in purchasing power since 2003.

The Committee is concerned about the reduced level of participation of Hispanic students in the TRIO Talent Search program, and encourages the Secretary of Education to enhance program outreach efforts to Hispanics with the goal of increasing the participation rates of Hispanic students in Talent Search.

GEAR UP.—The Committee recommends $323,423,000 for the GEAR UP program, which is $20,000,000 above the fiscal year 2007 level and the budget request. GEAR UP provides grants to States and partnerships of low-income middle and high schools, institutions of higher education and community organizations to target entire grades of students and give them the skills and encouragement to successfully pursue postsecondary education.

The Committee believes that the GEAR UP program is successful and should be expanded. The Department of Education has indicated that findings of the early effects of GEAR UP show that it has positive impacts through the 8th grade, has a positive impact on student achievement on standardized tests, and has achieved its early performance goals. Nevertheless, only 13 percent of all applications could be supported in the 2006 grant competition. Under the Committee recommendation, approximately 785,000 students—nearly 46,000 more than last year—will benefit from early invention services and financial assistance for college in fiscal year 2008. The Committee intends that $6,600,000 of the increase over fiscal year 2007 be used for State grants, of which 50 percent must be used to provide student scholarships, and $13,400,000 be used for partnership grants. The Committee encourages the Department to give favorable consideration in any competitions for GEAR UP

funding to partnerships that, in addition to providing early intervention services, guarantee college scholarships to GEAR UP students.

Byrd scholarships.—The bill includes $40,590,000 for Byrd scholarships, the same as the fiscal year 2007 level. The President did not propose funding for this program. The Byrd scholarship program provides formula grants to States to award $1,500 scholarships for up to four years of higher education to students who demonstrate academic excellence in high school. Under the Committee bill, approximately 27,000 students will receive merit scholarships in fiscal year 2008.

Javits fellowships.—The Committee recommends $9,699,000 for the Javits fellowship program, the same as fiscal year 2007 and $98,000 below the budget request. Under the Javits program, institutions receive Federal support to make fellowship awards to students pursuing doctoral study in the arts, humanities, and social sciences. The Committee recommendation will support approximately 226 fellowship awards in the 2009–2010 academic year.

Graduate assistance in areas of national need program.—The Committee recommends $30,067,000 for the graduate assistance in areas of national need (GAANN) program, $3,000 more than the budget request and the same as the fiscal year 2007 appropriation. The GAANN program awards grants to institutions of higher education to provide fellowships to economically disadvantaged students who have demonstrated academic excellence and who are pursuing graduate education in designated areas of national need, such as the sciences, mathematics, engineering, and nursing. The Committee recommendation will support fellowships for approximately 700 students in fiscal year 2008.

Teacher quality enhancement grants.—The Committee recommends $40,000,000 for teacher quality enhancement grants, which is $19,895,000 below the fiscal year 2007 appropriation. The Administration proposed to terminate this program. Teacher quality enhancement grants are designed to improve teacher recruitment, preparation, and licensure to ensure that current and future teachers have the necessary teaching skills and academic content knowledge to teach effectively. The program has three components that are mandated by the Higher Education Act: state grants, partnership grants and recruitment grants. By statute, state and partnership grants each receive 45 percent of the appropriation and recruitment grants receive 10 percent. The Committee bill includes language that permits the Department to allocate funds among these three components at its discretion in order to make the most effective use of these resources.

Within the total, approximately $28,500,000 will be for continuing awards and $11,500,000 will be available for new awards. The Committee intends that funds for new awards be used only for partnership grants to institutions of higher education, schools of arts and sciences, and high-need school districts in order to focus program resources on the critical need to improve teacher pre-service preparation. This amount in the bill will provide a 33 percent increase over fiscal year 2007 for these partnerships. The other components of this program are addressed through the

$300,000,000 increase provided for the improving teacher quality State grants program.

Child care access means parents in school.—The Committee recommends $17,810,000 for child care access means parents in school program, $2,000,000 above the fiscal year 2007 appropriation and the budget request. This program helps to ensure that low-income student parents have access to postsecondary education and affordable and convenient child care. Colleges and universities may receive discretionary grants of up to four years to support or establish a campus-based childcare program primarily serving the needs of low-income students enrolled at the institution. Priority is given to childcare programs that leverage significant local or institutional resources and utilize a sliding fee scale. Grants can only be used to supplement childcare services or start new programs.

The Committee's recommendation includes the $2,000,000 increase as part of its initiative to help reduce the number of abortions in America by alleviating the economic pressures and other real life conditions that can sometimes cause women to decide not to carry their pregnancies to term. With this increase, the number of college campuses receiving assistance for campus-based childcare will increase by nearly 13 percent to 196 campuses.

Advancing America through foreign language partnerships.—The Committee recommends no funding for the advancing America through foreign language partnerships program, for which $24,000,000 was proposed in the budget request. The Committee believes that existing authority under the foreign language assistance program can be used to address the identified foreign language needs and has provided $3,000,000 for new pilots for this purpose.

Demonstration projects to ensure quality higher education for students with disabilities.—The Committee recommends $6,875,000 for demonstration projects in disabilities, the same as the fiscal year 2007 appropriation. The Administration proposed to terminate this activity. This program provides discretionary grants for three years to support model demonstration projects that provide technical assistance and professional development activities for faculty and administrators in institutions of higher education in order to provide students with disabilities a high-quality postsecondary education.

Underground railroad program.—The Committee does not recommend funding for the underground railroad program, as proposed by the Administration. This program, which provides grants to non-profit institutions to research, display, interpret and collect artifacts relating to the history of the underground railroad, received $17,871,000 between fiscal years 1999 and 2007.

GPRA data/HEA program evaluation.—The Committee recommends $620,000 for program evaluation and development of data required under the Government Performance and Results Act for Higher Education programs administered by the Department. This amount is $350,000 below the fiscal year 2007 appropriation and the budget request.

B.J. Stupak Olympic scholarships.—The bill includes $970,000 for B.J. Stupak Olympic scholarships, the same as the fiscal year 2007 level. The Administration proposed to terminate this activity,

which provides financial assistance to Olympic athletes who are pursuing a postsecondary education. The Committee recommendation will provide scholarships to approximately 149 student athletes.

Thurgood Marshall legal education opportunity program.—The bill includes $2,946,000 for the Thurgood Marshall legal education opportunity program, the same as in fiscal year 2007. The Administration proposed to terminate this activity, which provides low-income, minority and disadvantaged college students with the information, preparation and financial assistance needed to gain access to and complete law school study. The Committee recommendation will provide financial assistance of up to $10,000 for 150 fellows and support educational activities for more than 1,000 students to improve retention, graduation and bar passage rates.

HOWARD UNIVERSITY

The Committee recommends $237,392,000 for Howard University, which is $3,526,000 above the budget request and the same as the fiscal year 2007 appropriation. The bill includes a minimum of $3,526,000 for the endowment, which is the same as the current level.

Howard University is a "Research I" university located in the District of Columbia. Direct appropriations for Howard University are authorized by 20 U.S.C. 123, originally enacted in 1867. Howard University provides undergraduate liberal arts, graduate and professional instruction to approximately 11,000 students from all 50 States. Masters degrees are offered in over 55 fields and Doctor of Philosophy degrees in 26 fields.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM

The Committee recommends $481,000 for the Federal administration of the college housing and academic facilities loan (CHAFL) program, the Higher Educational Facilities Loans program and the College Housing Loans program, the same as the budget request and $90,000 below the fiscal year 2007 appropriation.

HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL AND FINANCING PROGRAM

Federal administration.—The Committee recommends $188,000 for the administration of the historically black college and university capital financing program authorized under part D of title III of the Higher Education Act, the same as the budget request and $21,000 below the fiscal year 2007 appropriation. The program is intended to make capital available for repair and renovation of facilities at historically black colleges and universities. In exceptional circumstances, capital provided under the program can be used for construction or acquisition of facilities.

Bond subsidies.—The Committee bill does not include bill language carried in prior years limiting the total amount of outstanding bonds insured under the HBCU capital program, as proposed by the Administration. The Department projects that the program will surpass the statutory loan cap in 2007, and does not propose to make additional loan guarantees in fiscal year 2008.

Under the HBCU capital program, a private, for-profit "designated bonding authority" issues construction bonds to raise capital for loans to historically black colleges and universities for construction projects. The Department provides insurance for these bonds, guaranteeing full payment of principal and interest to bond holders. The letter of credit limitation establishes the total amount of bonds which can be issued by the designated bonding authority. The credit limitation and expected program subsidy must be explicitly stated in an appropriation Act according to the Federal Credit Reform Act of 1990.

INSTITUTE OF EDUCATION SCIENCES

The Committee recommends $535,103,000 for the Institute of Education Sciences (IES). This amount is $59,159,000 less than the budget request and $17,618,000 more than the fiscal year 2007 funding level. This account supports education research, statistics, and assessment activities.

Research, development, and dissemination

This Committee recommends $157,552,000 for educational research, which is $5,000,000 less than fiscal year 2007 funding level and $4,983,000 less than the budget request. IES supports research, development, and national dissemination activities that are aimed at expanding fundamental knowledge of education and promoting the use of research and development findings in the design of efforts to improve education.

The Committee's recommendation reflects its support for the Department's efforts to carry out congressionally authorized evaluations of Federal education programs using rigorous methodologies, particularly random assignment, that are capable of producing scientifically valid knowledge regarding which program activities are effective. To ensure that authorized evaluations are conducted in a rigorous manner, are independent of the program offices, and include scientific peer review, the Committee believes that IES should be the lead agency for the design and implementation of these evaluations. The Committee believes further that it is appropriate for program offices to work collaboratively with IES to include an option in program solicitations for grantee participation in such evaluations, including random assignment, to the extent IES deems appropriate and where not specifically prohibited by law.

With the renewed focus on science, technology, engineering and mathematics (STEM) education, the Committee notes with concern the severe under-representation of Hispanics, African Americans, and Native Americans in the STEM fields. In particular, the Center for the Advancement of Hispanics in Science and Engineering Education (CAHSEE) notes that Hispanic Americans constitute 12 percent of the population in the United States, and yet represent less than 3 percent of the engineering and scientific community nationwide. With the goal of increasing the percentage of Hispanic Americans and all minority subgroups that contribute to the STEM fields, the Committee requests that the Department investigate the reasons for this disparity and issue a report within one year with the findings of that investigation, including suggested remedies to bridge the divide.

The Committee's recommendation includes $5,000,000 for the "what works clearinghouse". The goal of the clearinghouse is to provide educators, policymakers, researchers, and the public with reviews of the effectiveness of specific interventions to improve student outcomes, including the best scientific evidence upon which those judgments are based. The Committee notes that, since fiscal year 2002, the Department has invested approximately $36,000,000 in the "what works clearinghouse", which has yet to produce a user-friendly database. The Committee also notes that the Department has provided $5,000,000 for the "doing what works clearinghouse", which is funded within Department administration and which is designed to carry out the same purpose as the "what works clearinghouse". The Committee supports the goal of enabling practitioners to make sound choices by giving them easy access to the scientific evidence supporting specific programs and projects. Nevertheless, the Committee believes that the Department's efforts in this regard have been too costly, uncoordinated, and ineffective. The Committee provides sufficient funds to continue the "what works clearinghouse" but at a reduced level so that the Department will produce a coordinated plan to disseminate best practices quickly, efficiently, and in a user-friendly manner.

Statistics

This bill includes $96,022,000 for the activities of the National Center for Education Statistics, exclusive of the national assessment of educational progress. This amount is $23,000,000 less than the budget request and $6,000,000 more than the fiscal year 2007 funding level. A portion of the funding increase will support a new secondary longitudinal study beginning with an eighth grade cohort. This study will provide important information about dropout rates.

Statistics activities are authorized under title I of the Education Sciences Reform Act of 2002. The Center collects, analyzes, and reports statistics on all levels of education in the United States. Activities are carried out directly and through grants and contracts and include projections of enrollments, teacher supply and demand, and educational expenditures. IES also provides technical assistance to State and local education agencies and postsecondary institutions.

For arts in education, the Committee directs that within the total $2,200,000 is for the fast response survey system to collect data for the report of arts education in public elementary and secondary schools during the 2008–2009 school year. The Committee expects this survey to be administered by the National Center for Education Statistics. The survey should have the comprehensive quality of the 2002 report and should include national samples of elementary and secondary school principals, as well as surveys of elementary and secondary classroom teachers and arts specialists.

The Committee recommendation does not include the Administration's request of $25,000,000 for a pilot study to develop a student unit record data system. The Department has not made a convincing case that the benefits of a national database containing individual student records outweigh the costs of establishing and

maintaining such a system. Further, the Department has not adequately addressed privacy concerns.

Regional educational laboratories

The Committee has included $65,470,000 for the regional educational laboratories, which is the same as the fiscal year 2007 level and $6,000 more than the budget request. The regional educational laboratories help States and education practitioners implement the requirements contained in the NCLB. This assistance, includes product development, applied research, technical assistance, and professional development.

Research in special education

The Committee recommendation includes $71,840,000 for research in special education, the same as the fiscal year 2007 funding level and $11,000 more than the budget request. This program supports competitive awards to produce and advance the use of knowledge to improve services and results for children with disabilities. The program focuses on producing new knowledge, integrating research and practice and improving the use of knowledge.

Special education studies and evaluations

The Committee recommendation includes $9,900,000 for special education studies and evaluations, the same as the fiscal year 2007 funding level and $272,000 more than the President's request. This program awards competitive grants, contracts and cooperative agreements to assess the implementation of the Individuals with Disabilities Education Act and the effectiveness of state and local efforts to provide special education and early intervention programs and services to infants, toddlers, and children with disabilities.

Statewide data systems

The Committee recommendation includes $37,508,000 for statewide data systems development, $12,956,000 more than the fiscal year 2007 funding level and $11,644,000 less than the budget request. This program awards grants, on a competitive basis, to state educational agencies to enable such agencies to design, develop, and implement statewide, longitudinal data systems. Such data systems help States to efficiently and accurately manage, analyze, disaggregate, and use individual student data consistent with the No Child Left Behind Act.

Assessment

The Committee recommendation includes $96,811,000 for the National Assessment of Educational Progress (NAEP), $19,821,000 less than the budget request, and $3,662,000 more than the fiscal year 2007 funding level. The Assessment is authorized under section 303 of the NAEP Authorization Act. It is the only nationally representative and continuing survey of educational ability and achievement of American students. The primary goal of the Assessment is to determine and report the status and trends of the knowledge and skills of students, subject by subject. Subject areas assessed in the past have included reading, writing, mathematics,

science, and history, as well as citizenship, literature, art, and music. The Assessment is operated by contractors through competitive awards made by the National Center for Education Statistics. A National Assessment Governing Board formulates the policy guidelines for the program.

Within the amounts provided, $5,716,000 is for the National Assessment Governing Board, which is $321,000 less than the budget request and $662,000 more than the fiscal year 2007 funding level. The Committee recommendation also provides, $91,095,000 is for the NAEP program. The Committee's recommendation does not include funds for 12th grade reading and mathematics assessments.

The recommendation does include $3,000,000 to expand from 10 to 16 the number of urban districts that participate in the trial urban district assessment. The Committee expects the National Assessment Governing Board to use its existing criteria in determining the districts to be added to the assessment.

The Committee looks forward to the completion of the 8th grade arts assessment—the first fine arts assessment since 1997.

DEPARTMENTAL MANAGEMENT

The Committee recommendation includes $541,497,000 for departmental management (salaries and expenses) at the Department of Education. This amount is $18,561,000 less than the fiscal year 2007 funding level and $52,447,000 less than the budget request. These activities are authorized by the Department of Education Organization Act, P.L. 96–88, and include costs associated with the management and operations of the Department as well as separate costs associated with the Office for Civil Rights and the Office of the Inspector General.

Program administration

The Committee recommendation includes $391,487,000 for program administration. This amount is $25,000,000 less than the fiscal year 2007 funding level and $38,144,000 less than the budget request. These funds support the staff and other costs of administering programs and activities at the Department. Items include personnel compensation and health, retirement and other benefits as well as travel, rent, telephones, utilities, postage fees, data processing, printing, equipment, supplies, technology training, consultants and other contractual services. The Committee recommendation includes language proposed by the Administration making $3,000,000 of the total funding provided available until expended for building alterations and related expenses for the move of Department staff to the Mary E. Switzer building in Washington, D.C. This amount is $14,303,000 less than the amount requested by the Administration, that amount having been rendered unnecessary this year due to delays in the renovation project.

The Committee requests that the Department of Education provide the Committee within 90 days a compilation of all adequate yearly progress measurements and standards of each State, territory, and the District of Columbia, as well as all waivers from the requirements of NCLB sought, denied, and granted since the enactment of NCLB.

OFFICE FOR CIVIL RIGHTS

The bill includes $93,771,000 for the salaries and expenses of the Office for Civil Rights. This amount is $2,566,000 more than the fiscal year 2007 funding level and the same as the budget request. This office is responsible for enforcing laws that prohibit discrimination on the basis of race, color, national origin, sex, disability, and age in all programs and institutions that receive funds from the Department. These laws extend to 50 State educational agencies, 16,000 local educational agencies, 3,500 institutions of higher education. They also extend to proprietary schools, State rehabilitation agencies, libraries, and other institutions receiving Federal funds.

OFFICE OF THE INSPECTOR GENERAL

The bill includes $53,239,000 for the Office of the Inspector General. This amount is $2,973,000 more than the fiscal year 2007 funding level and the same as the budget request. This Office has authority to inquire into all program and administrative activities of the Department as well as into related activities of grant and contract recipients. It conducts audits and investigations to determine compliance with applicable laws and regulations, to check alleged fraud and abuse, efficiency of operations, and effectiveness of results.

GENERAL PROVISIONS

Sec. 301. The Committee continues a provision that prohibits funds under this Act from being used for the transportation of students or teachers in order to overcome racial imbalances or to carry out a plan of racial desegregation.

Sec. 302. The Committee continues a provision that prohibits funds under this Act from being used to require the transportation of any student to a school other than the school which is nearest the student's home in order to comply with title VI of the Civil Rights Act of 1964.

Sec. 303. The Committee continues a provision that prohibits funds under this Act from being used to prevent the implementation of programs of voluntary prayer and meditation in public schools.

Sec. 304. The Committee continues and amends a provision that allows up to one percent of any discretionary funds appropriated for the Department of Education to be transferred between appropriations accounts, provided that no appropriation is increased by more than three percent by any such transfer.

Sec. 305. The Committee includes a new provision that prohibits funds under this Act from being used to promulgate, implement, or enforce any revision to the regulations in effect under section 496 of the Higher Education Act of 1965 on June 1, 2007, until legislation specifically requiring such revision is enacted.

Sec. 306. In response to findings of serious conflicts of interest, bias, and violations of Federal law, the Committee has included a new provision to foster integrity and ethical values within the Department of Education. The Committee believes that it is the Secretary's responsibility to ensure that the Department administers

its programs, worth over $64,000,000,000, with the highest degree of objectivity and professionalism. Therefore, the bill requires the Secretary to implement procedures to vet conflicts of interest or bias among those who administer, or assist in the administration of, the Department's programs. The provision also requires the Inspector General to certify to the Committee the adequacy of such procedures and to conduct at least one audit within one year to ensure that the procedures are properly implemented and that they have proven to be adequate.

TITLE IV—RELATED AGENCIES

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

The bill provides $4,994,000 for the Committee for Purchase From People Who Are Blind or Severely Disabled. This is $342,000 above the fiscal year 2007 appropriation and the same as the budget request.

The Committee for Purchase From People Who Are Blind or Severely Disabled was established by the Wagner-O'Day Act of 1938 as amended. Its primary objective is to increase the employment opportunities for people who are blind or have other severe disabilities and, whenever possible, to prepare them to engage in competitive employment.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

The Corporation for National and Community Service (CNCS) was established by the National and Community Service Trust Act of 1993 to enhance opportunities for national and community service and provide national service educational awards. The Corporation makes grants to States, institutions of higher education, public and private nonprofit organizations, and others to create service opportunities for a wide variety of individuals through full-time national and community service programs.

CNCS administers a variety of volunteer service programs with diverse funding mechanisms. The AmeriCorps volunteers in service to America program funding is mostly provided for direct programming, but a limited number of competitive grants are awarded. National senior volunteer corps programs are administered through competitive grants and contracts. Most of the funding provided for the AmeriCorps State and national program is awarded via competitive grants to States and nonprofit organizations, but there are also formula grants to States and direct programming costs as well. Funding for the learn and serve America program is predominantly distributed via formula for school-based service-learning programs, but a portion of the money is awarded via competition to schools, tribes, community-based organizations, and institutions of higher education.

OPERATING EXPENSES

(INCLUDING TRANSFER OF FUNDS)

The Committee recommends $768,905,000 for the operating expenses of the programs administered by the Corporation for Na-

tional and Community Service (CNCS). This is $40,355,000 less than the fiscal year 2007 funding level and $15,257,000 more than the budget request. The Committee concurs with the Administration's request to consolidate the domestic volunteer service and the national and community service operating expenses accounts into one single account. With the exception of the funds for the national service trust and service-learning programs, the Committee provides one year of obligation authority for all programs administered by CNCS.

Domestic volunteer services programs

The Committee recommends $313,054,000 for the domestic volunteer service programs administered by CNCS, which is $3,500,000 below the fiscal year 2007 appropriation and $18,828,000 above the budget request.

VISTA.—The Committee recommends $95,468,000 for the volunteers in service to America (VISTA) program, which is the same as the fiscal year 2007 funding level and $5,734,000 more than the budget request. The VISTA program supports individuals who recruit volunteers and organize community volunteer activities but who do not provide direct volunteer services.

National senior volunteer corps.—The Committee recommends a total of $217,586,000 for the national senior volunteer corps, the same as the fiscal year 2007 appropriation and $13,094,000 above the budget request. In addition, the Committee continues bill language that prohibits CNCS from providing stipends or other monetary incentives to volunteers or volunteer coordinators whose incomes exceed 125 percent of the national poverty level.

National and community service programs

The Committee recommends $455,851,000 for national and community service programs administered by CNCS, including the national service trust. This is $36,855,000 less than the fiscal year 2007 funding level and $3,571,000 less than the budget request.

National service trust.—The Committee recommends $122,521,000 for the national service trust to be available until expended. This is $4,801,000 above the fiscal year 2007 funding level and the same as the budget request. The Committee continues bill language that allows CNCS to transfer funds to the national service trust from the amount provided for AmeriCorps grants after notice of such a transfer is transmitted to Congress.

AmeriCorps grants.—The Committee recommendation includes $255,625,000 for AmeriCorps grants, which is $9,200,000 less than the fiscal year 2007 funding level and the same as the budget request. Less funding is required in fiscal year 2008 due to estimated carryover balances from previous appropriations. In addition, the Committee continues bill language that caps at not more than $55,000,000 the amount of funding available for the national direct awards.

Innovation, assistance, and other activities.—The Committee recommends $13,000,000 for innovation, assistance, and other activities, which is $16,771,000 below the fiscal year 2007 funding level and $303,000 above the budget request. The Committee does not include bill language requested by the Administration that would

make this funding available for obligation for two years. The Committee does continue bill language providing that none of the funds made available for innovation, assistance, and other activities may used to support the salaries and related expenses, including travel, attributable to CNCS employees.

Partnership grants.—The Committee expects that previous partnership grantees, such as the Points of Light Foundation and America's Promise, will be eligible to compete for funding under the innovation, assistance, and other activities funding as well as within the AmeriCorps national direct competition.

National civilian community corps.—The Committee recommends $11,620,000 for the national civilian community corps, which is $15,169,000 less than the fiscal year 2007 funding level and the same as the budget request.

Learn and serve.—The Committee recommends $37,125,000 for learn and serve America, which is the same as the fiscal year 2007 funding level and $5,026,000 above the budget request. The Committee includes bill language that funding for learn and serve America is to be available until September 30, 2009. Funding is not set aside within the amount available for learn and serve America programs for a public awareness campaign.

State commissions.—The Committee recommends $12,000,000 for State commission administrative grants, which is $516,000 less than the fiscal year 2007 appropriation and the same as the budget request. The Committee continues bill language to override the National and Community Service Act of 1990 to set aside these funds.

SALARIES AND EXPENSES

The Committee recommends $68,964,000 for salaries and expenses associated with the administrative activities of the Corporation for National and Community Service. This is $1,360,000 less than the fiscal year 2007 funding level and $556,000 less than the budget request. These funds allow CNCS to manage and operate its programs.

OFFICE OF INSPECTOR GENERAL

The Committee recommends $5,512,000 for the Office of Inspector General, which is $549,000 more than the fiscal year 2007 funding level and the same as the budget request. The Office of Inspector General is authorized by the Inspector General Act of 1978. This office provides an independent assessment of all CNCS operations and programs, through audits, investigations, and other proactive projects.

ADMINISTRATIVE PROVISIONS

Sec. 401. The Committee recommendation continues bill language regarding qualified student loans eligible for education awards.

Sec. 402. The Committee recommendation continues bill language regarding the availability of funds for the placement of volunteers with disabilities.

Sec. 403. The Committee recommendation continues bill language directing the inspector general to levy sanctions, in accord-

ance with standard inspector general audit resolution procedures, which include, but are not limited to, debarment of any grantee found to be in violation of AmeriCorps program requirements, including using grant or program funds to lobby Congress.

Sec. 404. The Committee recommendation continues bill language that requires CNCS to ensure that significant changes to program requirements or policy are made only through public notice and comment rulemaking.

Sec. 405. The Committee recommendation includes bill language, as requested, permitting professional corps program applicants that exceed a statutory living allowance/salary amount to apply for funds through State formula.

Sec. 406. The Committee recommendation includes bill language, as requested, that permits CNCS to solicit and accept compensated services and commercial services from other organizations and individuals (other than participants) to assist in programs administered by CNCS.

Sec. 407. The Committee recommendation continues bill language (although the new bill language structure moves this language from "national and community service, operating expenses" to "administrative provisions") that permits organizations operating projects under the AmeriCorps education awards to do so without regard to several administrative functions in the underlying statute.

Sec. 408. The Committee recommendation includes bill language, as requested, that combines separate matching requirements for AmeriCorps grants.

CORPORATION FOR PUBLIC BROADCASTING

The Committee recommends $420,000,000 in advance funding for fiscal year 2010 for the Corporation for Public Broadcasting (CPB). This amount is $20,000,000 over the fiscal year 2009 appropriation. The Administration proposed to discontinue funding public broadcasting activities two years in advance. CPB's appropriation is allocated according to a statutory formula reserving no less than 89 percent of the appropriation for grants to stations or program producers, 6 percent for system support, and no more than 5 percent for CPB operations. These funds will partially support the operations of over 1,150 public radio and television stations.

For fiscal year 2008, the Committee does not approve the Administration's proposal to rescind $50,000,000 from CPB's enacted appropriation. In addition, the Committee recommends $29,700,000 for digital transition activities, which is the same as the fiscal year 2007 level, and $26,750,000 for the first installment toward a $75 million replacement of public radio's interconnection system, which is $7,900,000 less than the amount provided in fiscal year 2007 for the public television interconnection system. The funds will be used to pay for the development and capital costs of the system by which the public radio satellite system distributes programs to public radio stations. The Administration proposes that these expenses be financed through CPB's base appropriation for fiscal year 2008. In addition, the bill includes language prohibiting the use of CPB funds to apply any political test or qualification in personnel actions.

The Committee recognizes that a great majority of public broadcasting audio, film and video history sits in collections that are deteriorating, and in their current format, will not be available for use after the digital transition without being preserved. In order to prevent further deterioration of these materials and to make them available again to the public, the Committee encourages CPB to spend a portion of the digital conversion funds to develop a digital public broadcasting archive pursuant to 47 U.S.C. 396 (g)(2)(D).

FEDERAL MEDIATION AND CONCILIATION SERVICE

The bill provides $44,450,000 for the Federal Mediation and Conciliation Service (FMCS), an increase of $1,601,000 above the fiscal year 2007 appropriation and an increase of $650,000 above the budget request.

The FMCS attempts to prevent and minimize labor-management disputes having a significant impact on interstate commerce or national defense, except in the railroad and airline industries. The agency convenes boards of inquiry appointed by the President in emergency disputes and conducts dispute mediation, preventive mediation, and arbitration. In addition, the Service offers alternative dispute resolution services and training to other Federal agencies to reduce litigation costs and speed Federal administrative proceedings.

The bill also includes provisions first enacted in the fiscal year 1996 Appropriations Act granting the agency the authority to accept gifts and to charge fees for certain services.

The Committee intends that not less than $650,000 of this appropriation be used to fund FMCS' Labor-Management Grants Program in fiscal year 2008. The Committee rejects the administration's proposal to eliminate this program and believes it has demonstrated success in improving workplace relationships and in instilling effective and efficient conflict resolution.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

The bill provides $8,096,000 for the Federal Mine Safety and Health Review Commission. This is an increase of $318,000 over the fiscal year 2007 appropriation and is the same as the budget request. The Committee is concerned about the Commission's increased workload as a result of the MINER Act, and has funded the full amount in the request to allow the Commission to hire four new law clerks to help process this new work.

The Commission is responsible for reviewing the enforcement activities of the Secretary of Labor under the Federal Mine Safety and Health Act. The Commission's administrative law judges hear and decide cases initiated by the Secretary of Labor, mine operators, or miners. The five-member Commission hears appeals from administrative law judge decisions, rules on petitions for discretionary review, and may direct, of its own initiative, review of cases that present unusual questions of law.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

For the Institute of Museum and Library Services (IMLS), the Committee recommends $264,812,000. This amount is $17,607,000

more than the fiscal year 2007 funding level and $6,434,000 less than the request. The Institute makes State formula grants for library services and discretionary national grants for joint library and museum projects.

For library services, the Committee recommends $167,500,000 for state grants, $3,638,000 for library services to Native Americans and Native Hawaiians, $12,375,000 for national leadership grants, and $23,760,000 for the Laura Bush 21st century librarian program for the recruitment and education of librarians.

For museum services, the Committee recommends $17,547,000 for museums for America, $982,000 for 21st Museum Professionals, $442,000 for museum assessment, $2,772,000 for conservation project support, $807,000 for conservation assessment, $7,920,000 for national leadership grants for museums, and $911,000 for Native American and Native Hawaiian museum services.

For policy, research, and statistics, the Committee recommends $2,000,000. This is the first year that the Committee has included funding for these activities. This recommendation accommodates the expansion of IMLS' mission to include functions that were formerly conducted by the National Commission on Libraries and Information Science (NCLIS). In accord with the President's recommendation, the Committee has not provided funding for NCLIS, which will no longer be in operation in fiscal year 2008. Instead, the Committee has given IMLS the authority and the resources necessary to carryout the important mission of NCLIS, which includes advising the executive and legislative branches and other public and private organizations on national library and information policies and plans. The Committee believes that IMLS has produced a sufficient plan to incorporate the functions of NCLIS.

For museum grants for African American history and culture, the Committee provides $842,000.

For program administration, the Committee recommends $12,021,000.

The Committee includes the following projects in the following amounts:

Project	Committee recommendation
Aerospace Museum of California Foundation, McClellan, CA for exhibits	$350,000
Alabama School of Math and Science, Mobile, AL for purchase of library materials	145,000
America's Black Holocaust Museum, Milwaukee, WI for exhibits and education programs, which may include acquisition of interactive media center kiosks	75,000
American Airpower Museum, Farmingdale, NY for exhibits and education programs	300,000
American Jazz Museum, Kansas City, MO for exhibits and education programs, and an archival project	200,000
American West Heritage Center, Wellsville, UT for the Lifelong Learning Initiative	200,000
Anne Arundel County Trust for Preservation, Inc., Annapolis, MD for exhibits and preservation	50,000
Armory Center for the Arts, Pasadena, CA for educational programming	50,000
Bandera County, Bandera, TX for library enhancements	200,000
Bellevue Arts Museum, Bellevue, WA	250,000
Boyle County Public Library, Danville, KY for educational materials and equipment	175,000
Burpee Museum, Rockford, IL for educational programming and exhibits	150,000
Charlotte County, FL, Port Charlotte, FL for archiving and equipment	300,000
Children's Museum of Indianapolis, Indianapolis, IN for exhibits and equipment	125,000
Children's Museum of Los Angeles, Van Nuys, CA for exhibits and education programs	200,000
Cincinnati Museum Center, Cincinnati, OH for a digital records initiative	150,000
City of Chino Hills, Chino Hills, CA for library facility improvements	200,000
College Park Aviation Museum, College Park, MD for exhibits and educational programs	150,000
Connecticut Historical Society Museum, Hartford, CT for educational programs and interactive school programs at the Old State House	100,000

Project	Committee recommendation
Contra Costa County, Martinez, CA for library services and its Technology for Teens in Transition volunteer mentor program at the Juvenile Hall Library	75,000
Corporation for Jefferson's Poplar Forest, Forest, VA for expansion of exhibits and outreach	200,000
County of San Bernardino, San Bernardino, CA for exhibits and programming	250,000
Discovery Center of Idaho, Boise, 10 for a science center	250,000
Everson Museum of Art of Syracuse, Syracuse, NY for expansion of the Visual Thinking Strategies and Arts Education program	250,000
Florida Holocaust Museum, S1. Petersburg, FL for exhibits and programming	200,000
Florida Southern College, Lakeland, FL to digitize holdings and create an online exhibit	250,000
George and Eleanor McGovern Library, Dakota Wesleyan University, Mitchell, SD for cataloging, preparing, and archiving documents and artifacts relating to the public service of Senator Francis Case and Senator George McGovern	50,000
George C. Marshall Foundation, Lexington, VA for research activities	150,000
George Washington University, Washington, DC for the Eleanor Roosevelt Papers Project	355,000
Heard Museum, Phoenix, A:z for web-based exhibits and educational programming	100,000
Heckscher Museum of Art, Huntington, NY for digitalization of collections and related activities	100,000
Historic Hudson Valley, Tarrytown, NY for education programs	50,000
Historic Hudson Valley, Tarrytown, NY, for education programs at Philipsburg Manor	225,000
History Museum of East Ottertail County, Perham, MN for exhibits and equipment	150,000
Impression 5 Science Center, Lansing, MI for exhibits	150,000
Iola Public Library, Iola, Kansas for educational programs, outreach, and materials	50,000
James A. Michener Art Museum, Doylestown, PA for equipment, salaries and supplies	100,000
Jefferson Barracks Heritage Foundation Museum, S1. Louis, MO for exhibits	50,000
Kansas Regional Prisons Museum, Lansing, KS for educational and outreach programs	100,000
Massie Heritage Center, Savannah, GA for exhibit upgrades and purchase of equipment	250,000
Metropolitan Library System, Chicago, IL for educational programming and materials	150,000
Monterey Bay Aquarium, Monterey, CA for educational programming and outreach	75,000
Morris Museum, Morristown, NJ for development of the Interactive Educational Workshop Center Exhibit	250,000
Museum of Aviation Foundation, Warner Robins, GA for education programs	350,000
Museum of Science and Technology, Syracuse, NY for museum exhibits and operations	200,000
Onondaga County Public Library, Syracuse, NY for technology upgrades	250,000
Overton County Library, Livingston, TN for collections, technology, and education programs	250,000
Pennsylvania State Police Historical, Educational and Memorial Museum, Hershey, PA for exhibits and educational materials	150,000
Pico Rivera Library, Pico Rivera, CA for books and materials, equipment, and furnishings	150,000
Portfolio Gallery and Education Center, St. Louis, MO for educational programming	50,000
Ralph Mark Gilbert Civil Rights Museum, Savannah, GA for exhibits, education programs, and equipment	50,000
Rust College, Holly Springs, MS to purchase equipment and digitize holdings	200,000
Samuel Dorsky Museum of Art, State University of New York at New Paltz, NY for exhibits and programs	150,000
San Gabriel Library, San Gabriel, CA for equipment, furnishings, and materials	175,000
Shedd Aquarium, Chicago, IL for exhibits and community outreach	150,000
South Carolina Aquarium, Charleston, SC for exhibits and curriculum	150,000
South Florida Science Museum, West Palm Beach, FL for educational and outreach programs	325,000
Texas Tech University, Lubbock, TX to digitize library holdings	450,000
Tubman African American Museum, Macon, GA for exhibits and education programs	45,000
Twin Cities Public Television, St. Paul, MN for the Minnesota Digital Public Media Archive	500,000
University of Puget Sound, Tacoma, WA for the James R. Slater Museum of Natural History for collections, education programs, and outreach	250,000
Yolo County Library, Woodland, CA for an after-school assistance and literacy program	100,000
Youna At Art Children's Museum, Davie, FL for the Global Villaae Proiect	150,000

MEDICARE PAYMENT ADVISORY COMMISSION

The Committee recommends $10,748,000 for the Medicare Payment Advisory Commission (MedPAC), $1,318,000 less than the fiscal year 2007 available funding and the same as the budget request. MedPAC advises Congress on payment and other policy issues affecting the Medicare program and on implications of changes in health care delivery and in the market for health care services on the Medicare program.

NATIONAL COMMISSION ON LIBRARIES AND INFORMATION SCIENCE

The Committee agrees with the President's budget request and does not provide funding for the National Commission on Libraries and Information Science (NCLIS) which will no longer be in operation in fiscal year 2008.

The mission of NCLIS, to advise the executive and legislative branches and other public and private organizations on national library and information policies and plans, will be carried out by the Institute of Museum and Library Services (IMLS). The Committee has provided adequate funding and the authority for IMLS to carry out the functions of NCLIS and believes that IMLS has produced a sufficient plan to integrate the NCLIS function into IMLS, generating a streamlined, combined agency.

NATIONAL COUNCIL ON DISABILITY

The bill provides $3,113,000 for the National Council on Disability (NCD). This amount is $313,000 below the fiscal year 2007 appropriation and the same as the budget request. The level recommended by the Committee is the same as the fiscal year 2007 appropriated level before the addition of one-time supplemental funding for homeland security related costs.

The Council monitors implementation of the Americans with Disabilities Act and makes recommendations to the President, the Congress, the Rehabilitation Services Administration, and the National Institute on Disability and Rehabilitation Research on public policy issues of concern to individuals with disabilities.

NATIONAL LABOR RELATIONS BOARD

The bill provides $256,988,000 for the National Labor Relations Board (NLRB), which is $5,481,000 above the fiscal year 2007 appropriation and $750,000 above the budget request.

The NLRB receives, investigates, and prosecutes unfair labor practice charges filed by businesses, labor unions, and individuals. It also schedules and conducts representation elections. The five-member Board considers cases in which an administrative law judge decisions are appealed.

The Committee is very concerned about actions, including the reduction of employee training and travel, that the NLRB has taken as a result of recent budgetary constraints. The Committee has provided additional funds in the bill to restore these activities, since their elimination has had a serious impact on employee morale at the agency. Of the increase listed above, not less than $525,000 is to be used for training, including training of new and existing employees, and not less than $225,000 is to be used for the field-headquarters detail program. In addition, the NLRB should produce a report on the use of these additional funds, including the types of training provided and numbers of employees supported with the funds, to be included in the fiscal year 2009 NLRB budget justification.

NATIONAL MEDIATION BOARD

The bill provides $12,992,000 for the National Mediation Board (NMB). This is $1,396,000 above the fiscal year 2007 appropriation and $750,000 above the budget request.

The NMB mediates labor disputes between employees and railroad and airline carriers subject to the Railway Labor Act. The Board also resolves representation disputes involving labor organizations seeking to represent railroad or airline employees.

The bill provides an additional $750,000 specifically to address the backlog of section 3 arbitration cases at the NMB. The Committee is concerned about the length of time it takes the NMB to resolve these cases, and the impact that the delay has on the individuals served by the NMB. The Committee directs the NMB to provide quarterly reports, beginning with the first quarter after enactment, describing how these funds are being used and their impact on the backlog, to the House and Senate Committees on Appropriations.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

The bill provides $10,696,000 for the Occupational Safety and Health Review Commission, $225,000 above the fiscal year 2007 appropriation and the same as the budget request.

The Commission adjudicates contested citations issued by the Occupational Safety and Health Administration against employers for violations of safety and health standards. The Commission's administrative law judges settle and decide cases at the initial level of review. The agency's three appointed Commissioners also review cases, issue rulings on complicated issues, and may direct review of any decision by an administrative law judge.

RAILROAD RETIREMENT BOARD

DUAL BENEFITS ACCOUNT

The bill provides $79,000,000 for dual benefits, a decrease of $9,000,000 below the fiscal year 2007 appropriation and the same as the budget request.

These funds are used to pay dual benefits to those retirees receiving both railroad retirement and social security benefits. The bill includes a provision permitting a portion of these funds to be derived from income tax receipts on dual benefits as authorized by law. The Railroad Retirement Board estimates that approximately $6,000,000 may be derived in this manner.

FEDERAL PAYMENT TO THE RAILROAD RETIREMENT ACCOUNT

The bill provides $150,000 for the interest earned on unnegotiated checks, the same as the fiscal year 2007 appropriation and the budget request.

LIMITATION ON ADMINISTRATION

The bill provides a consolidated limitation of $103,694,000 on the expenditure of railroad retirement and railroad unemployment trust funds for administrative expenses of the Railroad Retirement

Board, the same as the fiscal year 2007 appropriation and $176,000 more than the budget request.

The Railroad Retirement Board (RRB) administers comprehensive retirement-survivor and unemployment-sickness insurance benefit programs for railroad workers and their families. This account limits the amount of funds in the railroad retirement and railroad unemployment insurance trust funds that may be used by the RRB for administrative expenses. The Committee prohibits funds from the railroad retirement trust fund from being spent on any charges over and above the actual cost of administering the trust fund, including commercial rental rates.

The Committee is aware of a proposal to consolidate the financial statements and audit of the National Railroad Retirement Investment Trust with the financial statements and audit of the Railroad Retirement Board. The Committee notes that the Railroad Retirement and Survivors' Improvement Act of 2001 mandates that the Trust functions independently from the Railroad Retirement Board. Further, the Act specifically requires a separate audit of the Trust by a nongovernmental auditor, and requires that the results of this audit be included in the Trust's Annual Management Report to Congress. The Committee expects that the Trust shall be administered and audited solely in conformance with the Act of 2001.

LIMITATION ON THE OFFICE OF INSPECTOR GENERAL

The bill provides authority to expend $7,606,000 from the railroad retirement and railroad unemployment insurance trust funds for the Office of Inspector General, an increase of $433,000 above the fiscal year 2007 appropriation and the same as the budget request. This account provides funding for the inspector general to conduct and supervise audits and investigations of programs and operations of the Board.

SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

The Committee recommends $28,140,000 for mandatory payments necessary to compensate the old age and survivors insurance (OASI) trust fund and disability insurance (DI) trust fund for special payments to certain uninsured persons (for which no payroll tax is received), costs incurred for administration of pension reform activities and interest lost on the value of benefit checks issued but not negotiated. This is $7,670,000 more than the fiscal year 2007 funding level and the same as the budget request. This appropriation restores the trust funds to the position they would have been in had they not borne these costs properly charged to the general funds.

SUPPLEMENTAL SECURITY INCOME PROGRAM

The Committee recommends $26,948,525,000 for the supplemental security income (SSI) program. This is $2,122,644,000 less than the fiscal year 2007 funding level and $37,525,000 more than the budget request. The Committee also provides $14,800,000,000 in advance funding for the first quarter of fiscal year 2009 as requested.

Beneficiary services

In addition to Federal benefits, the Social Security Administration (SSA) administers a program of supplementary State benefits for those States that choose to participate. The funds also are used to reimburse the trust funds for the administrative costs of the program. The Committee provides $36,000,000 for beneficiary services, the same as the budget request. In fiscal year 2007, this program was funded by using carryover funding from prior years.

Research and demonstration

Within the appropriation for SSI, the Committee recommends $27,000,000 for research and demonstration activities conducted under section 1110 of the Social Security Act. This is the same as the fiscal year 2007 funding level and the budget request.

Administration

Within the appropriation for SSI, the committee recommends $3,020,525,000 for payment to the social security trust funds for SSI's share of the base administrative expenses of SSA. This is $70,356,000 more than the fiscal year 2007 funding level and $37,525,000 more than the budget request.

LIMITATION ON ADMINISTRATIVE EXPENSES

The Committee recommends a limitation on administrative expenses for SSA of $9,347,953,000 to be funded from the social security and Medicare trust funds. This is $170,380,000 more than the fiscal year 2007 funding level and $100,000,000 more than the budget request.

The Committee is supportive of the Administration's request for program integrity efforts, including continuing disability reviews and SSI redeterminations, but also provides funds above the budget request to address disability hearings and claims processing times and case backlogs. The average processing time for disability claims appeals currently ranges from 281 days to 848 days. The Administration's request is not sufficient to achieve key performance improvements. Under the request, average processing times for initial disability claims and hearing decisions will increase and the initial disability claims and hearings backlog will grow. The additional funding is intended to permit SSA to respond to individuals awaiting disability and hearing decisions in a more timely manner.

Social Security Advisory Board

The Committee recommends that not less than $2,000,000 within the limitation on administrative expenses be available for the social security advisory board, the same as both the fiscal year 2007 funding level and the budget request.

Continuing disability reviews and redeterminations

The Committee includes bill language providing that of the amounts provided within the limitation on administrative expenses, not less than $263,970,000 may be used for conducting continuing disability reviews and redeterminations of SSI eligibility.

This is the same as the budget request. In fiscal year 2007, the Committee did not specify an amount for these activities within bill language.

The Committee includes bill language providing an additional $213,000,000 for continuing disability reviews and redeterminations of SSI eligibility over the amounts made available within the limitation on administrative expenses funding.

User fees

In addition to other amounts provided in the bill, the Committee recommends an additional limitation of $136,000,000 for administrative activities funded from user fees. This is $18,000,000 more than the fiscal year 2007 level and the same as the budget request.

OFFICE OF INSPECTOR GENERAL

(INCLUDING TRANSFER OF FUNDS)

The Committee recommends $95,047,000 for the Office of the Inspector General (OIG), which is $2,996,000 more than the fiscal year 2007 funding level and the same as the budget request. Within this total, the bill also provides authority to expend $68,047,000 from the social security trust funds for activities conducted by the Inspector General, $1,898,000 more than the fiscal year 2007 funding level and the same as the budget request.

TITLE V—GENERAL PROVISIONS

Sec. 501. The Committee continues a provision to allow the Secretaries of Labor, Health and Human Services, and Education to transfer unexpended balances of prior appropriations to accounts corresponding to current appropriations to be used for the same purpose and for the same periods of time for which they were originally appropriated.

Sec. 502. The Committee continues a provision to prohibit the obligation of funds beyond the current fiscal year unless expressly so provided.

Sec. 503. The Committee continues a provision to prohibit appropriated funds to be used to support or defeat legislation pending before the Congress or any State legislature, except in presentation to the Congress or any State legislature itself.

Sec. 504. The Committee continues a provision to limit the amount available for official reception and representation expenses for the Secretaries of Labor and Education, the Director of the Federal Mediation and Conciliation Service, and the Chairman of the National Mediation Board.

Sec. 505. The Committee continues a provision to prohibit funds to be used to carry out a needle distribution program.

Sec. 506. The Committee continues a provision to require grantees receiving Federal funds to clearly state the percentage of the total cost of the program or project that will be financed with Federal money.

Sec. 507. The Committee continues a provision to prohibit appropriated funds to be used for any abortion.

Sec. 508. The Committee continues a provision to provide exceptions for Sec. 507 and a provision to prohibit funds from being

made available to a Federal agency or program, or to a State or local government, if such agency, program or government discriminates against institutional or individual health care entities because they do not provide, pay for, provide coverage of, or refer for abortions.

Sec. 509. The Committee continues a provision to prohibit the use of funds in the Act concerning research involving human embryos. However, this language should not be construed to limit Federal support for research involving human embryonic stem cells listed on an NIH registry and carried out in accordance with policy outlined by the President.

Sec. 510. The Committee continues a provision to prohibit the use of funds for any activity that promotes the legalization of any drug or substance included in schedule I of the schedules of controlled substances.

Sec. 511. The Committee continues a provision to prohibit the use of funds to promulgate or adopt any final standard providing for a unique health identifier until legislation is enacted specifically approving the standard.

Sec. 512. The Committee continues a provision related to annual reports to the Secretary of Labor.

Sec. 513. The Committee continues a provision that prohibits the transfer of funds from this Act except by authority provided in this Act or another appropriation Act.

Sec. 514. The Committee continues a provision to limit funds in the bill for public libraries to those libraries that comply with the requirements of the Children's Internet Protection Act.

Sec. 515. The Committee continues a provision to limit technology funds in the bill for elementary and secondary schools to those schools that comply with the requirements of the Children's Internet Protection Act.

Sec. 516. The Committee continues a provision regarding procedures for reprogramming of funds.

Sec. 517. The Committee continues a provision pertaining to appointments to a scientific advisory committee.

Sec. 518. The Committee includes a new provision requesting each department and related agency to submit an operating plan within 45 days of enactment, detailing any reprogramming of funds which result in a different funding allocation than that in the fiscal year 2008 Act, the accompanying detailed table or budget request.

Sec. 519. The Committee includes a new provision requiring the Department of Labor and the Department of Health and Human Services to provide congressional budget justifications for their fiscal year 2009 budget requests in the format and level of detail used by the Department of Education in its fiscal year 2008 congressional budget justifications.

Sec. 520. The Committee recommends language precluding funds in this Act from being used by the Social Security Administration to administer benefit payments under a totalization arrangement that would be inconsistent with existing law.

Sec. 521. The Committee recommends language precluding funds in this Act from being used to enter into a contract with an entity that does not participate in the basic pilot program described in

section 403(a) of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996.

CONSTITUTIONAL AUTHORITY

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee on Appropriations bases its authority to report this legislation from clause 7 of section 9 of article I of the Constitution of the United States of America which states:

> No money shall be drawn from the Treasury but in consequence of Appropriations made by law * * *

Appropriations contained in this Act are made pursuant to this specific power granted by the Constitution.

COMPARISON WITH BUDGET RESOLUTION

Pursuant to clause 3(c)(2) of rule XIII of the Rules of the House of Representatives and section 308(a)(1)(A) of the Congressional Budget 1974 the following table compares the levels of new budget authority provided in the bill with the appropriate allocation under section 302(b) of the Budget Act.

[In millions of dollars]

	302(b) allocation		This bill	
	Budget authority	Outlays	Budget authority	Outlays
Discretionary	151,112	148,433	151,748	148,038
Mandatory	451,491	451,718	451,491	451,718

Note.—The amounts in this bill are technically in excess of the Subcommittee section 302(b) suballocation. However, pursuant to section 207(d) of the congressional budget resolution for fiscal year 2008, increases to the Committee's section 302(a) allocation are authorized for funding in the reported bill for program integrity initiative spending relating to Social Security Administration continuing disability reviews and SSI eligibility redeterminations, Centers for Medicare and Medicaid Services health care fraud and abuse control, and State Unemployment Insurance in-person reemployment and eligibility assessments. After the bill is reported to the House, the Chairman of the Committee on the Budget will provide an increased section 302(a) allocation consistent with the funding provided in the bill. That new allocation will eliminate the technical difference prior to floor consideration.

FIVE-YEAR OUTLAY PROJECTIONS

Pursuant to section 308(a)(1)(B) of the Congressional Budget Act of 1974 the following table contains five-year projections prepared by the Congressional Budget Office of outlays associated with the budget authority provided in the accompanying bill:

[In millions of dollars]

Outlays:	
2008	513,463
2009	67,138
2010	14,844
2011	3,366
2012 and beyond	666

ASSISTANCE TO STATE AND LOCAL GOVERNMENTS

Pursuant to section 308(a)(1)(C) of the Congressional Budget Act of 1974 the financial assistance to State and local governments is as follows:

[In millions of dollars]

New budget authority	$276,146
Fiscal year 2008 outlays resulting therefrom	238,897

TRANSFER OF FUNDS

Pursuant to clause 3(f)(2) of rule XIII of the Rules of the House of Representatives, the following table lists the transfers of funds included in the accompanying bill.

APPROPRIATION TRANSFERS RECOMMENDED IN THE BILL

Account to which transfer is made	Amount	Account from which transfer is made	Amount
		Department of Labor	
Special Benefits	(1)	Postal Service and various agencies.	(1)
Department of Health and Human Services:			
Centers for Disease Control and Prevention, NIOSH.	(1)	Energy Employees Occupational Illness Compensation Fund [1].	(1)
DOL Employment Standards Administration Salaries and Expenses.		Black Lung Disability Trust Fund.	$32,761,000
DOL Departmental Management Salaries and Expenses.		Black Lung Disability Trust Fund.	$24,785,000
DOL Inspector General		Black Lung Disability Trust Fund.	$335,000
Department of the Treasury.		Black Lung Disability Trust Fund.	$356,000
Department of Health and Human Services		Department of Health and Human Services	
National Institutes of Health.		National Institutes of Health	
Global Fund to Fight HIV/AIDS/Malaria, U.S. AID.	$300,000,000	National Institute on Allergy and Infectious Diseases.	300,000,000
Various institutes and centers for AIDS.	up to 3%	Various institutes and centers for AIDS.	up to 3%
Various institutes and centers for AIDS.	amount det'd to be AIDS	Office of AIDS Research	amount det'd to be AIDS
Other HHS accounts	(1)	Public Health and Social Services Emergency Fund.	(1)
Related Agencies:			
National Service Trust	122,521,000	Corp. for National and Community Service.	122,521,000
National Service Trust	(1)	Corp. for National and Community Service.	(1)

APPROPRIATION TRANSFERS RECOMMENDED IN THE BILL—Continued

Account to which transfer is made	Amount	Account from which transfer is made	Amount
Social Security Administration: Office of Inspector General.	68,047,000	Federal Old-Age and Survivors Insurance Trust Fund and Federal Disability Insurance Trust Fund.	68,047,000

[1] Such sums.

RESCISSIONS

Pursuant to clause 3(f)(2) of rule XIII of the Rules of the House of Representatives, the following table lists the rescissions in the accompanying bill.

RESCISSIONS IN THE BILL

Department or Activity	Amounts rescinded
Department of Labor, Training and Employment Services	−$335,000,000
Department of Labor, Training and Employment Services (National Skills Standards Board)	−$44,000
Department of Labor, Employment Standards Administration	−$70,000,000

COMPLIANCE WITH RULE XIII, CL. 3(e) (RAMSEYER RULE)

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, the Committee notes that the accompanying bill does not propose to repeal or amend a statute or part thereof.

FULL COMMITTEE VOTES

Pursuant to the provisions of clause 3(b) of rule XIII of the House of Representatives, the results of each roll call vote on an amendment or on the motion to report, together with the names of those voting for and those voting against, are printed below:

ROLL CALL NO. 1

Date: July 11, 2007
Measure: Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill, FY 2008
Motion by: Mr. Wicker
Description of Motion: To prohibit use of funds to enforce provisions of a certain Occupational Safety and Health Administration (OSHA) standard, to the extent that such provisions require annual fit testing of respirators for occupational exposure to tuberculosis.
Results: Rejected 27 yeas to 38 nays.

Members Voting Yea	*Members Voting Nay*
Mr. Aderholt	Mr. Berry
Mr. Alexander	Mr. Bishop
Mr. Calvert	Mr. Boyd
Mr. Carter	Mr. Chandler
Mr. Crenshaw	Mr. Cramer
Mr. Culberson	Ms. DeLauro
Mrs. Emerson	Mr. Dicks
Mr. Frelinghuysen	Mr. Edwards
Mr. Goode	Mr. Farr
Ms. Granger	Mr. Fattah
Mr. Kingston	Mr. Hinchey
Mr. Knollenberg	Mr. Hobson
Mr. LaHood	Mr. Honda
Mr. Latham	Mr. Israel
Mr. Lewis	Mr. Jackson
Mr. Peterson	Ms. Kaptur
Mr. Regula	Mr. Kennedy
Mr. Rehberg	Ms. Kilpatrick
Mr. Rogers	Ms. Lee
Mr. Simpson	Mrs. Lowey
Mr. Tiahrt	Ms. McCollum
Mr. Walsh	Mr. Mollohan
Mr. Wamp	Mr. Moran
Dr. Weldon	Mr. Murtha
Mr. Wicker	Mr. Obey
Mr. Wolf	Mr. Olver
Mr. Young	Mr. Pastor
	Mr. Price
	Mr. Rodriguez
	Mr. Rothman
	Ms. Roybal-Allard
	Mr. Ruppersberger
	Mr. Ryan
	Mr. Schiff
	Mr. Serrano
	Mr. Udall
	Mr. Visclosky
	Ms. Wasserman Schultz

CHANGES IN THE APPLICATION OF EXISTING LAW

Pursuant to clause 3(f)(1)(A) of rule XIII of the Rules of the House of Representatives, the following statements are submitted describing the effect of provisions in the accompanying bill that directly or indirectly change the application of existing law.

The bill provides that appropriations shall remain available for more than one year for some programs for which the basic authorizing legislation does not so authorize such extended availability.

In various places in the bill, an earmark of funds within appropriation accounts may not track the authorization language with the level of specificity required under clause 2 of rule XXI.

In several instances, the bill provides advance appropriations for fiscal year 2009 for programs for which such advances are not authorized by law.

TITLE I—DEPARTMENT OF LABOR

TRAINING AND EMPLOYMENT SERVICES

Language providing for an increase in local area transfer authority between the adult and dislocated worker funds under the Workforce Investment Act.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Language allowing the use of funds for amortization payments to states which had independent retirement plans in their state employment service agencies prior to 1980.

Language allowing States to use unemployment insurance administrative funds to assist other States under Presidential disaster declarations.

Language providing that funds in this Act for one-stop career centers and unemployment insurance national activities may be used for contracts, grants, or agreements with non-state entities.

Language providing that funds in this Act may be used by the states for integrated employment service and unemployment insurance automation efforts.

PENSION BENEFIT GUARANTY CORPORATION

Language providing additional administrative expenses on the basis of participant and asset triggers.

EMPLOYMENT STANDARDS ADMINISTRATION

SALARIES AND EXPENSES

Language authorizing the Secretary of Labor to collect user fees for processing certain applications and issuing certain certificates and registrations under the Fair Labor Standards Act and the Migrant and Seasonal Agricultural Worker Protection Act.

SPECIAL BENEFITS

Language providing funds may be used under the Federal Employees' Compensation Act in which the Secretary of Labor may re-

imburse an employer, who is not the employer at the time of injury, for portions of the salary of a reemployed, disabled beneficiary.

Language allowing the Secretary of Labor to transfer certain administrative funds from the Postal Service fund and certain other government corporations and agencies related to the administration of Federal Employees' Compensation Act.

Language allowing the Secretary of Labor to require any person filing a claim for benefits under the Federal Employees' Compensation Act or the Longshore and Harbor Workers' Compensation Act to provide such identifying information as the Secretary may require, including a Social Security number.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Language establishing a maximum amount available for grants to states under the Occupational Safety and Health Act, which grants shall be no less than 50 percent of the costs of state programs required to be incurred under plans approved by the Secretary under section 18 of the Act.

Language authorizing the Occupational Safety and Health Administration to retain and spend up to $750,000 of training institute course tuition fees for training and education grants.

Language allowing the Secretary of Labor to collect and retain fees for services provided to Nationally Recognized Testing Laboratories.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Language allowing the Mine Safety and Health Administration to collect up to $750,000 at the National Mine Health and Safety Academy for room, board, tuition, and the sale of training materials, otherwise authorized by law to be collected, to be available for mine safety and health education and training activities, notwithstanding 31 U.S.C. 3302.

Language allowing the Mine Safety and Health Administration to accept land, buildings, equipment, and other contributions from public and private sources; to prosecute projects in cooperation with other agencies, Federal, state, or private; and to promote health and safety education and training in the mining community through cooperative programs with states, industry, and safety associations.

Language allowing the Secretary of Labor to use funds available to the Department to provide for the costs of mine rescue and survival operations in the event of major disasters.

Language authorizing the Secretary of Labor to recognize a designated entity and to provide funds and allow personnel to serve as officers in that entity.

DEPARTMENTAL MANAGEMENT

OFFICE OF JOB CORPS

Language prohibiting the use of funds from any other appropriation to provide meal services at or for Job Corps centers.

Language providing the Office of Job Corps with contracting authority.

Language limiting the use of funds to pay salaries at a rate in excess of Executive Level I.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HEALTH RESOURCES AND SERVICES

Language providing that $63,538,000 from general revenues, notwithstanding section 1820(j) of the Social Security Act, shall be available for carrying out the Medicare rural hospital flexibility grants program under section 1820 of such Act.

Language providing that in addition to fees authorized by section 427(b) of the Health Care Quality Improvement Act of 1986, fees shall be collected for the full disclosure of information under the Act sufficient to recover the full costs of operating the National practitioner Data Bank, and shall remain available until expended to carry out that Act.

Language providing that fees collected under the Health Care Fraud and Abuse Data Collection Program, authorized by section 1128E(d) (2) of the Social Security Act shall be sufficient to recover the full costs of operating the program, and shall remain available until expended to carry out that Act.

Language providing that funding included for free clinics malpractice claims may be used for Federal administrative expenses.

Language providing that all pregnancy counseling under the family planning program shall be nondirective.

Language limiting the reductions in Ryan White part A grants in fiscal year 2007.

Language making $25,000,000 available under section 241 of the Public Health Service Act to fund special programs for the care and treatment of individuals with HIV disease.

Language identifying a specific amount for maternal and child health SPRANS activities, notwithstanding current law.

CENTERS FOR DISEASE CONTROL AND PREVENTION

Language permitting the Centers for Disease Control and Prevention (CDC) to purchase and insure official motor vehicles in foreign countries.

Language permitting CDC to purchase, hire, maintain and operate aircraft.

Language providing that funding is available until expended for equipment and construction and renovation of facilities.

Language providing that funding for international HIV/AIDS is available until September 30, 2009.

Language providing that collections from user fees may be credited to the CDC appropriation.

Language making specific amounts under section 241 of the Public Health Service Act available to carry out: National Immunization Surveys, public health research, and the national occupational research agenda.

Language providing up to $31,800,000 for Individual Learning Accounts for full-time equivalents employees of CDC.

Language allowing the Director of CDC to redirect certain funds appropriated under Public Law 101–502.

Language providing that not to exceed $12,500,000 may be made available for grants under section 1509 of the Public Health Service Act to not more than 15 States, tribes, or tribal organizations.

Language permitting CDC to exempt from any personnel ceiling applicable to the agency both civilian and Commissioned Officers detailed to the States, municipalities, or other organizations under authority of section 214 of the Public Health Service Act for purposes related to homeland security during the period of detail or assignment.

Language notwithstanding section 2625 of the Public Health Service Act.

Language permitting CDC to exempt from any personnel ceiling applicable to the Agency both civilian and Commissioned Officers detailed to the States, municipalities, or other organizations under authority of section 214 of the Public Health Service Act for purposes related to homeland security during the period of detail or assignment.

NATIONAL INSTITUTES OF HEALTH

NATIONAL LIBRARY OF MEDICINE

Language providing that the National Library of Medicine may enter into certain personal services contracts.

Language making $8,200,000 available under section 241 of the Public Health Service Act to carry out National Information Center on Health Services Research and Health Care Technology and related health services.

OFFICE OF THE DIRECTOR

Language providing that the National Institutes of Health is authorized to collect third party payments for the cost of the clinical services that are incurred in NIH research facilities and that such payments shall be credited to the NIH Management Fund and shall remain available for one fiscal year after they are deposited.

Language providing that no more than $500,000 may be used for the Foundation for NIH Research.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES

Language providing that notwithstanding section 520A(f)(2) of the Public Health Service Act, no funds appropriated for carrying out section 520A are available for carrying out section 1971.

Language making specific amounts available under section 241 of the Public Health Service Act to fund technical assistance, national data, data collection and evaluation activities; national surveys on drug abuse; and, to evaluate substance abuse treatment programs.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Language is included to permit the Agency for Healthcare Research and Quality to retain and expend amounts received from Freedom of Information Act fees, reimbursable and interagency agreements, and the sale of data tapes.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

Language providing that in the administration of title XIX of the Social Security Act, payments to a State for any quarter may be made with respect to a State plan or plan amendment in effect during any such quarter, if submitted in, or prior to, such quarter and approved in that or any such subsequent quarter.

PAYMENTS TO THE HEALTH CARE TRUST FUNDS

Language providing indefinite authority for paying benefits if the annual appropriation is insufficient.

PROGRAM MANAGEMENT

Language providing that all funds collected in accordance with section 353 of the Public Health Service Act, together with such sums as may be collected from authorized user fees, administrative fees collected relative to Medicare overpayment recovery activities, and the sale of data, shall be available for expenditure by the Center for Medicare and Medicaid Services.

Language allowing fees charged in accordance with 31 U.S.C. 9701 to be credited to the Centers for Medicare and Medicaid Services administrative account.

Language providing that funds under this heading are available for the Healthy Start, Grow Smart program.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

Language providing that the sum of the amounts available to a State with respect to expenditures under title IV–A of the Social Security Act in fiscal year 1997 under this appropriation and under such title IV–A as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 shall not exceed the limitations under section 116(b) of such Act.

LOW INCOME HOME ENERGY ASSISTANCE

Language waiving existing law.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Language making $6,000,000 available under section 241 of the Public Health Service Act to carry out provisions of section 1110 of the Social Security Act.

Language granting eligible entities authority to carryover funds from one fiscal year to the next.

Language requiring the Secretary to establish certain procedures regarding the disposition of intangible property. Language imposing certain requirements on grantees under the abstinence education program.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

Language making $46,756,000 available under section 241 of the Public Health Service Act to carry out national health or human services research and evaluation activities.

Language providing $13,120,000 for prevention service demonstration grants under the Adolescent Family Life program, notwithstanding current law.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

Language making $48,000,000 available under section 241 of the Public Health Service Act to carry out health information technology network development activities.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

Language providing that notwithstanding section 496(b) of the Public Health Service Act, funds provided may be used for the construction or renovation of privately owned facilities for the production of pandemic vaccine and other biologicals, where the Secretary of HHS finds such a contract necessary to secure sufficient supplies of such vaccines or biologicals.

TITLE III—DEPARTMENT OF EDUCATION

IMPACT AID

Language ensuring that schools serving the children of military personnel continue to receive Impact Aid funds when the military parents who live on-base are deployed and the child continues to attend the same school and in cases in which an on-base military parent is killed while on active duty and the child continues to attend the same school.

SCHOOL IMPROVEMENT PROGRAMS

Language permitting State educational agencies to subgrant funds.

Language allowing the Republic of the Marshall Islands and the Federated States of Micronesia to reserve up to five percent of their supplemental education grants for certain purposes.

INNOVATION AND IMPROVEMENT

Language allowing the Secretary to retain up to 3 percent of the funding for the Teaching American History program for technical assistance and the dissemination of information.

Language permitting stipends and bonuses under the Troops to Teachers program to be made available to those serving in schools receiving title I funds.

SPECIAL EDUCATION

Language limiting the increase in the amount of funds required to be transferred to the Department of the Interior under the Grants to States.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Language providing the Institute certain discretion in the use of funds.

GALLAUDET UNIVERSITY

Language providing the University certain discretion in the use of funds.

CAREER, TECHNICAL, AND ADULT EDUCATION

Language specifying an allocation formula for awarding state grants and civics education.

Language waiving existing law to permit a portion of the amount provided for Adult Education State Grants to used for integrated English literacy and civics education services to immigrants and other limited English proficient populations, and specifying the distribution of such funds.

Language identifying specific funding levels for the National Institute for Literacy and national leadership activities under the Adult Education and Family Literacy Act, overriding the statutory setaside of 1.5 percent of the adult education appropriation.

STUDENT FINANCIAL ASSISTANCE

Language providing that the maximum Pell Grant a student may receive in the 2008–2009 academic year shall be $4,700. Language providing that mandatory funds not needed for academic competitiveness and SMART grants may be used for Pell grants.

HIGHER EDUCATION

Language providing that funds are available to fund fellowships for academic year 2009–2010 under part A, subpart 1 of title VII of the Higher Education Act of 1965, under the terms and conditions of part A, subpart 1.

Language providing that notwithstanding any other provision of law, funds made available to carry out title VI of the Higher Education Act and section 102(b)(6) of the Mutual Educational and Cultural Exchange Act of 1961 may be used to support visits and study in foreign countries by individuals who are participating in advanced foreign language training and international studies in areas that are vital to United States national security and who

plan to apply their language skills and knowledge of these countries in the fields of government, the professions, or international development.

HOWARD UNIVERSITY

Language providing that Howard University shall use not less than $3,526,000 for the endowment program pursuant to the Howard University Endowment Act.

TITLE IV—RELATED AGENCIES

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

OPERATING EXPENSES

Language allowing certain funds to be used for grant application reviews.

Language prohibiting certain funds from being used for stipends or other monetary incentives for volunteers or volunteer leaders whose incomes exceed 125 percent of the national poverty level.

Language prohibiting certain funds from being used to support salaries and related expenses (including travel) attributable to employees of the Corporation for National and Community Service.

Language allowing certain additional funds to be transferred to the National Service Trust, upon a determination that it is necessary to support the activities of national service participants and after notice is transmitted to the Congress.

Language capping at not more than $55,000,000 the AmeriCorps National Direct funding.

Language allowing certain funds to be made available to provide assistant to State commissions on national and community service.

FEDERAL MEDIATION AND CONCILIATION SERVICE

SALARIES AND EXPENSES

The bill includes language specifying that notwithstanding 31 U.S.C. 3302 fees charged by the Federal Mediation and Conciliation Service, up to full-cost recovery, for special training activities and for arbitration services shall be credited to and merged with its administrative account and shall remain available until expended; that fees for arbitration services shall be available only for education, training, and professional development of the agency workforce; and that the Director of the Service is authorized to accept on behalf of the United States gifts of services and real, personal, or other property in the aid of any projects or functions within the Director's jurisdiction.

NATIONAL LABOR RELATIONS BOARD

SALARIES AND EXPENSES

The bill includes a provision requiring that appropriations to the NLRB shall not be available to organize or assist in organizing agricultural laborers or used in connection with investigations, hearings, directives, or orders concerning bargaining units composed of agricultural laborers as referred to in 2(3) of the Act of July 5, 1935

(29 U.S.C. 152), and as amended by the Labor-Management Relations Act, 1947, as amended, and as defined in 3(f) of the Act of June 25, 1938 (29 U.S.C. 203), and including in said definition employees engaged in the maintenance and operation of ditches, canals, reservoirs, and waterways, when maintained or operated on a mutual non-profit basis and at least 95 per centum of the water stored or supplied thereby is used for farming purposes.

RAILROAD RETIREMENT BOARD

DUAL BENEFITS PAYMENTS ACCOUNT

The bill includes language providing that the total amount provided for railroad retirement dual benefits shall be credited to the Dual Benefits Payments Account in 12 approximately equal amounts on the first day of each month in the fiscal year.

LIMITATION ON ADMINISTRATION

The bill includes language providing that the Railroad Retirement Board shall determine the allocation of its administrative budget between the railroad retirement accounts and the railroad unemployment insurance administration fund.

SOCIAL SECURITY ADMINISTRATION

SUPPLEMENTAL SECURITY INCOME PROGRAM

Language requiring States to return to the Treasury funds unobligated at the end of the current fiscal year.

LIMITATION ON ADMINISTRATIVE EXPENSES

Language providing that unobligated balances at the end of the fiscal year shall remain available until expended for the agency's information technology and telecommunications hardware and software infrastructure, including related equipment and non-payroll administrative expenses associated solely with this information technology and telecommunications infrastructure.

Language providing that reimbursement to the trust funds under this heading for expenditures for official time for employees of the Social Security Administration pursuant to section 7131 of title 5, United States Code, and for facilities or support services for labor organizations pursuant to policies, regulations, or procedures referred to in 7135(b) of such title shall be made by the Secretary of the Treasury, with interest, from amounts in the general fund not otherwise appropriated, as soon as possible after such expenditures are made.

Language providing that funds derived from administration fees collected pursuant to 1616(d) of the Social Security Act or 212(b)(3) of Public Law 93–66 over $135,000,000 shall be available in the subsequent fiscal year only to the extent provided in advance in appropriations Acts.

OFFICE OF INSPECTOR GENERAL

Language permitting the transfer of a certain amount of funds into this account from the SSA administrative account provided that the Appropriations Committees are promptly notified.

ADMINISTRATIVE AND GENERAL PROVISIONS

Sections 101, 207, 208, 209, 304, and 501 include legislative transfer authorities.

Sections 102, 104, 106, 108, 109, 111, 203, 204, 205, 210, 211, 212, 213, 218, 219, 301, 302, 303, 502, 503, 505, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 520, and 521 may be construed as placing legislative limitations on the use of funds in the bill.

Sections 103, 105, 107, 110, 201, 202, 206, 214, 215, 216, 217, 305, 306, 401, 402, 403, 404, 405, 406, 407, 408, 504, 506, 518, and 519 establish affirmative directions, confer new authorities, or impose new responsibilities on departments or agencies funded by the bill.

DEFINITION OF PROGRAM, PROJECT, AND ACTIVITY

During fiscal year 2008 for purposes of the Balanced Budget and Emergency Deficit Control Act of 1985, the following information provides the definition of the term "program, project, and activity" for departments and agencies under the jurisdiction of the Labor, Health and Human Services, and Education and Related Agencies Subcommittee. The term "program, project, and activity" shall include the most specific level of budget items identified in the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2008, the accompanying House and Senate Committee reports, the conference report and accompanying joint explanatory statement of the managers of the committee of conference.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the following is a statement of general performance goals and objectives for which this measure authorizes funding:

> The Committee on Appropriations considers program performance including a program's success in developing and attaining outcome-related goals and objectives, in developing funding recommendations.

APPROPRIATIONS NOT AUTHORIZED BY LAW

Pursuant to clause 3(f)(1)(B) of rule XIII of the Rules of the House of Representatives, the following table lists the appropriations in the accompanying bill which are not authorized by law for the period concerned:

Agency/program	Last year of authorization	Authorization level	Appropriations in last year of authorization	Appropriations in this bill
DEPARTMENT OF LABOR				
ETA—Training and Employment Services [1].	2003	Such Sums	$3,606,317,000	$3,579,530,000
FUBA (Trade Adjustment Assistance).	2007	Such Sums	837,600,000	888,700,000
DEPARTMENTAL MANAGEMENT				
Office of Job Corps [1]	2003	Such Sums	1,509,094,000	1,649,476,000
VETS				
Veterans Workforce Investment Program.	2003	Such Sums	7,377,000	7,435,000
DEPARTMENT OF HEALTH AND HUMAN SERVICES				
HRSA:				
Health Centers	2006	Such Sums	1,718,076,000	2,188,000,000
National Health Service Corps.	2006	Such Sums	125,441,000	131,500,000
Health Professions	2002	Such Sums	295,111,000	393,920,000
Traumatic Brain Injury	2005	Such Sums	9,297,000	8,910,000
Healthy Start	2005	Such Sums	102,543,000	120,000,000
Newborn Hearing Screening	2002	Such Sums	9,995,000	11,000,000
Emergency Medical Services for Children.	2005	Such Sums	19,831.000	19,800,000
Organ Transplantation	1993	Such Sums	2,767,000	23,049,000
Rural Health Outreach Grants.	2006	Such Sums	38,885,000	52,962,000
Rural and Community Access to Emergency Devices.	2003	$25,000,000	12,419,000	2,000,000
State Offices of Rural Health	2002	Such Sums	7,996,000	9,000,000
Family Planning	1985	$158,400,000	142,500,000	310,910,000
Telehealth	2006	Such Sums	6,819,000	7,000,000
Facilities and equipment	1982	50,000,000	0	127,926,000
CDC:				
Birth Defects	2002	Such Sums	89,946,000	132,733,000
Cancer Registeries	2003	Such Sums	45,649,000	47,940,000
Prostate Cancer	2004	Such Sums	14,091,000	13,884,000
Breast and Cervical Cancer Prevention.	2003	Such Sums	199,371,000	210,000,000
WISEWOMAN	2003	Such Sums	12,419,000	19,605,000
Prevention Centers	2003	Such Sums	26,830,000	29,556,000
Health Statistics	2003	Such Sums	125,899,000	120,000,000
Diabetes	2005	Such Sums	63,457,000	69,157,000
Safe Motherhood/Infant Health Promotion.	2005	Such Sums	44,738,000	48,530,000
Oral Health Promotion	2005	Such Sums	11,204,000	13,140,000
Preventive Health Services Block Grant.	1998	Such Sums	194,092,000	109,000,000
HIV/AIDS Prevention	2005	Such Sums	662,267,000	715,463,000
Sexually Transmitted Diseases Grants.	1998	Such Sums	113,671,000	157,537,000
Tuberculosis Grants	2002	Such Sums	132,403,000	150,688,000
Other Infectious Disease Control.	2005	Such Sums	225,589,000	875,820,000
Asthma Prevention	2005	Such Sums	32,422,000	31,898,000
Lead Poisoning Prevention	2005	Such Sums	36,474,000	35,903,000
Injury Prevention and Control	2005	Such Sums	138,237,000	140,146,000
SAMHSA:				
Substance Abuse and Mental Health Services programs, except STOP Act programs.	FY 2003	Such Sums	3,161,951,000	3,265,928,000
AHRQ	FY 2005	Such Sums	0	329,564,000
ACF:				
Low Income Home Energy Assistance Block Grant.	FY 2007	$5,100,000,000	1,980,000,000	1,980,000,000

Agency/program	Last year of authorization	Authorization level	Appropriations in last year of authorization	Appropriations in this bill
ORR: Social Services, Transitional and Medical Services, Preventive Health, Targeted Assistance.	FY 2002	Such Sums	439,894,000	501,364,000
Trafficking Victims		$10,000,000	9,823,000	9,814,000
Torture Victims		$25,000,000	9,817,000	9,817,000
Adoption Awareness	FY 2005	Such sums	12,802,000	14,674,000
Child Care Development Block Grant.	FY 2002	$1,000,000,000	2,099,994,000	2,137,081,000
Head Start	FY 2003	Such Sums	6,815,570,000	6,963,571,000
Developmental Disabilities	FY 2007	Such Sums	155,115,000	175,836,000
Native American programs	FY 2002	Such Sums	45,946,000	47,332,000
Community Services Block Grant programs.	FY 2003	Such Sums	739,315,000	660,425,000
Rural Facilities	FY 2003	Such Sums	7,250,000	8,000,000
Individual Development Account	FY 2003	$25,000,000	24,990,000	24,452,000
Community Economic Development	FY 2003	More than 9% of sec.	32,759,000	32,700,000
AOA:				
Alzheimer's Diseases Demonstration Grants.	FY 2002	Such Sums	11,483,000	11,668,000
OFFICE OF THE SECRETARY				
Adolescent Family Life (Title XX)	FY 1985	$30,000,000	14,716,000	30,307,000
DEPARTMENT OF EDUCATION				
Education for the Disadvantaged Migrant Education.	FY 2007	Such Sums	33,927,000	33,927,000
Rehabilitation Services and Disability Research (except Assistive Technology).	FY 2004	Such Sums	2,985,327,000	3,249,291,000
Special Institutions for Persons with Disabilities:				
National Technical Institute for the Deaf.	FY 2004	Such Sums	53,483,000	60,757,000
Gallaudet University	FY 2004	Such Sums	100,205,000	109,952,000
Student Financial Assistance	FY 2007	Such Sums	15,542,456,000	17,464,883,000
Student Aid Administration	FY 2007	Such Sums	719,914,000	708,216,000
Higher Education:				
Aid for Institutional Development.	FY 2007	Such Sums	419,630,000	522,710,000
Developing Hispanic-Serving Institutions.	FY 2007	Such Sums	94,914,000	99,500,000
International Education and Foreign Language Domestic Programs.	FY 2007	Such Sums	91,541,000	100,341,000
Institute for International Public Policy.	FY 2007	Such Sums	1,600,000	1,700,000
Fund for Improvement of Post Secondary Education.	FY 2007	Such Sums	21,989,000	63,264,000
Minority Science and Engineering Improvement.	FY 2007	Such Sums	8,730,000	8,730,000
Demonstration in Disabilities	FY 2007	Such Sums	6,875,000	6,875,000
Federal TRIO Programs	FY 2007	Such Sums	832,559,000	868,178,000
GEAR UP	FY 2007	Such Sums	303,423,000	323,423,000
Byrd Honors Scholarships	FY 2007	Such Sums	40,590,000	40,590,000
Javits Fellowships	FY 2007	Such Sums	9,699,000	9,699,000
Graduate Assistance in Areas of National Need.	FY 2007	Such Sums	30,067,000	30,067,000
Teacher Quality Enhancement Grants.	FY 2007	Such Sums	59,895,000	40,000,000
Child Care Access Means Parents in School.	FY 2007	Such Sums	15,810,000	17,810,000
GPRA Data/HEA program evaluation.	FY 2004	Such Sums	988,000	620,000
Olympic Scholarships	FY 2004	Such Sums	988,000	970,000
Howard University—Endowment Program.	FY 1985	$2,000,000	2,000,000	3,526,000

Agency/program	Last year of authorization	Authorization level	Appropriations in last year of authorization	Appropriations in this bill
RELATED AGENCIES				
Corporation for National and Community Service.	FY 1996	Such Sums	600,385,000	843,381,000
Corporation for Public Broadcasting, Interconnection.	FY 1993	200,000,000	65,327,000	26,750,000
Corporation for Public Broadcasting, Digitalization.	FY 2001	20,000,000	20,000,000	29,700,000
National Council on Disability	FY 2003	Such Sums	3,144,000	3,113,000

[1] Job Corps was included in Training and Employment Services in 2003, and is now under Departmental Management.

EARMARKS

Pursuant to clause 9 of rule XXI of the Rules of the House of Representatives, this bill, as reported, contains the following congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d)–(f) of such rule:

Account	Project	Requested by
Child Abuse	Children Uniting Nations, Los Angeles, CA for a foster child mentoring program in Los Angeles	Cardoza, Dennis
Child Abuse	Crisis Nursery of the Ozarks, Springfield, MO for a child abuse prevention program	Blunt, Roy
Child Abuse	Jefferson County, Golden, CO for child abuse prevention and treatment programs	Udall, Mark; Perlmutter, Ed
Child Abuse	New York Center for Children, New York, NY for comprehensive support and services to abused children and their families	Maloney, Carolyn
Child Abuse	Shelter for Abused Women, Winchester, VA to enhance community efforts to address domestic violence	Wolf, Frank
Social Services	Arrowhead Economic Opportunity Agency, Virginia, MN for the Family-to-Family community based mentoring program to assist low-income families	Oberstar, James
Social Services	Augusta Levy Learning Center, Wheeling, WV for services to children with Autism	Mollohan, Alan
Social Services	Beth El House, Alexandria, VA for social services and transitional housing for formerly homeless women and their children	Moran, James
Social Services	Children's Home Society of South Dakota, Sioux Falls, SD for services related to domestic violence, child abuse, and neglect	Herseth Sandlin, Stephanie
Social Services	Christian Outreach of Lutherans, Waukegan, IL for Latino leadership development in underserved areas	Kirk, Mark
Social Services	City of Detroit, MI for an Individual Development Account initiative	Kilpatrick, Carolyn
Social Services	City of Fort Worth, TX for programming at neighborhood-based early childhood resource centers	Burgess, Michael
Social Services	City of San Jose, CA for its Services for New Americans program, including assistance with job seeking skills, citizenship, family safety and resettlement	Honda, Michael
Social Services	Cliff Hagan Boys and Girls Club - Mike Horn Unit, Owensboro, KY for purchase of equipment	Lewis, Ron
Social Services	Communities In Schools, Bell-Coryell Counties, Inc., Killeen, TX for youth counseling services	Carter, John
Social Services	Covenant House Florida, Ft. Lauderdale, FL for a program for pregnant and parenting teens and young adults	Klein, Ron
Social Services	Eisner Pediatric and Family Medical Center, Los Angeles, CA for the Parent-Child Home Program	Roybal-Allard, Lucille
Social Services	Every Citizen Has Opportunities, Inc., Leesburg, VA for services to disabled individuals	Wolf, Frank
Social Services	Family Center of Washington County, Montpelier, VT for childcare and related services	Welch, Peter
Social Services	First 5 Alameda County, San Leandro, CA for development and support of postsecondary early childhood education and training programs, which may include student scholarships	Stark, Fortney
Social Services	Friendship Circle of the South Bay, Redondo Beach, CA for services for children with developmental disabilities	Harman, Jane
Social Services	Greater New Britain Teen Pregnancy Prevention, Inc., New Britain, CT for the Pathways/Senderos Center for education and outreach	Murphy, Christopher

Social Services	Hamilton-Madison House, New York, NY for services and equipment for a social services program	Velazquez, Nydia
Social Services	Healthy Learners Dillon, Columbia, SC for social services for economically disadvantaged children	Spratt, John
Social Services	Helping Children Worldwide, Herndon, VA to assist students and families	Wolf, Frank
Social Services	Hennepin County Human Services and Public Health Department, Minneapolis, MN for the Family Healing and Restoration Network Project	Ellison, Keith
Social Services	Hillside Family of Agencies, Rochester, NY for the Hillside Children's Center for adoption services	Slaughter, Louise
Social Services	Hope Village for Children, Meridian, MS for a program to assist foster children	Pickering, Charles
Social Services	Horizons for Homeless Children, Boston, MA for Playspace Programs for homeless children	Markey, Edward
Social Services	Kingsborough Community College, Brooklyn, NY for the New American's Center	Weiner, Anthony
Social Services	L.I.F.T. Women's Resource Center, Detroit, MI for services to improve self-sufficiency and life skills of women transitioning from substance abuse, domestic violence, or homelessness	Kilpatrick, Carolyn
Social Services	Lawrence County Social Services, New Castle, PA for early childhood, parental training, and life skills programs	Altmire, Jason
Social Services	Lutheran Social Services, Duluth, MN for services to runaway, homeless, and other at-risk youth and their families	Oberstar, James
Social Services	Marcus Institute, Atlanta, GA for services for children and adolescents with developmental disabilities and severe and challenging behaviors	Linder, John; Johnson, Henry
Social Services	Mary's Family, Orlean, VA to develop a respite program for Winchester-area special needs families	Wolf, Frank
Social Services	Mecklenburg County, Charlotte, NC, for a program to combat domestic violence	Hayes, Robin; Myrick, Sue
Social Services	Missouri Bootheel Regional Consortium, Portageville, MO for the Fatherhood First program	Emerson, Jo Ann
Social Services	Monterey County Probation Department, Salinas, CA for the Silver Star gang prevention and intervention program	Farr, Sam
Social Services	Nashua Adult Learning Center, Nashua, NH for a Family Resource Center	Hodes, Paul
Social Services	National Energy Assistance Directors' Association, Washington, DC for research and information dissemination related to the Low-Income Home Energy Assistance Program	DeLauro, Rosa
Social Services	Network for Instructional TV, Inc., Reston, VA for a training program for child care providers	Moran, James
Social Services	Nurses for Newborns Foundation, St. Louis, MO for nurse home visiting program	Carnahan, Russ; Akin, W. Todd
Social Services	Organization of the NorthEast, Chicago, IL for development of a local homeless services continuum	Schakowsky, Janice
Social Services	Pediatric Interim Care Center, Kent, WA for the Drug-Exposed Infants Outreach and Education program	Reichert, David
Social Services	Public Health Department, Solano County, Fairfield, CA for a program to support pregnant women and new mothers	Miller, George
Social Services	Sephardic Bikur Holim of Monmouth County, Deal, NJ for social services programs	Pallone, Frank

Social Services	Services, Immigrant Rights and Education Network, San Jose, CA for assistance to immigrants seeking citizenship	Honda, Michael
Social Services	Southern Illinois University, Carbondale, IL for the Center for Autism Spectrum Disorders	Costello, Jerry
Social Services	Stephen F. Austin State University, Nacogdoches, TX for coordination of family and child services	Gohmert, Louie
Social Services	Susan Wesley Family Learning Center, East Prairie, MO for programs to assist at-risk youth and their families	Emerson, Jo Ann
Social Services	TLC for Children and Families, Inc., Olathe, KS for a transitional living program for at-risk and homeless youth	Moore, Dennis
Social Services	United Way Southeastern Michigan, Detroit, MI for the Communities of Early Learning initiative	Levin, Sander
Social Services	University of Central Missouri, Warrensburg, MO for the treatment of autism spectrum disorders	Skelton, Ike
Social Services	Visitation Home, Inc., Yardville, NJ for programs to assist developmentally disabled residents	Smith, Christopher
AoA	Allied Jewish Federation of Colorado, Denver, CO for a naturally occurring retirement communities demonstration project	DeGette, Diana
AoA	Amalgamated Warbasse Houses, Inc., Brooklyn, NY for a demonstration project focusing on supportive service programs in naturally occurring retirement communities	Nadler, Jerrold
AoA	California Senior Legal Hotline, Sacramento, CA for a demonstration project to increase services to non-English-speaking seniors	Matsui, Doris
AoA	Durham-Chapel Hill Jewish Federation, Durham, NC for a demonstration program to improve assistance to family caregivers	Price, David
AoA	Howard Brown Health Center, Chicago, IL for the Chicago Elder Project	Schakowsky, Janice
AoA	Jewish Community Services of South Florida, North Miami, FL for a naturally occurring retirement communities demonstration project	Wasserman Schultz, Debbie
AoA	Jewish Family and Children's Service of Minneapolis, Minnetonka, MI for a naturally occurring retirement community demonstration project	Ramstad, Jim; Ellison, Keith
AoA	Jewish Family Service of New Mexico, Albuquerque, NM for a naturally occurring retirement community demonstration project	Wilson, Heather
AoA	Jewish Family Service, Los Angeles, CA for a naturally occurring retirement communities demonstration project in Park La Brea and the San Fernando Valley	Waxman, Henry
AoA	Jewish Family Services of Delaware, Inc., Wilmington, DE for a naturally occurring retirement community demonstration project	Castle, Michael
AoA	Jewish Federation of Central New Jersey, Scotch Plains, NJ for the naturally occurring retirement community demonstration project	Ferguson, Mike; Sires, Albio
AoA	Jewish Federation of Greater Monmouth County, NJ for a naturally occurring retirement communities demonstration project	Holt, Rush

AoA	Jewish Federation of Greater New Haven, Woodbridge, CT to develop, test, evaluate, and disseminate an innovative community-based approach to caregiver support services	DeLauro, Rosa
AoA	Jewish Federation of Middlesex County, South River, NJ for a naturally occurring retirement communities demonstration project	Pallone, Frank
AoA	Jewish Social Service Agency, Fairfax, VA for a naturally occurring retirement community demonstration project	Davis, Tom
AoA	Shenandoah Area Agency on Aging, Front Royal, VA for a model group respite center for persons with Alzheimer's disease and dementia	Wolf, Frank
AoA	United Jewish Communities of MetroWest, NJ, Parsippany, NJ for the Lifelong Involvement for Vital Elders Aging in Place initiative	Frelinghuysen, Rodney
AoA	University of Florida, Gainesville, FL for a technology demonstration project to assist seniors	Stearns, Cliff
CDC	Adler Aphasia Center, Maywood, NJ for a program to improve communication and other life skills for people with aphasia	Rothman, Steven
CDC	Advocate Good Shepard Hospital, Barrington, IL for the expansion of an ongoing pilot project to address the growing problem of childhood obesity among elementary schools in Lake County, IL	Bean, Melissa
CDC	Alameda County Public Health Department, Office of AIDS Administration, Oakland, CA for an HIV/AIDS prevention and testing initiative	Lee, Barbara
CDC	Baylor College of Medicine, Houston, TX for epidemiological research and educational outreach related to childhood cancer in cooperation with the Vannie E. Cook Jr. Cancer Foundation in McAllen, TX	Hinojosa, Ruben
CDC	Bayside Community Center, San Diego, CA for its STEPS health education and outreach program for senior citizens	Davis, Susan
CDC	Berean Community & Family Life Center, Brooklyn, NY for obesity prevention programs and community health and wellness education	Towns, Edolphus
CDC	Bienestar Human Services, Inc., Los Angeles, CA to expand a mobile HIV rapid testing program in East Los Angeles	Roybal-Allard, Lucille
CDC	Boys and Girls Club of Delaware County, Jay, OK for equipment and operating expenses for programs to improve diet, physical activity, and emotional health	Boren, Dan
CDC	California State University-Fullerton, Fullerton, CA for programs aimed at preventing obesity and promoting health in children	Sanchez, Loretta
CDC	Charles R. Drew Wellness Center, Columbia, SC for an obesity focused wellness program	Clyburn, James
CDC	Charter County of Wayne, Michigan, Detroit, MI for Infant Mortality Prevention services	McCotter, Thaddeus
CDC	Chez Panisse Foundation, Berkeley, CA for the school lunch initiative to integrate lessons about wellness, sustainability and nutrition into the academic curriculum	Lee, Barbara
CDC	Children's Hunger Alliance, Columbus, OH for programs to prevent childhood obesity	Pryce, Deborah

CDC	Columbus Children's Research Institute, Columbus, OH for the Center for Injury Research and Policy	Tiberi, Patrick
CDC	County of Marin, San Rafael, CA for research and analysis related to breast cancer incidence and mortality in the county	Woolsey, Lynn
CDC	CREATE Foundation, Tupelo, MS for childhood obesity prevention programs	Wicker, Roger
CDC	DuPage County, Wheaton, IL for a county-wide physical fitness assessment pilot project	Biggert, Judy
CDC	East Carolina University, Brody School of Medicine, Greenville, NC for a project to study the problem of racial disparities in cardiovascular diseases	Butterfield, G. K.
CDC	El Puente, Brooklyn, NY for an obesity, diabetes, STD, and HIV/AIDS prevention program for adolescents and their families as well as control and management of asthma and other environmentally connected diseases	Velazquez, Nydia
CDC	Friends of the Congressional Glaucoma Caucus Foundation, Lake Success, NY to provide glaucoma screenings and follow-up in the Phoenix, AZ area	Pastor, Ed
CDC	Friends of the Congressional Glaucoma Caucus Foundation, Lake Success, NY to provide glaucoma screenings and follow-up in the Virgin Islands	Christensen, Donna
CDC	Georgia Chapter of the American Lung Association, Smyrna, GA to study the relationship between residential floor coverings and distributive patterns of airborne particulates	Deal, Nathan
CDC	Haitian American Association Against Cancer, Inc., Miami, FL for cancer education, outreach, screening and related programs	Meek, Kendrick
CDC	Healthy Eating Lifestyle Principles, Monterey, CA for a program to improve nutrition by promoting the accessibility and consumption of fresh fruits and vegetables in schools	Farr, Sam
CDC	Home Instruction Program for Preschool Youngsters - Florida, Coral Gables, FL to create a preventative health care model	Wasserman Schultz, Debbie
CDC	Ingalls Development Foundation, Harvey, IL for a comprehensive cancer prevention and early detection program, focusing on minority populations	Jackson, Jesse
CDC	International Rett Syndrome Association, Clinton, MD for education and awareness programs regarding Rett syndrome	Hoyer, Steny
CDC	Kips Bay Boys and Girls Club, Bronx, NY for a nutrition and anti-obesity demonstration program for 6- to 12-year-old children	Crowley, Joseph
CDC	Long Island University, Brooklyn, NY for asthma education, counseling, and prevention programs	Towns, Edolphus
CDC	Louisville Department of Public Health and Wellness, Louisville, KY for improving and providing preventative healthcare to men to address disease and obesity prevention, oral health, and stress management	Yarmuth, John
CDC	Middle Tennessee State University, Murfreesboro, TN for research and education regarding ways of increasing physical activity and fitness among children and adolescents	Gordon, Bart

CDC	Myositis Association, Washington, DC to develop a national patient registry for individuals afflicted with myositis	Israel, Steve
CDC	Natividad Medical Center, Salinas, CA for a diabetes care management program	Farr, Sam
CDC	Nevada Cancer Institute, Las Vegas, NV for a comprehensive program to reduce cancer incidence and mortality rates and address cancer health disparities	Berkley, Shelley; Porter, Jon
CDC	North Shore Health Project, Gloucester, MA for outreach and education on hepatitis C	Tierney, John
CDC	Plymouth State University, Plymouth, NH for the Partners Enabling Active Rural Living Institute to develop an evidence-based model for promoting and enabling appropriate daily physical activity in rural communities	Hodes, Paul
CDC	Providence Cancer Center, Portland, OR for the rural and underserved cancer outreach project	Wu, David; Blumenauer, Earl; Hooley, Darlene; Walden, Greg
CDC	Pulmonary Hypertension Association, Silver Spring, MD for public education and outreach	Brady, Kevin; Lantos, Tom
CDC	San Antonio Metropolitan Health District, San Antonio, TX for further studies and public health outreach regarding environmental health concerns at and near the former Kelly Air Force Base	Gonzalez, Charles
CDC	SHAREing and CAREing, Astoria, NY to provide culturally sensitive breast health education, referrals for screenings/diagnostic and support services for medically underserved and uninsured minority women	Crowley, Joseph
CDC	Silent Spring Institute, Newton, MA for studies of the impact of environmental pollutants on breast cancer and women's health	Delahunt, William
CDC	Southeastern Center for Emerging Biologic Threats, Atlanta, GA for programs related to bioterrorism and emerging biological threats	Price, Tom
CDC	St. Elizabeth's Medical Center, Wabasha, MN to support a disease prevention pilot program to reduce the incidence of heart disease	Walz, Timothy
CDC	St. Francis Medical Center Foundation, Lynwood, CA for health education and outreach	Sanchez T., Linda
CDC	St. John's Regional Medical Center, Oxnard, CA for diabetes prevention and management programs	Capps, Lois
CDC	St. John's Well Child and Family Center, Los Angeles, CA for a patient education program to address obesity, diabetes, and hypertension	Becerra, Xavier
CDC	University of Arizona College of Medicine, Tucson, AZ for diabetes educational outreach programs	Grijalva, Raul; Giffords, Gabrielle
CDC	University of Findlay Center for Public Health Preparedness, Findlay, OH for training programs on school safety and workplace violence avoidance	Jordan, Jim
CDC	University of North Texas Health Science Center, Fort Worth, TX for the Center for Minority Health, Education, Research and Outreach	Granger, Kay

CDC	University of South Florida, Tampa, FL to create, implement, and evaluate programs to assist school-aged children in becoming physically active and healthy	Castor, Kathy
CDC	University of Texas Pan American, Edinburg, TX for the South Texas Border Health Disparities Center's program on preventing obesity in minority populations	Hinojosa, Ruben
CDC	University of Texas, Brownsville, TX for studies regarding the health of the Hispanic population in the Rio Grande Valley	Ortiz, Solomon
CDC	Virgin Islands Perinatal Inc., Christiansted, VI for implementation of chronic disease management and prevention modalities to minimize adverse outcomes related to diabetes and hypertension	Christensen, Donna
CDC	Voorhees College, Denmark, SC for a demonstration program on reversing diabetes in minority communities	Clyburn, James
CDC	Wayne County Department of Public Health, Detroit, MI for a lead poisoning assessment, prevention, and intervention program	Conyers, John
CDC	WestCare Foundation, Las Vegas, NV, for the Batterers Intervention Program in Needles, CA and surrounding communities	Lewis, Jerry
CDC	Yale New Haven Hospital, New Haven, CT to develop a comprehensive ovarian cancer prevention and early detection program	DeLauro, Rosa
CDC	YBH Project, Inc., Albany, GA for nutrition, fitness, and education programs for middle school students and their families	Bishop, Sanford
CMS	Access Health, Inc., Muskegon, MI, for a small business health coverage program	Hoekstra, Peter
CMS	Bedford Ride, Bedford, VA for a program to assist seniors	Goode, Virgil
CMS	Bi-State Primary Care Association, Concord, NH to treat uninsured patients	Hodes, Paul
CMS	City and County of San Francisco Department of Public Health, San Francisco, CA for enhancements to the HIV/AIDS service delivery system in San Francisco	Pelosi, Nancy
CMS	City of Detroit, MI for the Detroit Primary Care Access Project	Kilpatrick, Carolyn
CMS	City of Waterbury, CT for a health access program	Murphy, Christopher
CMS	Gadsden County, FL, Quincy, FL for a prescription assistance medical services program	Boyd, Allen
CMS	Jefferson Area Board for Aging, Charlottesville, VA to address nursing assistant shortages in long-term care settings	Goode, Virgil
CMS	Orange County's Primary Care Access Network, Orlando, FL for a health care access network	Brown, Corrine
CMS	Piedmont Hospital, Atlanta, GA for a project regarding the transition of older patients from hospital to home.	Lewis, John
CMS	Thurston-Mason County Medical Society, Olympia, WA for Project Access for the uninsured	Smith, Adam
CMS	Valley Hospice, Inc., Steubenville, OH to develop best practices for hospices across the State	Wilson, Charles
FIE	ABC Unified School District, Cerritos, CA for an after-school program at Melbourne Elementary School	Sanchez T., Linda

FIE	Academy for Urban School Leadership, Chicago, IL for Chicago Academy and Chicago Academy High School, which may include support for resident teachers	Emanuel, Rahm
FIE	Action for Bridgeport Community Development, Inc., Bridgeport, CT for teacher training programs	Shays, Christopher
FIE	African-American Male Achievers Network, Inc., Inglewood, CA for its Project STEP program for at-risk youth	Waters, Maxine
FIE	Akron Public Schools, OH for a Math, Science, and Technology Community Learning Center, which may include equipment	Sutton, Betty
FIE	Alamance-Burlington School District, Burlington, NC for the Professional Development Academy	Coble, Howard
FIE	All Kinds of Minds, Chapel Hill, NC for teacher training programs	Hall, Ralph
FIE	American Ballet Theatre, New York, NY for educational activities	Maloney, Carolyn
FIE	Amistad America, New Haven, CT for the Atlantic Freedom Tour of the Armistad educational programs	Courtney, Joe; DeLauro, Rosa, Shays, Christopher; Larson, John; Murphy, Chris
FIE	An Achievable Dream, Inc., Newport News, VA for education and support services for at-risk children, which may include teacher stipend scholarships	Scott, Robert; Davis, Jo Ann
FIE	Angelo State University, San Angelo, TX for a teacher training initiative	Conaway, K.
FIE	Apache County Schools, St. Johns, AZ for a teacher training initiative	Renzi, Rick
FIE	Arab City Schools, Arab, AL for technology upgrades	Aderholt, Robert
FIE	AVANCE, Inc, El Paso, TX for parenting education programs	Reyes, Silvestre
FIE	AVANCE, Inc., Del Rio, TX for a family literacy program	Rodriguez, Ciro
FIE	AVANCE, Inc., Waco, TX for parenting education programs	Edwards, Chet
FIE	Barat Education Foundation, Lake Forest, IL for the American Citizen Initiative pilot program	Kirk, Mark
FIE	Bay Haven Charter Academy Middle School, Lynn Haven, FL for its physical education program, which may include equipment	Boyd, Allen
FIE	Baylor University, Waco, TX for its Language and Literacy Center	Edwards, Chet
FIE	Best Buddies International, Miami, FL for mentoring programs for persons with intellectual disabilities	Kennedy, Patrick; Ramstad, Jim
FIE	Best Buddies Maryland, Baltimore, MD for mentoring programs for persons with intellectual disabilities	Hoyer, Steny
FIE	Best Buddies Rhode Island, Providence, RI for mentoring programs for persons with intellectual disabilities	Kennedy, Patrick
FIE	Big Top Chautauqua, WI for educational activities	Obey, David
FIE	Boise State University, Boise, ID for the Idaho SySTEMic Solution program	Simpson, Michael
FIE	Bowie State University, Bowie, MD for establishment of a Principal's Institute	Hoyer, Steny

FIE	Boys & Girls Club of Hawaii, Honolulu, HI for a multi-media center, which may include equipment	Abercrombie, Neil
FIE	Boys & Girls Town of Missouri, Columbia, MO for technology upgrades	Hulshof, Kenny
FIE	Boys and Girls Club of San Bernardino, CA for an after-school program in the Delman Heights community, which may include equipment	Baca, Joe
FIE	Bradford Area School District, Bradford, PA for the purchase of equipment	Peterson, John
FIE	Brookdale Community College, Lincroft, NJ for a Student Success Center in Asbury Park, NJ which may include equipment	Pallone, Frank
FIE	Bushnell Center for the Performing Arts, Hartford, CT for arts education programs	Larson, John
FIE	California State University Northridge, CA for development of an assessment and accountability system for teacher education	Sherman, Brad
FIE	California State University, San Bernardino, CA for a leadership training program for urban youth	Baca, Joe
FIE	Canton Symphony Orchestra Association, Canton, OH for the Northeast Ohio Arts Education Collaborative, including teacher training and curriculum development	Regula, Ralph
FIE	Carnegie Hall, New York, NY for its National Music Education Program	Maloney, Carolyn
FIE	Central County Occupational Center, San Jose, CA for a first responder career and technical training program for high school students	Honda, Michael
FIE	Central Pennsylvania Institute of Science and Technology, State College, PA for curriculum and equipment at its vocational training program	Peterson, John
FIE	Centro de Salud Familiar Le Fe, El Paso, TX for an elementary charter school, which may include equipment	Reyes, Silvestre
FIE	Charlotte County School District, Port Charlotte, FL for an instructional system for English language learners, which may include equipment and software	Mahoney, Tim
FIE	Charter School Development Foundation, Las Vegas, NV for the Andre Agassi College Preparatory Academy	Berkley, Shelley
FIE	City of Fairfield, CA for after-school programs	Tauscher, Ellen
FIE	City of Gadsden, AL for technology upgrades in city schools	Aderholt, Robert
FIE	City of Hayward, Hayward, CA for after-school programs	Stark, Fortney
FIE	City of Indianapolis, Indianapolis, IN for the Indianapolis Center for Education Entrepreneurship to recruit leaders to implement educational reform	Carson, Julia
FIE	City of Newark, Newark, CA for after-school programs	Stark, Fortney
FIE	City of Pawtucket School Department, Pawtucket, RI for the Jacqueline Walsh School of the Performing and Visual Arts, which may include equipment	Kennedy, Patrick
FIE	City of Pembroke Pines, FL for the autism program at the Pembroke Pines–Florida State University Charter School	Wasserman Schultz, Debbie

FIE	City of San Jose, CA for development of a Smart Start early childhood development training and certification program at National Hispanic University	Lofgren, Zoe
FIE	City of San Jose, CA for early childhood education programs, including parental involvement	Honda, Michael
FIE	City of Springfield, MO for the Ready to Learn Program	Blunt, Roy
FIE	City of Whittier, Whittier, CA for after-school programs, which may include equipment	Sanchez T., Linda
FIE	City School District of New Rochelle, New Rochelle, NY for after-school learning centers	Lowey, Nita
FIE	Clark County School District, Las Vegas, NV for the Education Executive Leadership Program	Porter, Jon
FIE	Clark County School District, Las Vegas, NV for the Newcomer Academy	Porter, Jon
FIE	Clovis Unified School District, Clovis, CA for curriculum development	Radanovich, George; Nunes, Devin
FIE	College Summit, Inc., Washington, DC for an initiative to increase college enrollment of low-income youth in South Carolina	Clyburn, James
FIE	Communities In Schools - Northeast Texas, Mount Pleasant, TX for dropout prevention programs	Hall, Ralph
FIE	Communities in Schools of Cochran and Bleckley County, Cochran, GA for after-school programs	Marshall, Jim
FIE	Communities in Schools of Coweta, Inc., Newnan, GA for education technology upgrades	Westmoreland, Lynn
FIE	Communities in Schools of Fitzgerald-Ben Hill County, Fitzgerald, GA for after-school programs	Marshall, Jim
FIE	Communities In Schools of Tacoma, Tacoma, WA for after-school programs	Smith, Adam
FIE	Communities in Schools, Austin, TX for mentoring, dropout prevention and college preparatory programs	McCaul, Michael
FIE	Communities in Schools, San Fernando Valley, Inc., North Hills, CA to implement full service community schools	Berman, Howard
FIE	Community Development Commission of the County of Los Angeles, Monterey Park, CA for the South Whitter community education and computer center	Sanchez T., Linda
FIE	Community Service Society, New York, NY for a program that utilizes seniors as literacy mentors and in-class assistants to elementary students	Clarke, Yvette
FIE	Connecticut Technical High School System, Middletown, CT for equipment for the Manufacturing Technologies Department of Platt Technical High School in Milford, CT	DeLauro, Rosa
FIE	Contra Costa College, San Pablo, CA for its Bridges to the Future Program	Miller, George
FIE	Cooperative Educational Service Agency No. 11 for after-school programs	Obey, David
FIE	Cooperative Educational Service Agency No. 12, Ashland, WI for after-school programs	Obey, David
FIE	Cooperative Educational Service Agency No. 5, Portage, WI for after-school programs	Obey, David
FIE	Cooperative Educational Service Agency No. 9, Tomahawk, WI for after-school programs	Obey, David
FIE	County of San Diego, San Pasqual Academy, Escondido, CA for purchase of equipment	Hunter, Duncan
FIE	Cuyahoga County Board of County Commissioners, Cleveland, OH for an early childhood initiative	Kucinich, Dennis
FIE	Delaware Department of Education, Dover, DE for the Starting Stronger Early Learning Initiative	Castle, Michael

FIE	Detroit Youth Foundation, Detroit, MI for comprehensive educational and enrichment activities for middle and high school youth	Kilpatrick, Carolyn
FIE	DNA EpiCenter, Inc., New London, CT for a learning center for students and teachers	Courtney, Joe
FIE	Duval County Public Schools, Jacksonville, FL for purchase of equipment	Crenshaw, Ander; Brown, Corrine
FIE	Edgar School District, Edgar, WI for equipment and techonology for a new computer technology center	Obey, David
FIE	Edison and Ford Winter Estates Education Foundation for educational programming	Mack, Connie
FIE	Education Partnership, Providence, RI for school leadership professional development	Kennedy, Patrick
FIE	Education Service Center, Region 12, Hillsboro, TX for a GEAR UP college preparedness program	Edwards, Chet
FIE	Ennis Independent School District, Ennis, TX for English as a second language instruction, including purchase of equipment	Barton, Joe
FIE	Envision Schools, San Francisco, CA for the Metropolitan Arts and Technology High School, which may include equipment	Pelosi, Nancy
FIE	Erskine College, Due West, SC for an elementary and secondary school arts initiative	Barrett, J.
FIE	Exploratorium, San Francisco, CA for its Bay Area Science Teacher Recruitment, Retention, and Improvement Initiative	Pelosi, Nancy
FIE	Fairfax County Public Schools, Fairfax, VA for language programs in Franklin Sherman Elementary School and Chesterbrook Elementary School in McLean, Virginia	Wolf, Frank
FIE	Fairfax County Public Schools, Falls Church, VA for emergency medical services curriculum development	Davis, Tom
FIE	Fairhope Center for the Arts, Bay Minette, AL for arts education programs, including purchase of equipment	Bonner, Jo
FIE	Families In Schools, Los Angeles, CA for its Read with Me/Lea Conmigo family literacy program	Becerra, Xavier
FIE	Fayetteville Technical Community College, Fayettevile, NC for teacher training and professional development programs	Hayes, Robin
FIE	Forward in the Fifth, Somerset, KY for a civic literacy program	Rogers, Harold
FIE	Friends of the Children National, Portland, OR for mentoring programs	Blumenauer, Earl
FIE	George B. Thomas, Sr. Learning Academy, Inc., Bethesda, MD for tutoring services for at-risk students	Van Hollen, Chris
FIE	Girl Scouts of the USA, New York, NY for the Fair Play initiative to engage girls in science, technology, engineering and math	Walsh, James
FIE	Graham County Schools, Safford, AZ for a teacher training initiative	Renzi, Rick
FIE	Guam Public School System, Hagatna, GU for development and implementation of Chamorro language instructional programs	Bordallo, Madeleine
FIE	Hamilton Wings, Elgin, IL for arts education programs	Hastert, J.

FIE	Harris County Department of Education, Houston, TX for an after-school safety program, which may include the purchase of software	Lampson, Nick
FIE	Harvey Public School District 152, Harvey, IL for an early literacy program, which may include equipment	Jackson, Jesse
FIE	Hawaii Department of Education, Honolulu, HI for educational activities	Hirono, Mazie
FIE	Hawk Mountain Sanctuary Association, Kempton, PA for curriculum development	Dent, Charles
FIE	Helen Keller International, New York, NY for the ChildSight Vision Screening Program and to provide eyeglasses to children whose educational performance may be hindered because of poor vision	DeLauro, Rosa
FIE	High Plains Regional Education Cooperative, Raton, NM for its Cooperative Broadband Education project, which may include equipment	Udall, Tom
FIE	Hillside Family of Agencies, Rochester, NY for the Work-Scholarship Connection Youth Employment Training Academy	Slaughter, Louise
FIE	Hoke County Schools, Raeford, NC for instructional technology	Hayes, Robin
FIE	Houston Independent School District, Houston, TX for a teacher incentive program	Lampson, Nick; Green, Al
FIE	I KNOW I CAN, Columbus, OH for college preparatory programs	Pryce, Deborah
FIE	In Tune Foundation Group, Washington, DC for educational activities	Hoyer, Steny
FIE	Independent School District 181, Brainerd, MN for its Teacher Support System	Oberstar, James
FIE	Institute for Student Achievement, Lake Success, NY for school reform activities at Wyandanch High School	Israel, Steve
FIE	Institute for Student Achievement, Lake Success, NY to implement small learning communities at one or more high schools in the Bronx	Serrano, Jose
FIE	Iowa City Community School District, Iowa City, IA for an early literacy program	Loebsack, David
FIE	Ivy Tech Community College of Indiana - Southeast, Madison, IN for an early college and middle college program	Hill, Baron
FIE	Jacob Burns Film Center, Pleasantville, NY for education programs	Lowey, Nita
FIE	Jazz at Lincoln Center, New York, NY for music education programs	Nadler, Jerrold
FIE	Jefferson County Public Schools, Golden, CO for technological instruction, testing, and support, which may include equipment	Perlmutter, Ed
FIE	Jersey Shore Area School District, Jersey Shore, PA for equipment to create a digital classroom	Peterson, John
FIE	JFYNetWorks, Boston, MA for academic support for Adequate Yearly Progress initiative, including educational software, professional development instruction, and technical assistance	Capuano, Michael
FIE	JFYNetWorks, Boston, MA for implementation of its computer-based JFYNet: Academic Support for Adequate Yearly Progress initiative in Malden, Revere, and Framingham, MA, which may include the purchase of software	Markey, Edward
FIE	Joplin School District, Joplin, MO for the Smart Board initiative, including purchase of equipment	Blunt, Roy

FIE	Jumpstart for Young Children, Inc., Boston, MA for an early literacy program for at-risk children	Capuano, Michael
FIE	Jumpstart for Young Children, San Francisco, CA for an early childhood enhancement project to provide student mentors to preschool children	Pelosi, Nancy
FIE	Kelberman Center, Utica, NY to expand programs for pre-school and school age children with autism spectrum disorder	Arcuri, Michael
FIE	KIPP Foundation, San Francisco, CA for a subgrant to the KIPP Delta College Preparatory School in Helena, AR	Berry, Marion
FIE	KIPP Foundation, San Francisco, CA for curriculum development and the recruitment and professional development of school leaders, teachers, and administrators	Pelosi, Nancy
FIE	KIPP Foundation, San Francisco, CA for KIPP Reach College Preparatory School in Oklahoma City, OK	Fallin, Mary
FIE	La Crosse School District, La Crosse, WI for a 21st Century Community Learning Center at Logan Middle School, including parental involvement	Kind, Ron
FIE	Learning Point Associates/North Central Regional Education Laboratory, Naperville, IL to help schools implement No Child Left Behind	Kirk, Mark
FIE	Lee Pesky Learning Center, Boise, ID to provide educational materials for the Literacy Matters! Program	Simpson, Michael
FIE	Lemay Child & Family Center, St. Louis, MO for early childhood education and family literacy programs	Carnahan, Russ
FIE	Los Angeles Conservation Corps, Los Angeles, CA for a hands-on, science-based program for public school students	Harman, Jane
FIE	Louisiana Arts and Sciences Museum, Baton Rouge, LA for curriculum development and purchase of equipment	Baker, Richard
FIE	Louisiana Tech University, Ruston, LA for IDEA Place and the SciTech Classroom, including purchase of equipment and curriculum development	Alexander, Rodney
FIE	Lower East Side Conservancy, New York, NY for education programs and outreach	Maloney, Carolyn
FIE	Madison County Schools, Richmond, KY for a computer lab, which may include equipment	Chandler, Ben
FIE	Mesa Unified School District, Mesa, AZ for after-school educational and enrichment activities for at-risk youth	Mitchell, Harry
FIE	Military Heritage Center Foundation, Carlisle, PA for the Voices of the Past Speak to the Future program, including purchase of equipment	Platts, Todd; Shuster, Bill
FIE	Miller County Development Authority, Colquit, GA for a video/television production training program for high school drop-outs and at-risk youth in Miller County	Bishop, Sanford
FIE	Milton S. Eisenhower Foundation, Washington, DC for a full service school demonstration project in the Canton City, OH public school district	Regula, Ralph

FIE	Milwaukee Public Schools, Milwaukee, WI for after-school or summer community learning centers	Moore, Gwen
FIE	Minnesota Humanities Commission, St. Paul, MN to implement curricula and classroom resources on Native Americans	McCollum, Betty
FIE	Mississippi University for Women, Columbus, MS for strengthening partnerships between K-12 parents and their children's teachers, principals, superintendents and other school officials	Wicker, Roger
FIE	Missouri State University, Springfield, MO for a college preparatory pilot program	Blunt, Roy
FIE	Monroe County School District, Key West, FL for technology upgrades	Ros-Lehtinen, Ileana
FIE	Montgomery County Public Schools, Rockville, MD to recruit and certify postdoctoral scientists, mathematicians, or engineers from the National Institutes of Health to become teachers	Van Hollen, Chris
FIE	Mote Marine Laboratory, Sarasota, FL for marine science curriculum development	Buchanan, Vern; Ros-Lehtinen, Ileana
FIE	Mount Hood Community College, Gresham, OR for early childhood education and training activities, which may include equipment	Blumenauer, Earl
FIE	National Center for Electronically Mediated Learning, Inc., Milford, CT for the P.E.B.B.L.E.S. Project, which may include equipment and technology	DeLauro, Rosa
FIE	National Council on Crime and Delinquency, Oakland, CA for a school-based model on violence prevention	Lee, Barbara
FIE	National Cued Speech Association, Bethesda, MD for parent, teacher, and transliterator training and certification in cued speech for preschool and school-aged children	Van Hollen, Chris
FIE	National Flight Academy, Naval Air Station Pensacola, FL for technology upgrades	Miller, Jeff
FIE	National Resource Center for Deafblindness, East Greenville, PA for curriculum development	Dent, Charles
FIE	National Teacher's Hall of Fame, Emporia, KS for teacher professional development and retention programs	Moran, Jerry
FIE	Neighborhood Youth Association, Venice, CA for academic support to ensure college readiness	Harman, Jane
FIE	New Mexico Public Education Department, Santa Fe, NM for summer reading and math institutes throughout the State	Udall, Tom; Wilson, Heather
FIE	Newton Public Schools, Newton, KS for an educational technology initiative, including purchase of equipment	Tiahrt, Todd
FIE	North Carolina Agricultural and Technical University, Greensboro, NC for a project to reduce suspension rates of students in the Guilford County School System	Miller, Brad; Watt, Melvin
FIE	North Carolina Central University, Durham, NC for academic enrichment activities, including parental involvement	Price, David
FIE	North Carolina Symphony, Raleigh, NC for musical and artistic residency activities for elementary and secondary students	Price, David

FIE	North Carolina Technology Association Education Foundation, Raleigh, NC for school technology demonstration projects, including subgrants	Foxx, Virginia
FIE	North Philadelphia Youth Association, Philadelphia, PA for education and enrichment services for youth	Brady, Robert
FIE	Northeast Louisiana Family Literacy Interagency Consortium to provide children's literacy services	Alexander, Rodney
FIE	Northern Tier Industry & Education Consortium, Dimock, PA to expand the activities of its Advisory and Assessment Committees	Carney, Christopher
FIE	Norwich Public School System, Norwich, CT for English language instruction	Courtney, Joe
FIE	Oakland Unified School District, Oakland, CA for a technology integration project to implement a new data system, which may include equipment	Lee, Barbara
FIE	O'Neill Sea Odyssey, Santa Cruz, CA for science education programs for elementary school children	Farr, Sam
FIE	OneWorld Now!, Seattle, WA for after-school programs and student scholarships	McDermott, Jim
FIE	Ossining Union Free School District, Ossining, NY for after-school, literacy, or school reform initiatives	Lowey, Nita
FIE	Parent Institute for Quality Education, San Diego, CA for a parent training program	Filner, Bob
FIE	PE4life, Kansas City, MO for physical education programs in the Titusville, Pennsylvania School District, including purchase of equipment	Peterson, John
FIE	PE4life, Kansas City, MO to establish a P.E. program in Mississippi, including purchase of equipment	Wicker, Roger
FIE	People for People, Philadelphia, PA for after-school programs	Fattah, Chaka
FIE	Peru State College, Peru, NE for the Adopt a High School initiative	Fortenberry, Jeff
FIE	Philadelphia Academies, Inc., Philadelphia, PA for a longitudinal study on the impact of the organization's career-based education model	Fattah, Chaka
FIE	Pinal County Education Service Agency, Florence, AZ for a teacher training initiative	Renzi, Rick
FIE	Polk County Public Schools, Bartow, FL for purchase of assistive technologies	Putnam, Adam
FIE	Port Chester--Rye Union Free School District, Port Chester, NY for academic enrichment, professional development, family engagement, or other activities to implement full service community schools	Lowey, Nita
FIE	Project GRAD USA, Philadelphia, PA for college readiness programs	Fattah, Chaka
FIE	Purdue University Calumet, Hammond, IN for equipment and start-up expenses for a magnet school	Visclosky, Peter
FIE	Queens Theatre in the Park, Flushing, NY for a project to provide youth with career planning and development in the performing arts industry	Ackerman, Gary
FIE	Renwick Public Schools, Andale, KS for an educational technology initiative, including purchase of equipment	Tiahrt, Todd

FIE	Rio Rancho Public Schools, Rio Ranch, NM for distance learning, which may include equipment	Udall, Tom; Wilson, Heather
FIE	Riverside Community College, Riverside, CA for the Fast-Track to the Associate Degree Nursing Program	Calvert, Ken
FIE	Riverside County Office of Education, Riverside, CA for the High School Science Initiative	Calvert, Ken
FIE	Rockdale County Public Schools, Conyers, GA for a credit recovery program, which may include the purchase of software	Johnson, Henry
FIE	Rose-Hulman Institute of Technology, Terre Haute, IN for a K-12 STEM Immersion Initiative	Ellsworth, Brad
FIE	Salesian Boys and Girls Club of Los Angeles, CA for education and support services for middle and high school students	Roybal-Allard, Lucille
FIE	San Bernardino City Unified School District, San Bernardino, CA for the English Learners program	Lewis, Jerry; Baca, Joe
FIE	San Bernardino County Superintendent of Schools, San Bernardino, CA to expand the Science, Technology, Engineering, and Mathematics initiative	Lewis, Jerry
FIE	San Joaquin County, Stockton, CA for its San Joaquin A Plus tutoring program	McNerney, Jerry
FIE	San Mateo County, Redwood City, CA for its Preschool for All program	Eshoo, Anna
FIE	School Board of Broward County, Fort Lauderdale, FL for teacher support and development	Wexler, Robert
FIE	Schultz Center for Teaching and Leadership, Jacksonville, FL for purchase of equipment	Crenshaw, Ander
FIE	Selden/Centereach Youth Association, Selden, NY for after-school programs	Bishop, Timothy
FIE	Silver Crescent Foundation, Charleston, SC for a middle and high school academic engineering and technology program	Wilson, Joe
FIE	Sociedad Latina, Roxbury, MA for its Mission Community Enrichment Program	Capuano, Michael
FIE	Southwestern University, Georgetown, TX for a college preparatory initiative	Carter, John
FIE	Springboard for Improving Schools, San Francisco, CA for a professional development center to serve Central Valley, CA teachers and administrators	Costa, Jim
FIE	Springfield Public School District No. 19, Springfield, OR for an Academy of Arts and Academics	DeFazio, Peter
FIE	St. Mary's County Public Schools, Leonardtown, MD for a mathematics, science, and technology academy	Hoyer, Steny
FIE	State of Nevada Department of Education for technology upgrades in the Elko, Nye, Douglas, Lyon and Churchill school districts, including subgrants	Heller, Dean
FIE	Summit Educational Resources, Getzville, NY for service coordination and support for children with developmental disabilities	Reynolds, Thomas
FIE	Susannah Wesley Community Center, Honolulu, HI for computers and technology to serve at-risk high school students, and other students in an after-school program	Abercrombie, Neil
FIE	Tampa Metropolitan YMCA, Tampa, FL for after-school programs	Castor, Kathy

FIE	Texas Southern University, Houston, TX for the TSU Lab School, which may include equipment and technology	Jackson-Lee, Sheila
FIE	Tomas Rivera Policy Institute, Los Angeles, CA for a longitudinal study on high school graduation rates	Roybal-Allard, Lucille
FIE	Town of Cumberland, Cumberland, RI for the Mayor's Office of Children and Learning for evidence-based innovative K-12 education programs	Kennedy, Patrick
FIE	Towson University, Towson, MD for an education partnership with the City of Baltimore, Baltimore City Public School System and the Cherry Hill community	Ruppersberger, C. A.
FIE	Tracy Joint Unified School District, Tracy, CA for English language learner initiatives	McNerney, Jerry
FIE	Tri-County Educational Service, Wooster, OH for the Olweus Bullying Prevention program	Regula, Ralph
FIE	Trumbull County Educational Service Center, Niles, OH for school robotics programs, which may include subgrants	Ryan, Tim
FIE	Tulsa Public Schools, Tulsa, OK for innovative programming for students at risk of dropping out, including curriculum development	Sullivan, John
FIE	Union County Public Schools, Monroe, NC for equipment and technology needs for the information technology academy	Hayes, Robin
FIE	Union Free School District of the Tarrytowns, Sleepy Hollow, NY for family literacy activities and professional development to support literacy instruction	Lowey, Nita
FIE	University of Akron, Akron, OH to link regional school districts with industry to promote STEM academic and career pathways	Ryan, Tim; Sutton, Betty
FIE	University of Alabama, Tuscaloosa, AL to implement a manufacturing engineering curriculum for high schools students	Davis, Artur
FIE	USD 259, Wichita Public Schools, Wichita, KS for technology upgrades	Tiahrt, Todd
FIE	Valle Lindo School District, South El Monte, CA for technology upgrades	Solis, Hilda
FIE	Venango Technology Center, Oil City, PA for the purchase of equipment	Peterson, John
FIE	Vision Therapy Project, Casper, WY for a teacher training initiative	Cubin, Barbara
FIE	Visually Impaired Preschool Services, Louisville, KY for programs to address school readiness needs of visually impaired children	Yarmuth, John
FIE	Washington College, Chestertown, MD for K-12 science, technology, engineering and mathematics outreach programs	Gilchrest, Wayne
FIE	Washington State University, Tacoma, WA for education and enrichment services for youth at its Center for Community Education, Enrichment and Urban Studies	Dicks, Norman
FIE	WE CARE San Jacinto Valley, Inc., San Jacinto, CA for the after school tutoring program	Lewis, Jerry
FIE	West Contra Costa Unified School District, Richmond, CA for high school architecture, construction, and engineering curricula	Miller, George

FIE	White-Williams Scholars, Philadelphia, PA for a college preparation initiative, which may include student scholarships	Fattah, Chaka
FIE	Widener University, Chester, PA for school-readiness programs	Sestak, Joe
FIE	Wildlife Information Center, Inc., Slatington, PA for an environmental education initiative	Dent, Charles
FIE	Williamsburg County First Steps, Kingstree, SC for a school-readiness program	Clyburn, James
FIE	Yonkers Public Schools, Yonkers, NY for after-school and summer academic enrichment, literacy, and professional development services, and for parental involvement activities	Lowey, Nita
FIE	Youngstown City School District, OH for a Pathways to Building Trades Program in the Youngstown and Warren, OH school districts	Ryan, Tim
FIE	Youngstown State University, Youngstown, OH for a pilot K-12 attention enhancement for learning project	Ryan, Tim
FIE	YWCA of Gary, Gary, IN for after-school and summer programs, which may include equipment	Visclosky, Peter
ETA	Adelante Development Center, Albuquerque, NM for employment and training services	Pearce, Stevan
ETA	Agudath Israel of America Community Services, Inc., Brooklyn, NY for its Fresh Start job training and counseling program	Weiner, Anthony
ETA	Arc of Blackstone Valley, Pawtucket, RI for a workforce development initiative	Kennedy, Patrick
ETA	Bellingham Technical College, Bellingham, WA for a Process Technology Workforce Development Project	Larsen, Rick
ETA	Bismarck State College, Bismarck, ND for an instrumentation and control training program for the energy industry	Pomeroy, Earl
ETA	Brookdale Community College, Lincroft, NJ for workforce training programs through its Center for Excellence in Technology, Telecommunications and Economic Development	Holt, Rush
ETA	Capital IDEA, Austin, TX for workforce development services for disadvantaged adults	Doggett, Lloyd
ETA	Center for Employment Training, San Jose, CA for its building trades program for out-of-school youth	Lofgren, Zoe
ETA	Central Carolina Tech College, Sumter, SC for training in healthcare professions	Spratt, John
ETA	Central Maine Community College, Auburn, ME for a training program in precision metalworking and machine tool technology	Michaud, Michael
ETA	Chinese-American Planning Council, New York, NY for counseling, vocational training, job placement, and ESL services	Velazquez, Nydia
ETA	City College of San Francisco, San Francisco, CA for a health care workforce training initiative through the Welcome Back Center	Lantos, Tom
ETA	City of Alexandria, VA for an automotive industry workforce development and training initiative	Moran, James
ETA	City of Baltimore, MD for the Park Heights Partnership for Jobs	Cummings, Elijah; Sarbanes, John

ETA	City of Milwaukee, WI for a project to train youth in construction trades	Moore, Gwen
ETA	City of Palmdale, Palmdale, CA for a business resource network to enhance worker skills development	McKeon, Howard
ETA	City of Suffolk, VA for training programs at the Suffolk Workforce Development Center	Forbes, J.
ETA	City of West Palm Beach, FL for training programs for at-risk youth	Hastings, Alcee
ETA	Clarian Health Partners, Indianapolis, IN for workforce development in the health care industry	Carson, Julia
ETA	College of Southern Maryland, La Plata, MD, for its Partnership for the Advancement of Construction and Transportation Training Project	Hoyer, Steny
ETA	Community Learning Center, Fort Worth, TX for expansion of the Advanced Manufacturing Training Partnership Program	Granger, Kay
ETA	Des Moines Area Community College, Arkeny, IA for workforce recruitment and training to address area skill shortages	Boswell, Leonard
ETA	Dillard University, New Orleans, LA for recruitment and training of nursing assistants	Jefferson, William
ETA	East Los Angeles Community Union, Los Angeles, CA for a workforce training initiative	Roybal-Allard, Lucille
ETA	Easter Seals Arc of Northeast Indiana, Inc., Fort Wayne, IN for the Production and Worker Training Services program	Souder, Mark
ETA	Edgar Campbell Foundation, Philadelphia, PA for counseling, job placement and work readiness programs	Brady, Robert
ETA	Employment & Economic Development Department of San Joaquin County, Stockton, CA for a work experience program for at-risk youth	McNerney, Jerry
ETA	Essex County Community Organization, Lynn, MA for its E-Team Machinist Training Program	Tierney, John
ETA	Foundation of the Delaware County Chamber, Media, PA for workforce development and job readiness services	Sestak, Joe
ETA	Goodwill of Southern Nevada, North Las Vegas, NV for workforce development programs	Porter, Jon
ETA	Greater Akron Chamber, Akron, OH for a summer apprenticeship program for youth	Ryan, Tim
ETA	Groden Center, Providence, RI for job readiness training for adults with Asperger's Syndrome	Kennedy, Patrick
ETA	Guam Community College, Mangilao, Guam for skilled craft training	Bordallo, Madeleine
ETA	Hamilton County Government, Chattanooga, TN for training activities related to manufacturing processes	Wamp, Zach
ETA	Home of Life Community Development Corp., Chicago, IL for a financial services training and placement program	Davis, Danny
ETA	Homecare Workers Training Center, Los Angeles, CA for nurse assistant training	Becerra, Xavier
ETA	International Fellowship of Chaplains, Inc., Saginaw, MI for the Road to Hope training program in Seneca County, OH	Gillmor, Paul
ETA	Iowa Valley Community College, Marshalltown, IA for job training activities	Latham, Tom

ETA	Ivy Tech Community College of Indiana - Columbus Region, Indianapolis, IN for the Center for Cybersecurity for workforce development	Pence, Mike
ETA	Ivy Tech Community College of Indiana Lafayette, Indianapolis, IN for job training programs at the Center for Health Information Technology	Buyer, Steve
ETA	Kansas City Kansas Community College, Kansas City, KS for workforce training and placement for the retail and hospitality industries	Moore, Dennis
ETA	Kent State University/Trumbull County, Warren, OH for regional training through the Northeast Ohio Advanced Manufacturing Institute	Ryan, Tim
ETA	Louisiana Delta Community College, Monroe, LA for a job training initiative	Alexander, Rodney
ETA	Louisiana National Guard, Carville, LA for the Job Challenge Program	Baker, Richard
ETA	Manufacturing Association of Central New York, Syracuse, NY for a workforce training project	Walsh, James
ETA	Massachusetts College of Pharmacy and Health Sciences, Manchester, NH for training of nurses, physician assistants, and pharmacists	Shea-Porter, Carol
ETA	McHenry County Community College, Woodstock, IL for employer-identified occupational training	Bean, Melissa
ETA	Minot State University, Minot, ND for the Job Corps Executive Management Program	Pomeroy, Earl
ETA	Mission Language and Vocational School, San Francisco, CA for a training program in health-related occupations	Pelosi, Nancy
ETA	Neighborhood First Program, Inc., Bristol, PA for services for at-risk youth	Murphy, Patrick
ETA	NewLife Academy of Information Technology, East Liverpool, OH for training for information technology careers	Wilson, Charles
ETA	North West Pasadena Development Corp., Pasedena, CA for job training for low-income individuals	Schiff, Adam
ETA	Northcott Neighborhood House, Milwaukee, WI for construction industry training for youth	Moore, Gwen
ETA	Oakland Community College, Bloomfield Hills, MI to lead a consortium on workforce development for emerging business sectors	Knollenberg, Joe; McCotter, Thaddeus; Levin, Sander
ETA	Opportunity, Inc., Highland Park, IL for workforce development activities	Kirk, Mark
ETA	Our Piece of the Pie, Hartford, CT for education and employment services for out-of-school youth	Larson, John
ETA	Parish of Rapides Career Solutions Center, Alexandria, LA for a job training initiative	Alexander, Rodney
ETA	Philadelphia Shipyard Development Corporation, Philadelphia, PA for on-the-job training in shipbuilding technology	Murtha, John
ETA	Piedmont Virginia Community College, Charlottesville, VA for the Residential Construction Academy	Goode, Virgil
ETA	Poder Learning Center, Chicago, IL for immigrant neighborhood education and job development services	Gutierrez, Luis
ETA	Precision Manufacturing Institute, Meadville, PA for high-technology training programs	English, Phil

ETA	Project One Inc., Louisville, KY for summer job activities for disadvantaged youth	Yarmuth, John
ETA	Project QUEST, Inc., San Antonio, TX for workforce development services to low-income residents	Rodriguez, Ciro
ETA	PRONTO of Long Island, Inc., Bayshore, NY for a vocational training initiative	Israel, Steve
ETA	Schoenbaum Family Enrichment Center, Charleston, WV for its Enterprise Development Initiative	Capito, Shelley
ETA	Schuylkill Intermediate Unit 29, MarLin, PA for a workforce training program	Holden, Tim
ETA	South Bay Workforce Investment Board, Hawthorne, CA for its Bridge-to-Work program	Waters, Maxine
ETA	Southeast Missouri State University, Cape Girardeau, MO for equipment and training	Emerson, Jo Ann
ETA	Southern University at Shreveport, Shreveport, LA for healthcare worker training activities	McCrery, Jim
ETA	Southside Virginia Community College, Alberta, VA for the Heavy Equipment Training Program	Goode, Virgil
ETA	Southwestern Oklahoma State University, Weatherford, OK for workforce development in the manufacturing sector	Lucas, Frank
ETA	St. Louis Agency on Training and Employment, St. Louis, MO for a summer jobs program for youth	Clay, Wm.
ETA	Towson University, Towson, MD for education and training services for careers in homeland security	Ruppersberger, C. A.
ETA	United Mine Workers of America, Washington, PA for the UMWA Career Center's mine worker training and reemployment programs	Murtha, John
ETA	University of West Florida, Pensacola, FL to provide teacher training to veterans	Miller, Jeff
ETA	Veteran Community Initiatives, Inc., Johnstown, PA for employment services and support programs for veterans	Murtha, John
ETA	Vincennes University, Vincennes, IN for heavy equipment operator training for the mining industry	Ellsworth, Brad
ETA	Wayne County, NY Planning Department, Lyons, NY for workforce development programs in Central New York	Walsh, James
ETA	West Los Angeles College, Culver City, CA for a craft and technican training program	Watson, Diane
ETA	Women Work and Community, Augusta, ME for a women's workforce training and development program	Allen, Thomas
HRSA	A.O. Fox Memorial Hospital, Oneonta, NY for facilities and equipment	Arcuri, Michael
HRSA	Access Community Health Network, Chicago, IL for facilities and equipment for Chicago sites	Jackson, Jesse; Rush, Bobby
HRSA	Adirondack Medical Center, Saranac Lake, NY for facilities and equipment	McHugh, John; Gillibrand, Kristen
HRSA	Adrian College, Adrian, MI for nurse training programs, including facilities and equipment	Walberg, Timothy
HRSA	Adventist GlenOaks Hospital, Glendale Heights, IL for facilities and equipment	Roskam, Peter
HRSA	Adventist Health, Roseville, CA for expansions to the clinical information system, including purchase of equipment	Doolittle, John
HRSA	Alamo Community College System, San Antonio, TX for faciilities and equipment	Cuellar, Henry
HRSA	Alaska Addictions Rehabilitation Services, Inc., Wasilla, AK for facilities and equipment	Young, Don

HRSA	Alderson-Broaddus College, Philippi, WV for facilities and equipment for the nursing program	Mollohan, Alan
HRSA	Alice Hyde Medical Center, Malone, NY for facilities and equipment	McHugh, John
HRSA	Alleghany Memorial Hospital, Sparta, NC for an electronic health records initiative, including equipment	Foxx, Virginia
HRSA	Alle-Kiski Medical Center, Natrona Heights, PA for facilities and equipment	Altmire, Jason
HRSA	Alliance for NanoHealth, Houston, TX for facilities and equipment	Culberson, John
HRSA	AltaMed Health Services Corp., Los Angeles, CA for facilities and equipment	Roybal-Allard, Lucille
HRSA	American Oncologic Hospital, Fox Chase Cancer Center, Philadelphia, PA for facilities and equipment	Hoyer, Steny
HRSA	American Samoa, Pago Pago, AQ for facilities and equipment for the LBJ Medical Center	Faleomavaega, Eni
HRSA	Amite County Medical Services, Liberty, MS for facilities and equipment	Pickering, Charles
HRSA	Arnold Palmer Hospital, Orlando, FL for facilities and equipment	Keller, Ric
HRSA	Ashland County Oral Health Services, Ashland, OH for facilities and equipment	Regula, Ralph
HRSA	Asian Americans for Community Involvement, San Jose, CA for facilities and equipment for a community health clinic	Honda, Michael; Lofgren, Zoe
HRSA	Association for Utah Community Health, Salt Lake City, UT for health information technology for community health centers represented by the Association throughout the State	Matheson, Jim
HRSA	Atlantic Health Systems, Florham Park, NJ for an electronic disease tracking system	Frelinghuysen, Rodney
HRSA	Avis Goodwin Community Health Center, Dover, NH for facilities and equipment in Somerworth, NH	Shea-Porter, Carol
HRSA	Avista Adventist Hospital, Louisville, CO for health information systems	Udall, Mark
HRSA	Bad River Tribe of Lake Superior Chippewa, Odanah, WI for facilities and equipment for a health clinic	Obey, David
HRSA	Ball Memorial Hospital, Muncie, IN, for facilities and equipment	Pence, Mike
HRSA	Baltimore City Health Department, Baltimore, MD for facilities and equipment for mobile units	Sarbanes, John
HRSA	Baltimore Medical System, Baltimore, MD for facilities and equipment for a community health care facility	Sarbanes, John
HRSA	Baptist Health Medical Center - Heber Springs, Heber Springs, AR for facilities and equipment.	Berry, Marion
HRSA	Barnert Hospital, Paterson, NJ for facilties and equipment	Pascrell, Bill
HRSA	Barnes-Kasson County Hospital, Susquehanna, PA for obstetrical care	Carney, Christopher
HRSA	Barre Family Health Center, Barre, MA for facilities and equipment	Olver, John
HRSA	Bay Area Medical Clinic, Marinette, WI for facilities and equipment	Kagen, Steve
HRSA	BayCare Health System, Clearwater, FL for upgrades to medical information systems	Young, C.W.
HRSA	Baylor Research Institute, Dallas, TX for facilities and equipment	Johnson, E. B., Eddie
HRSA	Bayonne Medical Center, Bayonne, NJ for health information technology	Sires, Albio
HRSA	Baystate Health Systems, Springfield, MA for faciltiies and equipment	Neal, Richard

HRSA	Beaumont Hospital, Royal Oak, MI for a Core Molecular Laboratory, including facilities and equipment	Knollenberg, Joe
HRSA	Belmont University, Nashville, TN for facilities and equipment for the Health Science Center.	Cooper, Jim
HRSA	Bemidji State University, Bemidji, MN for a nurse training program	Peterson, Collin
HRSA	Benedictine Hospital, Kingston, NY for health information systems.	Hinchey, Maurice
HRSA	Benefis Healthcare, Great Falls, MT for facilities and equipment	Rehberg, Dennis
HRSA	Berea Health Ministry Rural Health Clinic, Inc., Berea, KY for facilities and equipment for a rural diabetes clinic.	Chandler, Ben
HRSA	Bloomington Hospital Foundation, Bloomington, IN for for health information systems	Hill, Baron
HRSA	Bloomsburg Hospital, Bloomsburg, PA for facilities and equipment	Kanjorski, Paul
HRSA	Blount Memorial Hospital, Maryville, TN for purchase of equipment	Duncan, John
HRSA	Boone Hospital Center, Columbia, MO for facilities and equipment	Hulshof, Kenny; Skelton, Ike
HRSA	Boriken Neighborhood Health Center, New York, NY for facilities and equipment	Rangel, Charles
HRSA	Boscobel Area Health Care, Boscobel, WI for facilities and equipment	Kind, Ron
HRSA	Boston Medical Center, Boston, MA for facilities and equipment	Markey, Edward
HRSA	Boston University Medical School, Boston, MA for facilities and equipment for biomedical research	Capuano, Michael
HRSA	Bridge Community Health Clinic, Wausau, WI for facilities and equipment	Obey, David
HRSA	Bridgeport Hospital, Bridgeport, CT for facilities and equipment	Shays, Christopher
HRSA	Brockton Neighborhood Health Center, Brockton, MA for facilities and equipment	Lynch, Stephen
HRSA	Brookside Community Health Center, San Pablo, CA for facilities and equipment	Miller, George
HRSA	Brunswick County, Bolivia, NC for facilities and equipment for a senior center	McIntyre, Mike
HRSA	Bryan W. Whitfield Hospital, Demopolis, AL for facilities and equipment	Davis, Artur
HRSA	Bureau County Health Clinic, Princeton, IL to expand rural health services, including purchase of equipment	Weller, Jerry
HRSA	Cactus Health Services, Inc., Sanderson, TX for primary health care services in rural communities in Terrell and Pecos Counties	Rodriguez, Ciro
HRSA	California Hospital Medical Center, Los Angeles, CA for facilities and equipment	Roybal-Allard, Lucille
HRSA	California State University, Bakersfield, CA for nurse training programs, including purchase of equipment	McCarthy, Kevin
HRSA	Camillus House, Inc., Miami, FL for facilities and equipment	Meek, Kendrick
HRSA	Canonsburg General Hospital, Canonsburg, PA for purchase of equipment	Murphy, Tim
HRSA	Cape Cod Free Clinic and Community Health Center, Mashpee, MA for facilities and equipment	Delahunt, William
HRSA	Capital Park Family Health Center, Columbus, OH for facilities and equipment	Hobson, David
HRSA	Cardinal Stritch University, Milwaukee, WI for a nursing training program	Moore, Gwen

HRSA	Carolinas HealthCare System, Charlotte, NC for facilities and equipment	Hayes, Robin
HRSA	Carroll County Regional Medical Center, Carrollton, KY for facilities and equipment	Davis, Geoff
HRSA	Carroll County Youth Service Bureau, Westminster, MD for facilities and equipment for the Outpatient Mental Health Clinic	Bartlett, Roscoe
HRSA	Center for Health Equity, Louisville, KY for a mobile health unit	Yarmuth, John
HRSA	Central Wyoming College, Riverton, WY for facilities and equipment at the Virtual Medical Skills Center for Training Nurses in Rural Health Care	Cubin, Barbara
HRSA	CentroMed, San Antonio, TX for facilities and equipment	Rodriguez, Ciro
HRSA	Champlain Valley Physician's Hospital, Plattsburgh, NY for facilities and equipment	McHugh, John
HRSA	Charles A. Dean Memorial Hospital, Greenville, ME for facilities and equipment	Michaud, Michael
HRSA	Chatham County Safety Net Collaborative, Savannah, GA for purchase of equipment	Kingston, Jack
HRSA	Cherry Street Health Services, Grand Rapids, MI for an electronic health records initiative, including equipment	Ehlers, Vernon
HRSA	Children's Friend and Family Services, Salem, MA for facilities and equipment	Tierney, John
HRSA	Children's Home of Pittsburgh, Pittsburgh, PA for facilities and equipment	Doyle, Michael
HRSA	Children's Hospital and Clinics of Minnesota, Minneapolis, MN for facilities and equipment	Ellison, Keith
HRSA	Children's Hospital and Health System, Milwaukee, WI for purchase of equipment	Sensenbrenner, F.
HRSA	Children's Hospital at Albany Medical Center, Albany, NY for facilities and equipment	McNulty, Michael
HRSA	Children's Hospital Medical Center of Akron, Akron, OH for facilities and equipment	Sutton, Betty
HRSA	Children's Hospital of Orange County, Mission Viejo, CA for purchase of equipment	Miller, Gary
HRSA	Children's Hospital of The King's Daughters, Norfolk, VA for pediatric facilities and equipment	Drake, Thelma
HRSA	Children's Hospital, Denver, CO for facilities and equipment	Udall, Mark
HRSA	Children's Hospitals and Clinics of Minnesota, Minneapolis, MN for facilities and equipment for the Mobile Pediatric Health Simulation Center	Walz, Timothy; Bachmann, Michele
HRSA	Children's Medical Center, Dayton, OH for CARE House, including facilities and equipment	Hobson, David; Turner, Michael
HRSA	Children's Memorial Hospital, Chicago, IL for facilities and equipment	Emanuel, Rahm;Jackson, Jesse; Bean, Melissa; Rush, Bobby; Kirk, Mark
HRSA	Children's National Medical Center, Washington, DC for facilities and equipment for emergency preparedness	Hoyer, Steny
HRSA	Children's Specialized Hospital, Mountainside, NJ for facilities and equipment	Ferguson, Mike
HRSA	Chippewa Valley Hospital, Durand, WI for facilities and equipment	Kind, Ron

HRSA	Chiricahua Community Health Centers, Inc., Elfrida, AZ for faciliies and equipment for the Bisbee/Naco Chiricahua community health center in Bisbee, AZ and the Douglas/El Frida Medical and Dental Border Healthcare Clinic in Douglas, AZ	Giffords, Gabrielle
HRSA	Christian Health Care Center of New Jersey, Wyckoff, NJ for facilities and equipment	Garrett, Scott; Rothman, Steven
HRSA	Christian Sarkine Autism Treatment Center, Indianapolis, IN for facilities and equipment	Burton, Dan
HRSA	Christus Santa Rosa's Children's Hospital, San Antonio, TX for facilities and equipment.	Gonzalez, Charles
HRSA	Cincinnati Children's Hospital Medical Center, Cincinnati, OH for purchase of equipment	Chabot, Steve
HRSA	Citrus County Board of County Commissioners, Inverness, FL for facilities and equipment	Brown-Waite, Ginny
HRSA	City of Austin, TX for facilities and equipment for the Travis County Hospital District	Doggett, Lloyd
HRSA	City of Chesapeake, VA for an infant mortality and chronic disease prevention program, including equipment	Forbes, J.
HRSA	City of Hueytown, AL for the Senior Citizens' Center, including facilities and equipment	Bachus, Spencer
HRSA	City of Oakland, CA for facilities and equipment for a new youth center to house health services programs	Lee, Barbara
HRSA	City of Stockton, CA for facilities and equipment for a health care facility	Cardoza, Dennis
HRSA	City of Stonewall, OK for facilities and equipment	Cole, Tom
HRSA	Clarion Health Center, Clarion, PA for purchase of equipment	Peterson, John
HRSA	Cleveland Clinic Huron Hospital, East Cleveland, OH for facilities and equipment	Jones, Stephanie
HRSA	Cobb County Government, Marietta, GA for a senior health center, including facilities and equipment	Gingrey, Phil
HRSA	Coffeyville Regional Medical Center, Coffeyville, KS for facilities and equipment	Tiahrt, Todd
HRSA	Coles County Council on Aging, Mattoon, IL for facilities and equipment	Johnson, Timothy
HRSA	College Misericordia, Dallas, PA for facilities and equipment for the NEPA Assistive Technology Research Institute	Carney, Christopher
HRSA	Collier County, Naples, FL to develop a health care access network for the under- and uninsured, including information technology upgrades	Diaz-Balart, M., Mario
HRSA	Colorado State University, Fort Collins, CO for purchase of equipment	Musgrave, Marilyn
HRSA	Columbia Memorial Hospital, Hudson, NY for health information systems.	Gillibrand, Kirsten
HRSA	Columbus Children's Hospital, Columbus, OH for a telehealth project	Space, Zachary
HRSA	Columbus Children's Hospital, Columbus, OH for purchase of equipment	Pryce, Deborah
HRSA	Communi Care, Inc., Columbia, SC for health information systems, facilities, and equipment	Wilson, Joe; Clyburn, James
HRSA	Community College of Aurora, Aurora, CO for facilities and equipment	Perlmutter, Ed
HRSA	Community Dental Services, Albuquerque, NM for facilities and equipment	Wilson, Heather

HRSA	Community Health Care, Tacoma, WA for facilities and equipment	Dicks, Norman
HRSA	Community Health Center of Franklin County, Turners Falls, MA for health information systems	Olver, John
HRSA	Community Health Works, Forsyth, GA for rural health care outreach	Marshall, Jim
HRSA	Community Hospital of Bremen, Bremen, IN for facilities and equipment	Donnelly, Joe
HRSA	Community Hospital TeleHealth Consortium, Lake Charles, LA for a telehealth initiative	Boustany, Charles
HRSA	Community Medical Centers, Stockton, CA for facilities and equipment for Gleason House	Cardoza, Dennis
HRSA	Comprehensive Community Action Program (CCAP), Cranston, RI for facilities and equipment for dental care	Langevin, James
HRSA	Connecticut Hospice, Inc., Branford, CT for health information systems	DeLauro, Rosa
HRSA	Cook Children's Medical Center, Fort Worth, TX for facilities and equipment	Granger, Kay; Edwards, Chet
HRSA	Cooperative Education Service Agency 11 Rural Health Dental Clinic, Turtle Lake, WI for dental services	Obey, David
HRSA	County of Modoc Medical Center, Alturas, CA for purchase of equipment	Doolittle, John
HRSA	County of Peoria, Peoria, IL, for facilities and equipment	LaHood, Ray
HRSA	County of San Diego, CA for Public Health Services for the purchase of equipment	Bilbray, Brian
HRSA	Crousee Hospital, Syracuse, NY for purchase of equipment and improvement of electronic medical information	Walsh, James
HRSA	Crowder College-Nevada Campus, Nevada, MO for facilities and equipment for the Moss Higher Education Center	Skelton, Ike
HRSA	Crozer-Chester Medical Center, Upland, PA for facilities and equipment	Sestak, Joe
HRSA	Cumberland Medical Center, Crossville, TN for facilities and equipment.	Davis, Lincoln
HRSA	Dartmouth-Hitchcock Medical Center, Lebanon, NH for facilities and equipment	Hodes, Paul
HRSA	Delaware Technical and Community College, Dover, DE for purchase of equipment	Castle, Michael
HRSA	Denver Health and Hospital Authority, Denver, CO for facilities and equipment	DeGette, Diana
HRSA	Des Moines University and Broadlawns Medical Center, Des Moines, IA for a mobile clinic	Boswell, Leonard
HRSA	Detroit Primary Care Access, Detroit, MI for health care information technology	Conyers, John
HRSA	Dixie County, Cross City, FL for facilities and equipment for the primary care facility	Boyd, Allen
HRSA	Dodge County Hospital, Eastman, GA for facilities and equipment	Marshall, Jim
HRSA	Drew County Memorial Hospital, Monticello, AR for facilities and equipment	Ross, Mike
HRSA	DuBois Regional Medical Center, DuBois, PA for purchase of equipment and electronic medical records upgrades	Peterson, John
HRSA	East Carolina University, Greenville, NC for the Metabolic Institute, including facilities and equipment	Jones, Walter
HRSA	East Tennessee Children's Hospital, Knoxville, TN for facilities and equipment	Duncan, John

HRSA	East Tennessee State University College of Pharmacy, Johnson City, TN for facilities and equipment	Davis, David
HRSA	Easter Seals of Mahoning, Trumbull, and Columbiana Counties, Youngstown, OH for facilities and equipment	Ryan, Tim
HRSA	Eddy County, NM, for a regional substance abuse rehabilitation center, including facilities and equipment	Pearce, Stevan
HRSA	Edgemoor Hospital, Santee, CA for purchase of equipment	Hunter, Duncan
HRSA	Eisenhower Medical Center, Rancho Mirage, CA for facilities and equipment	Bono, Mary
HRSA	El Proyecto del Barrio, Arleta, CA for facilities and equipment at the Azusa Health Center, Azusa, CA	Solis, Hilda
HRSA	El Proyecto del Barrio, Winnetka, CA for health information systems	Sherman, Brad
HRSA	Elizabeth City State University, Elizabeth City, NC for facilities and equipment for a science education building	Butterfield, G. K.
HRSA	Emerson Hospital, Concord, MA for facilities and equipment	Meehan, Martin
HRSA	Englewood Hospital and Medical Center, Englewood, NJ for facilities and equipment	Rothman, Steven; Garrett, Scott
HRSA	Excela Health, Mt. Pleasant, PA for facilities and equipment	Murtha, John
HRSA	Fairfield Medical Center, Lancaster, OH for facilities and equipment	Hobson, David
HRSA	Fairview Southdale Hospital, Edina, MN for purchase of equipment	Ramstad, Jim
HRSA	Family and Children's Aid, Danbury, CT for facilities and equipment for the Harmony Center	Murphy, Christopher
HRSA	Family Behavioral Resources, Greensburg, PA for community health outreach activities	Murphy, Tim
HRSA	Family Center of the Northern Neck, Inc., White Stone, VA for obstetric care services, including facilities and equipment	Davis, Jo Ann
HRSA	Family Health Center of Southern Oklahoma, Tishomingo, OK for facilities and equipment	Boren, Dan
HRSA	Family HealthCare Network, Visalia, CA for electronic medical records upgrades	Nunes, Devin
HRSA	Family Medicine Spokane, Spokane, WA for rural training assistance	McMorris Rodgers, Cathy
HRSA	Florida Hospital College of Health Sciences, Orlando, FL for facilities and equipment	Keller, Ric
HRSA	Florida Institute of Technology, Melbourne, FL for facilities and equipment for the Autism Research and Treatment Center	Weldon, Dave
HRSA	Florida Southern College, Lakeland, FL for purchase of equipment to support nursing programs	Putnam, Adam
HRSA	Floyd Valley Hospital, Le Mars, IA for facilities and equipment	King, Steve
HRSA	Freeman Health System, Joplin, MO for purchase of equipment	Blunt, Roy
HRSA	Fulton County Medical Center, McConnellsburg, PA for facilities and equipment	Shuster, Bill
HRSA	Gardner Family Health Network, Inc., San Jose, CA for facilities and equipment	Honda, Michael

HRSA	Gaston College, Health Education Institute, Dallas, NC for nurse training programs, including facilities and equipment	Myrick, Sue
HRSA	Gateway to Care, Houston, TX for health information technology	Green, Gene
HRSA	Gertrude A. Barber Center, Erie, PA for the Autism Early Identification Diagnostic and Treatment Center, including purchase of equipment	English, Phil
HRSA	Glen Rose Medical Center, Glen Rose, TX for facilities and equipment	Edwards, Chet
HRSA	Glendale Adventist Medical Center, Glendale, CA for facilities and equipment	Schiff, Adam
HRSA	Glens Falls Hospital, Glens Falls, NY for facilities and equipment.	Gillibrand, Kirsten
HRSA	Grady Health Systems, Atlanta, GA for electronic medical records upgrades	Price, Tom; Westmoreland, Lynn; Scott, David; Johnson, Henry;
HRSA	Grandview Hospital, Dayton, OH for facilities and equipment	Turner, Michael
HRSA	Greater Hudson Valley Family Health Center,Inc., Newburgh, NY for facilities and equipment.	Hinchey, Maurice
HRSA	Greater New Bedford Community Health Center, New Bedford, MA for health information systems	Frank, Barney
HRSA	Griffin Hospital, Derby, CT for facilities and equipment	DeLauro, Rosa
HRSA	Gritman Medical Center, Moscow, ID for facilities and equipment	Sali, Bill
HRSA	Gundersen Lutheran Health System, West Union, IA for a mobile health unit	Braley, Bruce
HRSA	Gunderson Lutheran, Decorah, IA for a Remote Fetal Monitoring Program, including purchase of equipment	Latham, Tom
HRSA	Halifax Regional Health System, South Boston, VA for an electronic health records initiative, including equipment	Goode, Virgil
HRSA	Hamilton Community Health Network, Flint, MI for health care information technology	Kildee, Dale
HRSA	Hampton University, Hampton, VA for health professions training	Scott, Robert
HRSA	Harris County Hospital District, Houston, TX for facilities and equipment	Green, Al
HRSA	Harris County Hospital District, Houston, TX for facilities and equipment	Culberson, John
HRSA	Harris County Hospital District, Houston, TX for facilities and equipment for an outpatient physical and occupational therapy center	Jackson-Lee, Sheila
HRSA	Harris County Hospital District, Houston, TX for facilities and equipment for the diabetes program	Green, Gene
HRSA	Harris Methodist Erath County Hospital, Stephenville, TX for facilities and equipment	Carter, John
HRSA	Hatzoloh EMS, Inc., Monsey, NY for purchase of ambulances	Engel, Eliot
HRSA	Hawkeye Community College, Waterloo, IA for facilities and equipment for a health center	Braley, Bruce
HRSA	Healing Tree Addiction Treatment Solutions, Inc., Sterling, CO for facilities and equipment	Musgrave, Marilyn
HRSA	HEALS Dental Clinic, Huntsville, AL for facilities and equipment.	Cramer, Robert

HRSA	HealthCare Connection, Cincinnati, OH for an electronic health records initiative, including equipment	Chabot, Steve
HRSA	HealthEast Care System, St. Paul, MN for health information systems	McCollum, Betty; Bachmann, Michele
HRSA	Heartland Community Health Clinic, Peoria, IL for facilities and equipment	LaHood, Ray
HRSA	Hektoen Institute for Medical Research Beloved Community Wellness Program, Chicago, IL for facilities and equipment	Rush, Bobby
HRSA	Helen DeVos Children's Hospital, Grand Rapids, MI for facilities and equipment	Ehlers, Vernon
HRSA	Henry Mayo Newhall Memorial Hospital, Valencia, CA for facilities and equipment	McKeon, Howard
HRSA	Highland Community Hospital, Picayune, MS for health information systems	Taylor, Gene
HRSA	Highlands County, Sebring, FL for facilities and equipment for the veterans service office	Mahoney, Tim
HRSA	Holy Name Hospital, Teaneck, NJ for facilities and equipment	Rothman, Steven
HRSA	Home Nursing Agency, Altoona, PA, for telehealth services, including purchase of equipment	Shuster, Bill
HRSA	Hormel Foundation, Austin, MN for facilities and equipment for the cancer research center	Walz, Timothy
HRSA	Hospice of Northwest Ohio Toledo Center, Toledo, OH for health information systems	Kaptur, Marcy
HRSA	Hospice of the Western Reserve, Cleveland, OH for a pediatric care program	LaTourette, Steven
HRSA	Houston County Hospital District, Crockett, TX for facilities and equipment	Barton, Joe
HRSA	Howard Community College, Columbia, MD for facilities and equipment for radiologic technology	Cummings, Elijah
HRSA	Hudson Alpha Institute for Biotechnology, Huntsville, AL for facilities and equipment	Cramer, Robert
HRSA	Hudson Headwaters Health Network, Inc., Glens Falls, NY for health information systems	Gillibrand, Kirsten
HRSA	Humility of Mary Health Partners, Youngstown, OH for health information technology	Ryan, Tim
HRSA	Humphreys County Memorial Hospital, Belzoni, MS for facilities and equipment	Thompson, Bennie
HRSA	Hunterdon Medical Center, Flemington, NJ for facilities and equipment	Ferguson, Mike
HRSA	Hunter's Hope Foundation, Orchard Park, NY, including purchase of equipment	Reynolds, Thomas
HRSA	Huntsville Hospital, Huntsville, AL for facilities and equipment	Cramer, Robert
HRSA	Hurley Medical Center, Flint, MI for health information systems	Kildee, Dale
HRSA	Idaho Caring Foundation, Inc., Boise, ID for oral health services for low-income children	Simpson, Michael
HRSA	Idaho State University, Pocatello, ID for the Advanced Clinical Simulation Laboratory, including facilities and equipment	Simpson, Michael
HRSA	Illinois Masonic Medical Center, Chicago, IL for facilities and equipment	Emanuel, Rahm
HRSA	Illinois Primary Health Care Association, Springfield, IL for health information systems for clinic sites across the State	Jackson, Jesse; LaHood, Ray
HRSA	India Community Center, Milpitas, CA for facilities and equipment for the medical clinic	Honda, Michael
HRSA	Indiana University Bloomington, IN for facilities and equipment for the School of Nursing	Hill, Baron

HRSA	Indiana University School of Medicine, Gary, IN for facilities and equipment for the Northwest Indiana Health Research Institute	Visclosky, Peter
HRSA	Indiana University School of Medicine, Indianapolis, IN for facilities and equipment	Burton, Dan
HRSA	Indiana University Southeast, New Albany, IN for facilities and equipment for the School of Nursing	Hill, Baron
HRSA	Inland Behavioral Health Services, Inc., San Bernardino, CA for facilities and equipment	Lewis, Jerry
HRSA	Institute for Family Health, New Paltz, NY for health information systems across all eight academic health centers.	Hinchey, Maurice
HRSA	Institute for Research and Rehabilitation, Houston, TX for purchase of equipment	Culberson, John
HRSA	INTEGRIS Health, Oklahoma City, OK for a telemedicine demonstration	Fallin, Mary; Cole, Tom; Lucas, Frank
HRSA	Intermountain Healthcare, Salt Lake City, UT for an electronic health records initiative, including equipment	Cannon, Chris; Bishop, Rob
HRSA	Jameson Hospital, New Castle, PA for facilities and equipment	Altmire, Jason
HRSA	Jasper Memorial Hospital, Monticello, GA for facilities and equipment	Marshall, Jim
HRSA	Jefferson Regional Medical Center Nursing School, Pine Bluff, AR for facilities and equipment	Ross, Mike
HRSA	Jenkins County GA Hospital, Millen, GA for facilities and equipment	Barrow, John
HRSA	John Wesley Community Health Institute, Bell Gardens, CA for facilities and equipment for the Bell Gardens Health Center	Roybal-Allard, Lucille
HRSA	Johnson Memorial Hospital, Stafford Springs, CT for facilities and equipment	Courtney, Joe
HRSA	Johnston Memorial Hospital, Smithfield, NC for facilities and equipment	Etheridge, Bob
HRSA	Kalamazoo Valley Community College, Kalamazoo, MI for purchase of equipment	Upton, Fred
HRSA	Kennedy Krieger Institute, Baltimore, MD for facilities and equipment for the International Center for Spinal Cord Injury facility	Hoyer, Steny; Cummings, Elijah
HRSA	Kent State University Stark Campus, North Canton, OH for facilities and equipment	Regula, Ralph
HRSA	Kent State University, Ashtabula, OH for facilities and equipment	LaTourette, Steven
HRSA	Kilmichael Hospital, Kilmichael, MS for facilities and equipment	Thompson, Bennie
HRSA	Kirkwood Community College, Cedar Rapids, IA for facilities, equipment and curriculum for an advanced medical simulation instruction center	Loebsack, David
HRSA	Knox Community Hospital, Mount Vernon, OH for facilities and equipment	Space, Zachary
HRSA	La Clinica de la Raza, Oakland, CA for facilities and equipment for the San Antonio Neighborhood Health Center	Lee, Barbara
HRSA	La Rabida Children's Hospital, Chicago, IL for facilities and equipment	Jackson, Jesse
HRSA	Lake Erie College of Osteopathic Medicine, Erie, PA for the Drug Information Center	English, Phil
HRSA	Lakeland Community College, Kirtland, OH for a health information training program, including facilities and equipment	LaTourette, Steven

HRSA	Lamar University, Beaumont, TX for the Community and University Partnership Service, including facilities and equipment	Poe, Ted
HRSA	Lanai Women's Center, Lanai City, HI for facilities and equipment	Hirono, Mazie
HRSA	Laurens County Health Care System, Clinton, SC for an electronic health records initiative, including equipment	Barrett, J.
HRSA	Lawrence Hospital Center, Bronxville, NY for facilities and equipment	Lowey, Nita
HRSA	League Against Cancer, Miami, FL for purchase of equipment	Diaz-Balart, L., Lincoln
HRSA	Liberty County, FL, Bristol, FL for facilities and equipment for a medical facility	Boyd, Allen
HRSA	Liberty Regional Medical Center, Hinesville, GA for facilities and equipment	Kingston, Jack
HRSA	Limestone Community Care, Inc. Medical Clinic, Elkmont, AL for facilities and equipment	Cramer, Robert
HRSA	Lincoln Community Health Center, Durham, NC for facilities and equipment	Price, David
HRSA	Lincoln Medical and Mental Health Center, Bronx, NY for facilities and equipment	Serrano, Jose
HRSA	Lodi Memorial Hospital, Lodi, CA for a telehealth project	McNerney, Jerry
HRSA	Loretto, Syracuse, NY for facilities and equipment for elderly health care and skilled nursing programs	Walsh, James
HRSA	Los Angeles Orthopaedic Hospital, Los Angeles, CA for facilities and equipment in the Lowman Center	Roybal-Allard, Lucille
HRSA	Louisville Metro Department of Public Works, Louisville, KY for facilities and equipment for a mobile health unit	Yarmuth, John
HRSA	Lourdes Medical Center of Burlington County, Willingboro, NJ for purchase of equipment	Saxton, Jim
HRSA	Loyola University Health System, Maywood, IL for facilities and equipment	Davis, Danny
HRSA	Lucile Packard Children's Hospital, Palo Alto, CA for facilities and equipment	Eshoo, Anna
HRSA	Madison Center, South Bend, IN for facilities and equipment for a clinic for attention deficit hyperactivity disorder	Donnelly, Joe
HRSA	Madison County Memorial Hospital, Rexburg, ID for facilities and equipment	Simpson, Michael
HRSA	Madison County, Virginia City, MT for facilities and equipment	Rehberg, Dennis
HRSA	Madison St. Joseph Health Center, Madisonville, TX for facilities and equipment	Edwards, Chet
HRSA	Maine Center for Marine Biotechnology, Gulf of Maine Research Institute, Portland, ME for facilities and equipment	Allen, Thomas
HRSA	Maine Primary Care Association, Augusta, ME for health information systems in community health centers across the State	Michaud, Michael
HRSA	Manchester Memorial Hospital, Manchester, CT for facilities and equipment	Larson, John
HRSA	Marana Health Center, Marana, AZ for facilities and equipment.	Giffords, Gabrielle
HRSA	Marias Medical Center, Shelby, MT for purchase of equipment	Rehberg, Dennis
HRSA	Marquette General Hospital, Marquette, MI for facilities and equipment	Stupak, Bart

HRSA	Marshalltown Medical and Surgical Center, Marshalltown, IA for high resolution medical imaging, including purchase of equipment	Latham, Tom
HRSA	Mary Scott Nursing Center, Dayton, OH for facilities and equipment	Turner, Michael
HRSA	Maryland State Dental Association, Columbia, MD for facilities and equipment for mobile dental care units	Wynn, Albert
HRSA	Maryville University, St. Louis, MO for facilities and equipment at the Center for Science and Health Professions	Akin, W.
HRSA	Mason County Board of Health, Maysville, KY for facilities and equipment	Davis, Geoff
HRSA	Massachusetts College of Pharmacy and Health Sciences, Worcester, MA for health information technology systems	McGovern, James
HRSA	Maury Regional Hospital, Columbia, TN for facilities and equipment	Barrow, John; Davis, Lincoln
HRSA	Meharry Medical College, Nashville, TN for facilities and equipment	Cooper, Jim
HRSA	Memorial Hermann Baptist Beaumont Hospital, Beaumont, TX for facilities and equipment	Poe, Ted
HRSA	Memorial Hermann Healthcare System, Houston, TX for facilities and equipment	Culberson, John
HRSA	Memorial Hermann Southwest Hospital, Houston, TX for facilities and equipment	Green, Al
HRSA	Mendocino Coast District Hospital, Fort Bragg, CA for facilities and equipment	Thompson, Mike
HRSA	Menominee Indian Tribe of Wisconsin, Keshena, WI for facilities and equipment for the Family Wellness Center	Kagen, Steve
HRSA	Mercy College of Northwest Ohio, Toledo, OH for facilities and equipment for the continuing professional education division	Kaptur, Marcy
HRSA	Mercy Health Foundation, Durango, CO for facilities and equipment for a community health clinic	Salazar, John
HRSA	Mercy Hospital Grayling, Grayling, MI for facilities and equipment	Stupak, Bart
HRSA	Mercy Hospital, Buffalo, NY for facilities and equipment.	Higgins, Brian
HRSA	Mercy Medical Center, Redding, CA for facilities and equipment	Herger, Wally
HRSA	Mercy Medical Center-House of Mercy, Des Moines, IA for facilities and equipment related to substance abuse	Boswell, Leonard
HRSA	Mercy Memorial Hospital, Monroe, MI for facilities and equipment	Dingell, John
HRSA	Mercy Ministries Health Center, Laredo, TX for a mobile health unit	Cuellar, Henry
HRSA	Mercy Suburban Hospital, Norristown, PA for facilities and equipment	Gerlach, Jim
HRSA	Methodist Hospital of Southern California, Arcadia, CA for facilities and equipment	Dreier, David
HRSA	Methodist Hospital, Houston, TX for purchase of equipment	Culberson, John; Green, Al
HRSA	Metropolitan Hospital, New York, NY for facilities and equipment	Rangel, Charles

HRSA	MetroWest Medical Center Framingham Union Hospital, Framingham, MA for facilities and equipment for interpreting services	Markey, Edward
HRSA	Miami Beach Community Health Center, Miami Beach, FL for facilities and equipment	Ros-Lehtinen, Ileana
HRSA	Middle Tennessee State University, Murfreesboro, TN for facilities and equipment for the school of nursing	Gordon, Bart
HRSA	Middlesex Community College, Lowell, MA for facilities and equipment for the health education programs	Meehan, Martin
HRSA	Middletown Regional Hospital, Middletown, OH for facilities and equipment for the Greentree Science Academy in Franklin, OH	Turner, Michael
HRSA	Mid-Ohio FoodBank, Columbus, OH for facilities and equipment	Pryce, Deborah
HRSA	Miles Community College, Miles City, MT for the Pathways to Careers in Healthcare initiative	Rehberg, Dennis
HRSA	Mission Hospitals, Asheville, NC for facilities and equipment	Shuler, Heath
HRSA	Missouri Delta Medical Center, Sikeston, MO for purchase of equipment	Emerson, Jo Ann
HRSA	Monroe Clinic, Monroe, WI for health care information technology	Baldwin, Tammy
HRSA	Monroe County Hospital, Forsyth, GA for facilities and equipment	Marshall, Jim
HRSA	Montefiore Medical Center,Bronx, NY for health information systems	Engel, Eliot
HRSA	Montgomery Area Nontraditional Equestrians, Pike Road, AL for facilities and equipment to serve the disabled	Rogers (AL), Mike
HRSA	Morehead State University, Morehead, KY to improve rural health	Rogers, Harold
HRSA	Morris Heights Health Center, Inc., Bronx, NY for facilities and equipment	Serrano, Jose
HRSA	Morton Hospital and Medical Center, Taunton, MA for facilities and equipment	Frank, Barney
HRSA	Mount Nittany Medical Center, State College, PA for facilities and equipment	Peterson, John
HRSA	Mount Vernon Hospital, Mount Vernon, NY for facilities and equipment	Engel, Eliot
HRSA	Mount Wachusett Community College, Gardner, MA for facilities and equipment	Olver, John
HRSA	Muhlenberg Community Hospital, Greenville, KY for facilities and equipment	Whitfield, Ed
HRSA	Naugatuck Valley Community College, Waterbury, CT for facilities and equipment for the nursing program	DeLauro, Rosa
HRSA	Nebraska Hospital Association Research and Education Foundation, Lincoln, NE for a telehealth demonstration, including purchase of equipment	Fortenberry, Jeff
HRSA	New York College of Osteopathic Medicine, Old Westbury, NY for disease management and patient advocacy programs, including purchase of equipment	King, Peter
HRSA	New York Presbyterian Hospital, New York, NY for facilities and equipment	Rangel, Charles
HRSA	Newark Beth Israel Medical Center, Newark, NJ for facilities and equipment	Payne, Donald
HRSA	Newark-Wayne Community Hospital, Newark, NY for facilities improvements and digital health care equipment	Walsh, James

HRSA	Newport Hospital, Newport, RI for facilities and equipment	Kennedy, Patrick
HRSA	Newton Memorial Hospital, Newton, NJ for purchase of equipment	Garrett, Scott
HRSA	Niagara Falls Memorial Medical Center, Niagara Falls, NY for facilities and equipment	Slaughter, Louise
HRSA	Norman Regional Health System, Norman, OK for telehealth and electronic medical records initiatives	Cole, Tom
HRSA	NorthEast Ohio Neighborhood Health Services, Inc., Cleveland, OH for facilities and equipment	Jones, Stephanie
HRSA	Northeast Wisconsin Technical College, Green Bay, WI for a mobile health clinic	Kagen, Steve
HRSA	Northern Dutchess Hospital, Rhinebeck, NY for health information technology systems.	Gillibrand, Kirsten
HRSA	Northern Westchester Hospital, Mount Kisco, NY for facilities and equipment	Hall, John
HRSA	Northland Medical Center, Princeton, MN for purchase of equipment	Bachmann, Michele
HRSA	Northwest Community Health Care, Pascoag, RI for facilities and equipment	Langevin, James
HRSA	Northwest Hospital Intermediate Care Unit, Randallstown, MD for facilities and equipment	Ruppersberger, C. A.
HRSA	Northwest Kidney Centers, Seattle, WA for facilities and equipment	McDermott, Jim; Smith, Adam; Reichert, David
HRSA	Northwest Nazarene University, Nampa, ID for facilities and equipment	Sali, Bill
HRSA	Northwestern Memorial Hospital, Chicago, IL for faciliities and equipment for Prentice Women's Hospital	Jackson, Jesse; Kirk, Mark
HRSA	Oakland University School of Nursing, Rochester, MI for facilities and equipment	Knollenberg, Joe
HRSA	Oaklawn Adult Group Home, Goshen, IN for facilities and equipment	Souder, Mark
HRSA	Oakwood Healthcare System Foundation, Dearborn, MI for facilities and equipment for the Western Wayne Family Health Center	Dingell, John
HRSA	Ocean Beach Hospital, Ilwaco, WA for a telepharmacy program	Baird, Brian
HRSA	Ohio State University Comprehensive Cancer Center, Columbus, OH for James Cancer Survivorship Center for construction of facilities	Tiberi, Patrick
HRSA	Ohio State University Medical Center, Columbus, OH for facilities and equipment	Pryce, Deborah
HRSA	Oklahoma University College of Medicine -Tulsa, Tulsa, OK for facilities and equipment	Sullivan, John
HRSA	Olympic Community Action Program, Port Angeles, WA for facilities and equipment for the OlyCAP Oral Health Center	Dicks, Norman
HRSA	Oregon Coast Community College, Newport, OR for facilities and equipment for health professions education	Hooley, Darlene
HRSA	Osceola County Health Department, Poinciana, FL for facilities and equipment	Putnam, Adam
HRSA	Osceola Medical Center, Osceola, WI for facilities and equipment	Obey, David
HRSA	Our Lady of Lourdes Memorial Hospital, Binghamton, NY for facilities and equipment.	Hinchey, Maurice
HRSA	Palisades Medical Center, North Bergen, NJ for facilities and equipment	Rothman, Steven
HRSA	Palmetto Health Foundation, Columbia, SC for faciities and equipment	Clyburn, James

HRSA	Parkland Health Center, Farmington, MO for facilities and equipment	Emerson, Jo Ann
HRSA	Passavant Area Hospital, Jacksonville, IL for facilities and equipment	LaHood, Ray
HRSA	Pattie A. Clay Regional Medical Center, Richmond, KY for facilities and equipment	Chandler, Ben
HRSA	Pee Dee Healthy Start, Florence, SC for programs to improve maternal and child health	Clyburn, James
HRSA	Peninsula Hospital Center, New York, NY for health information systems	Meeks, Gregory
HRSA	People, Inc., Williamsville, NY for electronic health records upgrades	Reynolds, Thomas
HRSA	Peralta Community College, Oakland, CA for facilities and equipment for the nursing program at Highland Hospital	Lee, Barbara
HRSA	Person Memorial Hospital, Roxboro, NC for facilities and equipment	Miller, Brad
HRSA	Phoenix Children's Hospital, Phoenix, AZ for health information systems	Pastor, Ed
HRSA	Placer County, Auburn, CA for construction of the Children's Health Center/Emergency Shelter	Doolittle, John
HRSA	Pointe Coupee Better Access Community Health, New Roads, LA for facilities and equipment	Alexander, Rodney
HRSA	Ponce Center of Autism, Municipality of Ponce, PR for facilities and equipment at the Autism Center	Fortuno, Luis
HRSA	Powell County Medical Center, Deer Lodge, MT for facilities and equipment	Rehberg, Dennis
HRSA	Powell Valley Health Care, Powell, WY for electronic information technology	Cubin, Barbara
HRSA	Prairie Star Health Center, Hutchinson, KS for facilities and equipment	Moran, Jerry
HRSA	Preston Memorial Hospital, Kingwood, WV for facilities and equipment	Mollohan, Alan
HRSA	Project Access Spokane, Spokane, WA for healthcare delivery to low income residents	McMorris Rodgers, Cathy
HRSA	ProMedica Continuing Care Service Corporation, Adrian, MI for a telemedicine initiative	Walberg, Timothy
HRSA	Provena Saint Joseph Hospital, Elgin, IL for facilities and equipment	Hastert, J.
HRSA	Providence Health System, Anchorage, AK to improve services in underserved regions	Young, Don
HRSA	Putnam Hospital Center, Carmel, NY for facilities and equipment	Hall, John
HRSA	Quebrada Health Center, Municipality of Camuy, PR for purchase of equipment	Fortuno, Luis
HRSA	Quincy Valley Medical Center, Quincy, WA for facilities and equipment	Hastings, Doc
HRSA	Rancho Santiago Community College District, Santa Ana, CA for facilities and equipment for a medical education complex	Sanchez, Loretta
HRSA	Reading Hospital School of Nursing, West Reading, PA for nurse training programs including facilities and equipment	Gerlach, Jim
HRSA	Reformed Presbyterian Woman's Association, Pittsburgh, PA for facilities and equipment for a skilled nursing facility.	Doyle, Michael
HRSA	Regional Children's Hospital, Johnson City, TN for facilities and equipment	Davis, David
HRSA	Rhode Island Quality Institute, Providence, RI for health information technology in conjunction with Rhode Island mental health organizations	Kennedy, Patrick

HRSA	Rio Arriba County, Espanola, NM for facilities and equipment for the Health Commons	Udall, Tom
HRSA	Riverside County Regional Medical Center, Moreno Valley, CA for facilities and equipment	Bono, Mary; Calvert, Ken
HRSA	Riverside County Regional Medical Center, Moreno Valley, CA for facilities and equipment	Calvert, Ken; Bono, Mary
HRSA	Riverside Health System, Newport News, VA for the Patient Navigator Program	Davis, Jo Ann; Scott, Bobby
HRSA	Roosevelt Hospital, New York, NY for facilities and equipment	Nadler, Jerrold
HRSA	Rosebud Sioux Tribe, Rosebud, SD for facilities and equipment	Herseth Sandlin, Stephanie
HRSA	Roswell Park Cancer Institute, Buffalo, NY for facilities and equipment	Higgins, Brian
HRSA	Rural Health Technology Consortium for facilities and equipment	Rehberg, Dennis
HRSA	Rush University Medical Center, Chicago, IL for facilities and equipment for the Center for Advanced Medical Response	Jackson, Jesse
HRSA	Saginaw Valley State University, University Center, MI for purchase of equipment	Camp, Dave
HRSA	Saint Mary's Health Care, Grand Rapids, MI for an electronic health records initiative, including equipment	Ehlers, Vernon
HRSA	Sam Rogers Health Clinic, Kansas City, MO for facilities and equipment	Cleaver, Emanuel
HRSA	San Antonio Hospital Foundation, Upland, CA for facilities and equipment	Dreier, David
HRSA	San Francisco Medical Center Outpatient Improvement Programs, Inc., San Francisco, CA for facilities and equipment	Pelosi, Nancy
HRSA	San Mateo County, Redwood City, CA for facilities and equipment for the San Mateo Medical Center Emergency Department	Lantos, Tom
HRSA	San Ysidro Health Center, San Ysidro, CA for facilities and equipment	Filner, Bob
HRSA	Sandoval County, Bernalillo, NM for a telemedicine initiative, including purchase of equipment	Wilson, Heather; Udall, Tom
HRSA	Santa Rosa Memorial Hospital, Orange, CA for facilities and equipment	Woolsey, Lynn
HRSA	Schneck Medical Center, Seymour, IN for facilities and equipment	Hill, Baron
HRSA	Scotland Memorial Hospital, Laurinburg, NC for facilities and equipment	Hayes, Robin
HRSA	Seattle Cancer Care Alliance, Seattle, WA for facilities and equipment	McDermott, Jim; Inslee, Jay; Smith, Adam; Dicks, Norman; Larsen, Rick; Reichert, David
HRSA	Sharp Rehabilitation Services, San Diego, CA for facilities and equipment	Davis, Susan
HRSA	Shasta Community Health Center, Redding, CA for facilities and equipment	Herger, Wally
HRSA	Shawano County Rural Health Initiative, Shawano, WI for rural health care	Kagen, Steve
HRSA	Sidney Health Center, Sidney, MT for purchase of equipment	Rehberg, Dennis

HRSA	Sierra Nevada Memorial Foundation, Grass Valley, CA for an electronic health records initiative	Doolittle, John
HRSA	Sistersvile General Hospital, Sisterville, WV for facilties and equipment	Mollohan, Alan
HRSA	Skagit Valley Hospital Cancer Care Center, Mount Vernon, WA for facilities and equipment	Larsen, Rick
HRSA	Soldiers and Sailors Memorial Hospital, Wellsboro, PA for purchase of equipment	Peterson, John
HRSA	Somerset Medical Center, Somerville, NJ for electronic health records upgrades	Frelinghuysen, Rodney
HRSA	South Broward Hospital District, Hollywood, FL for facilities and equipment	Wasserman Schultz, Debbie
HRSA	South Carolina HIV/AIDS Council, Columbia, SC for health outreach	Clyburn, James
HRSA	South Nassau Communities Hospital, Oceanside, NY for facilities and equipment	McCarthy, Carolyn
HRSA	South Shore Hospital, South Weymouth, MA for facilities and equipment	Delahunt, William
HRSA	Southampton Hospital, Southampton, NY for facilities and equipment	Bishop, Timothy
HRSA	Southeast Alabama Medical Center, Dothan, AL for facilities and equipment for the Southeast Regional Cancer Screening Program	Everett, Terry
HRSA	Southeast Community College, Cumberland, KY for facilities and equipment for an allied health training center	Rogers, Harold
HRSA	Southeast Missouri State University, Cape Girardeau, MO for facilities and equipment	Emerson, Jo Ann
HRSA	Southern Methodist University, Dallas, TX for purchase of equipment	Sessions, Pete
HRSA	Southern Vermont Recreation Center Foundation, Springfield, VT for facilities and equipment for a medical rehabilitation unit	Welch, Peter
HRSA	Southwest Tennessee Community College, Memphis, TN for facilities and equipment	Cohen, Steve
HRSA	St James Hospital and Health Centers, Chicago Heights, IL for facilities and equipment for the Olympia Fields campus	Jackson, Jesse
HRSA	St. Agnes Hospital, Fresno, CA for purchase of equipment	Radanovich, George
HRSA	St. Ambrose University, Davenport, IA for facilities and equipment	Braley, Bruce
HRSA	St. Anthony Community Hospital, Warwick, NY for facilities and equipment	Hall, John
HRSA	St. Anthony Hospital, Chicago, IL for facilities and equipment	Gutierrez, Luis
HRSA	St. Anthony Memorial Health Centers, Hammond, IN for facilities and equipment	Donnelly, Joe
HRSA	St. Bernard Health Center, Inc., Chalmette, LA for facilities and equipment	Melancon, Charlie
HRSA	St. Bernardine Medical Center, San Bernardino, CA for facilities and equipment	Lewis, Jerry
HRSA	St. Camillus Health and Rehabilitation Center, Syracuse, NY for the brain injury program, including facilities and equipment	Walsh, James
HRSA	St. Catharine College, St. Catharine, KY for the allied health science program, including facilities and equipment	Lewis, Ron
HRSA	St. Charles Parish, LaPlace, LA for purchase of equipment	Jindal, Bobby
HRSA	St. Clair Hospital, Pittsburgh, PA for facilities and equipment	Murphy, Tim

HRSA	St. Claire Regional Medical Center, Morehead, KY for facilities construction	Rogers, Harold
HRSA	St. Elizabeth Medical Center, Utica, NY for facilities and equipment	Arcuri, Michael
HRSA	St. Francis Hospital, Escanaba, MI for facilities and equipment	Stupak, Bart
HRSA	St. Francis Medical Center, Trenton, NJ for facilities and equipment	Smith, Christopher
HRSA	St. James Parish Hospital, Lutcher, LA for facilities and equipment	Melancon, Charlie
HRSA	St. John's North Shore Hospital, Harrison Township, MI for facilities and equipment	Miller, Candice
HRSA	St. Joseph of the Pines, Southern Pines, NC for an electronic health records system	Coble, Howard
HRSA	St. Joseph Regional Medical Center,South Bend, IN for health care information technology	Donnelly, Joe
HRSA	St. Joseph's Hospital Mercy Care Services, Atlanta, GA for health information technology	Lewis, John
HRSA	St. Joseph's Hospital, Buckhannon, WV for facilities and equipment	Capito, Shelley
HRSA	St. Joseph's Hospital, Savannah GA for facilities and equipment	Barrow, John
HRSA	St. Joseph's Regional Medical Center, Paterson, NJ for health information technology	Pascrell, Bill
HRSA	St. Joseph's/Candler Health System, Savannah, GA for purchase of equipment	Kingston, Jack
HRSA	St. Luke's Quakertown Hospital, Quakertown, PA for facilities and equipment	Murphy, Patrick
HRSA	St. Luke's Regional Medical Center, Ltd. Boise, ID for purchase of equipment	Simpson, Michael
HRSA	St. Mary Medical Center Foundation, Langhorne, PA for facilities and equipment	Murphy, Patrick
HRSA	St. Mary Medical Center, Apple Valley, CA for the electronic intensive care unit	Lewis, Jerry
HRSA	St. Mary's Hospital Foundation, Grand Junction, CO for facilities and equipment for the Saccomanno Education Center	Salazar, John
HRSA	St. Mary's Hospital, Madison, WI for facilties and equipment	Baldwin, Tammy
HRSA	St. Mary's Medical Center, Huntington, WV for facilities and equipment for the Center for Education	Rahall, Nick
HRSA	St. Mary's Regional Medical Center, Reno, NV for facilities and equipment	Heller, Dean
HRSA	St. Patrick Hospital and Health Sciences Center, Missoula, MT for an electronic medical records system	Rehberg, Dennis
HRSA	St. Peter's Hospital Foundation, Albany, NY for facilities and equipment for the St. Peter's Breast Center	McNulty, Michael
HRSA	St. Petersburg College, St. Petersburg, FL for facilities and equipment	Young, C.W.
HRSA	St. Vincent Hospital, Billings, MT for facilities and equipment	Rehberg, Dennis
HRSA	St. Vincent's Charity Hospital, Cleveland, OH for facilities and equipment	Jones, Stephanie; Regula, Ralph
HRSA	St. Vincent's Medical Center, Bridgeport, CT for facilities and equipment	Shays, Christopher
HRSA	St. Xavier University, Chicago, IL for facilities and equipment	Biggert, Judy
HRSA	Stamford Hospital, Stamford, CT for facilities and equipment	Shays, Christopher
HRSA	Stark Prescription Assistance Network, Canton, OH for facilities and equipment	Regula, Ralph
HRSA	State Fair Community College, Sedalia, MO for facilities and equipment	Skelton, Ike

HRSA	Stewart-Marchman Center, Inc., Daytona Beach, FL for facilities and equipment	Mica, John
HRSA	Stony Point Ambulance Corps, Stony Point, NY for facilities and equipment	Hall, John
HRSA	Summers County Commission, Hinton, WV for facilities and equipment for the Appalachian Regional Healthcare Hospital	Rahall, Nick
HRSA	Swedish Covenant Hospital, Chicago, IL for facilities and equipment	Emanuel, Rahm
HRSA	Sylvan Grove Hospital, Jackson, MS for facilities and equipment	Marshall, Jim
HRSA	Tangipahoa Parish, Loranger, LA for facilities and equipment	Jindal, Bobby
HRSA	Tarleton State University, Stephenville, TX for the Rural Nursing Education Program, including purchase of equipment	Carter, John
HRSA	Tarrant County Infant Mortality Task Force, Ft. Worth, TX for education and outreach programs	Burgess, Michael
HRSA	Taylor Regional Hospital, Hawkinsville, GA for facilities and equipment	Marshall, Jim
HRSA	Temple Health and Bioscience Economic Development District, Temple, TX for facilities and equipment	Carter, John
HRSA	Teton Valley Hospital and Surgicenter, Driggs, ID for purchase of equipment	Simpson, Michael
HRSA	Texas A&M University - Kingsville, Kingsville, TX for facilities and equipment for a research facility	Ortiz, Solomon
HRSA	Texas Institute for Genomic Medicine, College Station, TX for facilities and equipment	Brady, Kevin
HRSA	Texas Tech University Health Sciences Center, El Paso and Lubbock, TX for facilities and equipment for the West Texas Center for Influenza Research, Education and Treatment	Reyes, Silvestre; Thornberry, Mac; Conaway, K.
HRSA	Texas Tech University Health Sciences Center, Lubbock, TX for health professionals training, including facilities and equipment	Neugebauer, Randy
HRSA	Thomas Jefferson University Breast Cancer Center, Philadelphia, PA for facilities and equipment	Brady, Robert
HRSA	Thomason General Hospital, El Paso, TX for facilities and equipment	Reyes, Silvestre
HRSA	Thundermist Health Center, Woonsocket, RI for health information technology	Kennedy, Patrick
HRSA	Tohono O'odham Nation, Sells, AZ for faciliies and equipment for its diabetes and dialysis program	Grijalva, Raul
HRSA	Toledo Children's Hospital, Toledo, OH for facilities and equipment for a palliative care program	Kaptur, Marcy
HRSA	Tomorrow's Child/Michigan SIDS, Lansing, MI for facilities and equipment	Rogers (MI), Mike
HRSA	Town of Argo, AL for facilities and equipment for the Senior Citizens' Center for Health and Wellness	Bachus, Spencer
HRSA	Translational Genomics Research Institute, Phoenix, AZ for facilities and equipment	Mitchell, Harry; Pastor, Ed
HRSA	Transylvania Community Hospital, Inc., Brevard, NC for facilities and equipment	Shuler, Heath
HRSA	Tulare District Hospital, Tulare, CA for an electronic medical record system	Nunes, Devin
HRSA	Tuomey Healthcare System, Sumter, SC for health information systems	Spratt, John
HRSA	Twin City Hospital, Dennison, OH for facilities and equipment	Space, Zachary
HRSA	Union Hospital, Terre Haute, IN for health information technology	Ellsworth, Brad

HRSA	Uniontown Hospital, Uniontown, PA for facilities and equipment for the chest pain center	Murtha, John
HRSA	Unity Health Care, Washington, DC for health information systems	Norton, Eleanor
HRSA	University Community Hospital/Pepin Heart Hospital, Tampa, FL for purchase of equipment	Bilirakis, Gus
HRSA	University Health System, San Antonio, TX for facilities and equipment	Rodriguez, Ciro
HRSA	University of Alabama, Tuscaloosa, AL for a telehealth initiative	Aderholt, Robert
HRSA	University of Arizona Medical Center, Tucson, AZ for facilities and equipment	Giffords, Gabrielle; Grijalva, Raul
HRSA	University of Arkansas for Medical Sciences, Little Rock, AR for facilities and equipment	Snyder, Vic
HRSA	University of Arkansas for Medical Sciences, Little Rock, AR for facilities and equipment at the Antenatal and Neonatal Guidelines, Education, and Learning System (ANGELS)	Boozman, John; Berry, Marion
HRSA	University of Arkansas Medical School Cancer Research Center, Little Rock, AR for facilities and equipment	Berry, Marion
HRSA	University of California, Davis Health System, Sacramento, CA for facilities and equipment for the Center for Education	Matsui, Doris
HRSA	University of Chicago Hospitals, Chicago, IL for facilities and equipment	Jackson, Jesse
HRSA	University of Illinois College of Medicine, Peoria, IL for facilities and equipment	LaHood, Ray
HRSA	University of Iowa, Iowa City, IA for facilities and equipment for a public health research and education building	Loebsack, David
HRSA	University of Iowa, Iowa City, IA for facilities and equipment for an advanced biomedical research institute	Loebsack, David
HRSA	University of Kansas Research Center, Lawrence, KS for facilities and equipment	Boyda, Nancy
HRSA	University of Massachusetts Memorial Medical Center, Worcester, MA for health information technology	McGovern, James
HRSA	University of Memphis, Memphis, TN for facilities and equipment for the community health building	Cohen, Steve
HRSA	University of Miami, Miami, FL for equipment at the Center for Research in Medical Education	Diaz-Balart, L., Lincoln
HRSA	University of Michigan Health System, Ann Arbor, MI for facilities and equipment for the C.S. Mott Children's and Women's Hospitals	Dingell, John
HRSA	University of North Alabama, Florence, AL for faciities and equipment for a science building	Cramer, Robert
HRSA	University of North Texas, Denton, TX for the center for Computational Epidemiology, including facilities and equipment	Marchant, Kenny
HRSA	University of Northern Colorado, Greeley, CO to develop the National Center for Nursing Education, including facilities and equipment	Musgrave, Marilyn
HRSA	University of South Florida, Tampa, FL for the Florida Cancer Clinical Trials Project	Bilirakis, Gus; Young, C.W.
HRSA	University of Tennessee of Chattanooga, Chattanooga, TN for a low birth weight study	Wamp, Zach

HRSA	University of Texas Southwestern Medical Center, Dallas, TX for facilities and equipment for the sickle cell program	Johnson, E. B., Eddie
HRSA	University of Texas Southwestern Medical Center, Dallas, TX for purchase of equipment	Sessions, Pete
HRSA	University of Virginia Health System, Charlottesville, VA for a telehealth project for southwest VA	Boucher, Rick
HRSA	University of Wisconsin-Oshkosh, Oshkosh, WI for facilities and equipment	Petri, Thomas
HRSA	Utah Navajo Health System, Inc., Montezuma Creek, UT for telehealth systems	Matheson, Jim
HRSA	Valley Cooperative Health Care, Hudson, WI for health information systems	Kind, Ron
HRSA	Vanguard University Nursing Center, Costa Mesa, CA for facilities and equipment	Rohrabacher, Dana
HRSA	Village Network Boys' Village Campus, Wooster, OH for facilities and equipment	Regula, Ralph
HRSA	Virtua Memorial Hospital Burlington County, Mount Holly, NJ for purchase of equipment	Saxton, Jim
HRSA	Visiting Nurse Association Healthcare Partners of Ohio, Cleveland, OH for telehealth	Hobson, David; Kaptur, Marcy; LaTourette, Steven; Regula, Ralph
HRSA	Wadsworth Rittman Hospital Foundation, Wadsworth, OH for facilities and equipment	Regula, Ralph
HRSA	Wake County, Raleigh, NC for facilities and equipment for Holly Hill Hospital	Price, David
HRSA	Washington County, GA Regional Medical Center, Sandersville, GA for facilities and equipment	Barrow, John
HRSA	Washington Hospital Center, Washington, DC for facilities and equipment	Norton, Eleanor
HRSA	Washington Parish, Bogalusa, LA for health care centers, including facilities and equipment	Jindal, Bobby
HRSA	Wayne Memorial Hospital, Jesup, GA for facilities and equipment	Kingston, Jack
HRSA	West Jefferson Medical Center, Marrero, LA for facilities and equipment	Jefferson, William; Jindal, Bobby
HRSA	West Shore Medical Center, Manistee, MI for facilities and equipment	Hoekstra, Peter
HRSA	West Side Community Health Services, St. Paul, MN for facilities and equipment	McCollum, Betty
HRSA	West Virginia University Hospital, Morgantown, WV for facilities and equipment	Mollohan, Alan
HRSA	Western North Carolina Health System, Asheville, NC for health information technology	Shuler, Heath
HRSA	Whidden Memorial Hospital, Everett, MA for facilities and equipment	Markey, Edward
HRSA	White County Memorial Hospital, Monticello, IN for facilities and equipment	Buyer, Steve
HRSA	White Memorial Medical Center, Los Angeles, CA for facilities and equipment	Roybal-Allard, Lucille
HRSA	White Plains Hospital Center, White Plains, NY for facilities and equipment	Lowey, Nita
HRSA	Whiteside County Department of Health, Rock Falls, IL for facilities and equipment	Hare, Phil
HRSA	Whittemore Peterson Institute for Neuro-Immune Disease, Sparks, NV for facilities and equipment	Heller, Dean; Berkley, Shelley
HRSA	Wind River Community Health Center, Riverton, WY for facilities and equipment	Cubin, Barbara
HRSA	Wing Memorial Hospital, Palmer, MA for facilities and equipment	Neal, Richard
HRSA	Winneshiek Medical Center, Decorah, IA for purchase of medical equipment	Latham, Tom

HRSA	Wolfson Children's Hospital, Jacksonville, FL for purchase of equipment	Crenshaw, Ander
HRSA	Woodhull Medical and Mental Health Center, Brooklyn, NY for equipment for a hospital-based radiologic technology school	Velazquez, Nydia
HRSA	Woodruff County Nursing Home, McCrory, AR for facilities and equipment	Berry, Marion
HRSA	Wyoming County Community Hospital, Warsaw, NY for facilities and equipment	Reynolds, Thomas
HRSA	YMCA of Central Stark County, Canton, OH for facilities and equipment	Regula, Ralph
HRSA	York Memorial Hospital, York, PA for facilities and equipment	Platts, Todd
HRSA	Youth Crisis Center, Jacksonville, FL for facilities and equipment	Crenshaw, Ander; Brown, Corrine
HRSA	Zucker Hillside Hospital, Glen Oaks, NY for facilities and equipment	Ackerman, Gary
HHS OS	Alma Family Services, Monterey Park, CA to increase access to culturally competent health information to minority populations, which may include the purchase of a fully equipped mobile computer lab/resource unit	Solis, Hilda
HHS OS	Bronx-Lebanon Hospital, New York, NY for demonstration project to increase access to health care for low-income minority men in South and Central Bronx	Serrano, Jose
HHS OS	Community Health Partnership, Santa Clara, CA for its Healthy Women, Healthy Choices project to provide comprehensive health education to underserved women	Honda, Michael
HHS OS	Hunterdon Medical Center, Flemington, NJ for its Latino Healthcare Initiative	Holt, Rush
HHS OS	Louisiana State University Health Sciences Center, Shreveport, LA for a health literacy program	McCrery, Jim
HHS OS	Marymount University, Arlington, VA for a project to provide health screenings, referrals and health education at a nurse managed health center for minority populations	Moran, James
HHS OS	Nassau University Medical Centers, East Meadow, NY for a minority health institute	McCarthy, Carolyn
HHS OS	National Hispanic Medical Association, Washington, DC for a Hispanic health portal to provide online health education materials	Roybal-Allard, Lucille; Gutierrez, Luis; Grijalva, Raul; Velazquez, Nydia; Becerra, Xavier; Napolitano, Grace; Reyes, Silvestre; Sires, Albio; Baca, Joe; Solis, Hilda
HHS OS	Prince George's County, Upper Marlboro, MD for a media campaign for pregnant women about health insurance for prenatal care	Wynn, Albert
HHS OS	St. Luke's Community Free Clinic, Front Royal, VA for activities focused on adult hypertension and dental care	Wolf, Frank
HHS OS	Thurston-Mason County Medical Society, Olympia, WA for a demonstraton project to increase care for non-English-speaking patients	Baird, Brian

FIPSE	Alabama Institute of the Deaf and Blind, Talladega, AL for the interpreter training program	Rogers (AL), Mike
FIPSE	Albany State University, Albany, GA, in partnership with Darton College, for an initiative to increase the success of minority males and nontraditional students in postsecondary education	Bishop, Sanford
FIPSE	American Speech-Language-Hearing Foundation, Rockville, MD for its New Century Scholars Program	Van Hollen, Chris
FIPSE	Anne Arundel Community College, Arnold, MD for a health care training initiative, which may include equipment and technology	Ruppersberger, C. A.
FIPSE	Armstrong Atlantic State University, Savannah, GA for development of the Bachelor of Arts degree in Cyber Security and Investigation Technology	Kingston, Jack
FIPSE	Asnuntuck Community College, Enfield, CT for manufacturing technology training programs, which may include equipment and technology	Courtney, Joe
FIPSE	Azusa Pacific University, San Bernardino, CA for nursing programs	Lewis, Jerry
FIPSE	Bellevue Community College, Bellevue, WA for development of computer security curriculum	Reichert, David
FIPSE	Beloit College, Beloit, WI for equipment and technology	Baldwin, Tammy
FIPSE	Bemidji State University, Bemidji, MN for equipment for an engineering technology center	Peterson, Collin
FIPSE	Bennett College for Women, Greensboro, NC for equipment, technology, and professional development	Watt, Melvin
FIPSE	Berkshire Community College, Pittsfield, MA for equipment and technology for distance education programs	Olver, John
FIPSE	Bluegrass Community and Technical College, Winchester, KY for equipment and technology	Chandler, Ben
FIPSE	Broward Community College, Broward County, FL for an education and training program in emergency preparedness and response	Hastings, Alcee
FIPSE	Bucknell University, Lewisburg, PA for environmental studies programs and community outreach, which may include equipment	Carney, Christopher
FIPSE	Buena Vista University, Storm Lake, IA for curriculum development	King, Steve
FIPSE	Butler Community College, Andover, KS for a closed captioning training program, including curriculum development	Tiahrt, Todd
FIPSE	Caldwell Community College and Technical Institute, Hudson, NC for curriculum development	McHenry, Patrick
FIPSE	California Baptist University, Riverside, CA for purchase of equipment	Calvert, Ken
FIPSE	California Polytechnic State University, San Luis Obispo, CA for purchase of equipment	McCarthy, Kevin
FIPSE	California State University - Channel Islands, Camarillo, CA for purchase of equipment	Gallegly, Elton
FIPSE	California State University - Fullerton, Fullerton, CA for technology upgrades at the Ruby Gerontology Center	Royce, Edward
FIPSE	Campbell University, Buies Creek, NC for its Advancement for Underrepresented Minority Pharmacists and Pharmaceutical Scientists Program	Etheridge, Bob

FIPSE	Central Arizona College, Coolidge, AZ for nursing programs, including curriculum development	Renzi, Rick
FIPSE	Central Florida Community College, Ocala, FL for curriculum development	Stearns, Cliff
FIPSE	Central Methodist University, Fayette, MO for a science, technology, engineering and math teacher training program	Graves, Sam
FIPSE	Central Piedmont Community College, Charlotte, NC, for curriculum development at the Center for Integrated Emergency Response Training	Hayes, Robin
FIPSE	Central Washington University, Ellensburg, WA for curriculum development	Hastings, Doc
FIPSE	Chemeketa Community College, Salem, OR for equipment and technology for health sciences education and training programs	Hooley, Darlene
FIPSE	City College of New York, NY for the Charles B. Rangel Center for Public Service to prepare individuals for careers in public service, which may include establishing an endowment, library and archives for such center	Rangel, Charles
FIPSE	Clark State Community College, Springfield, OH for curriculum development and purchase of equipment	Hobson, David
FIPSE	Clayton College and State University, Morrow, GA for development of a Master of Arts in Archive degree program, which may include student scholarships and community outreach	Scott, David
FIPSE	Clover Park Technical College, Lakewood, WA for an institute for environmental sustainability in the workforce	Smith, Adam
FIPSE	College of Lake County, Grayslake, IL for curriculum development	Kirk, Mark
FIPSE	College of Southern Idaho, Twin Falls, ID for the Pro-Tech program	Simpson, Michael
FIPSE	College of Southern Maryland, LaPlata, MD for nursing education programs	Hoyer, Steny
FIPSE	College of the Canyons, Santa Clarita, CA for creation of the medical lab technician degree program, including curriculum development and purchase of equipment	McKeon, Howard
FIPSE	College Success Foundation, Issaquah, WA for the Leadership 1000 Scholarship Program	Inslee, Jay; Dicks, Norman; Reichert, David
FIPSE	Community College of Allegheny County, Pittsburgh, PA for a technical education initiative	Peterson, John
FIPSE	Community College of Beaver County, Monaca, PA for equipment and technology	Altmire, Jason
FIPSE	Consensus Organizing Center, San Diego, CA, for its Step Up college preparation initiative	Davis, Susan
FIPSE	Coppin State University, Baltimore, MD for its nursing education program, which may include equipment and technology	Cummings, Elijah; Ruppersberger, C. A.
FIPSE	Darton College, Albany, GA for a biotechnology education and training collaboration with Albany State University and Albany Technical College	Bishop, Sanford
FIPSE	Delaware County Community College, Media, PA for equipment and instrumentation for science, engineering, and technology laboratories	Sestak, Joe

FIPSE	Des Moines Area Community College, Des Moines, IO for the Jasper County Career Academy, which may include equipment	Boswell, Leonard
FIPSE	DeSales University, Center Valley, PA for the Digital Campus Initiative, including purchase of equipment	Dent, Charles
FIPSE	Eastern Illinois University, Charleston, IL for nursing programs	Johnson, Timothy
FIPSE	Eastern Shore Community College Industrial Maintenance Program, Melfa, VA for curriculum development	Drake, Thelma
FIPSE	Eckerd College, St. Petersburg, FL for purchase of equipment	Young, C.W.
FIPSE	Edison College, Charlotte County Campus, Punta Gorda, FL for a nursing education program	Mahoney, Tim
FIPSE	El Camino College, Torrance, CA for nursing, engineering and nontraditional education and training programs	Waters, Maxine; Harman, Jane
FIPSE	Elmira College, Elmira, NY for technology upgrades	Kuhl, John
FIPSE	Florida Campus Compact, Tallahassee, FL for a project to enhance service learning on college campuses throughout Florida	Boyd, Allen
FIPSE	Florida Gulf Coast University, Ft. Myers, FL for the Coastal Watershed Institute	Mack, Connie
FIPSE	Focus: HOPE, Detroit, MI for an experiential learning laboratory and related equipment and technology to support undergraduate education and training	Conyers, John; Levin, Sander; Kilpatrick, Carolyn
FIPSE	Franklin Pierce College, Rindge, NH for a nursing education program, which may include equipment	Shea-Porter, Carol; Hodes, Paul
FIPSE	Frontier Community College, Fairfield, IL for purchase of equipment	Shimkus, John
FIPSE	Ft. Valley State University, Ft. Valley, GA for a teacher preparation program, which may include equipment and technology	Bishop, Sanford
FIPSE	Gadsden State Community College, Gadsden, AL for technology upgrades	Aderholt, Robert; Rogers (AL), Mike
FIPSE	Gateway Community and Technical College, Ft. Mitchell, KY for the Center for Advanced Manufacturing Competitiveness, including purchase of equipment	Davis, Geoff
FIPSE	Gateway Community College, New Haven, CT, for radiography and radiation therapy training programs, which may include equipment	DeLauro, Rosa
FIPSE	Gila County Community College, Globe, AZ for the registered nursing program, including purchase of equipment	Renzi, Rick
FIPSE	Grace College, Winona Lake, IN for technology upgrades	Souder, Mark
FIPSE	Greenfield Community College, Greenfield, MA for education and training programs in the arts, which may include equipment and student scholarships	Olver, John
FIPSE	Harcum College, Bryn Mawr, PA for purchase of equipment	Gerlach, Jim

FIPSE	Harrisburg Area Community College, Harrisburg, PA for curriculum development	Platts, Todd
FIPSE	Harrisburg University of Science and Technology, Harrisburg, PA for instructional programs, which may include equipment and technology	Holden, Tim
FIPSE	Herkimer County Community College, Herkimer, NY for equipment and technology for science laboratories	Arcuri, Michael
FIPSE	Hiwassee College, Madisonville, TN for a dental hygiene program, including curriculum development	Duncan, John
FIPSE	Holy Family University, Philadelphia, PA for nurse education programs	Schwartz, Allyson
FIPSE	Huntington Junior College, WV for an initiative to recruit and train students in closed captioning	Rahall, Nick
FIPSE	Huston-Tillotson University, Austin, TX for a math and science education initiative, which may include equipment	Doggett, Lloyd; McCaul, Michael
FIPSE	Institute for Advanced Learning and Research, Danville, VA for professional development for teachers in the field of nanotechnology	Goode, Virgil
FIPSE	Ivy Tech Community College, Evansville, IN for equipment and technology	Ellsworth, Brad
FIPSE	Jackson State University, Jackson, MS for establishment of an osteopathic medical school	Thompson, Bennie
FIPSE	James Rumsey Technical Institute, Martinsburg, WV for the Automotive Technology Program, including purchase of equipment	Capito, Shelley
FIPSE	Kent State University, New Philadelphia, OH for equipment and technology for its Tuscarawas County campus	Space, Zachary
FIPSE	King's College, Wilkes-Barre, PA to provide educational opportunities for students through civic engagement and service learning	Kanjorski, Paul
FIPSE	La Sierra University, Riverside, CA	Calvert, Ken
FIPSE	Lackawanna College, Scranton, PA for equipment, furnishings and operating expenses for an extension center in Susquehanna County	Carney, Christopher
FIPSE	Lake City Community College, Lake City, FL for a math skills initiative	Crenshaw, Ander
FIPSE	Latino Institute, Inc., Newark, NJ for its Latino Scholars Program	Sires, Albio
FIPSE	Lewis and Clark Community College, Godfrey, IL, for its National Great Rivers Research and Education Center	Costello, Jerry
FIPSE	Lincoln College, Lincoln, IL for training, material acquisition and purchase of equipment	LaHood, Ray
FIPSE	Lincoln Memorial University College of Osteopathic Medicine, Harrogate, TN for curriculum development	Wamp, Zach
FIPSE	Linn-Benton Community College, Albany, OR for science and health equipment and technology	DeFazio, Peter; Hooley, Darlene
FIPSE	Lorain County Community College, Elyria, OH for its library and community resource center, which may include equipment and technology	Kaptur, Marcy; Sutton, Betty
FIPSE	Los Angeles Valley College, Valley Glen, CA for its Solving the Math Achievement Gap program	Waxman, Henry

FIPSE	Lyon College, Batesville, AR, to purchase and install equipment	Berry, Marion
FIPSE	MacMurray College, Jacksonville, IL for technology upgrades	LaHood, Ray
FIPSE	Madonna University, Livonia, MI for curriculum development for a disaster relief and recovery program	McCotter, Thaddeus
FIPSE	Maricopa County Community College, Tempe, AZ for the Bilingual Nursing Program at Gateway Community College in Phoenix, AZ	Pastor, Ed
FIPSE	Marymount Manhattan College, New York, NY for a minority teacher preparation initiative	Maloney, Carolyn
FIPSE	McNeese State University, Lake Charles, LA for the Louisiana Academy for Innovative Teaching and Learning	Boustany, Charles
FIPSE	Mesa Community College, Mesa, AZ for an online registered nurse recertification program	Mitchell, Harry
FIPSE	Mesa Community College, Mesa, AZ for the Enfermeras En Escalera program to address a shortage of nurses	Mitchell, Harry
FIPSE	Metropolitan State University, St. Paul, MN for nursing education programs	McCollum, Betty
FIPSE	Midland College, Midland, TX for purchase of equipment at the Advanced Technology Center	Conaway, K.
FIPSE	Midwestern University Chicago College of Pharmacy, Downers Grove, IL for the Advanced Career Explorers Program	Roskam, Peter
FIPSE	Minnesota State Colleges and Universities, Office of the Chancellor, St. Paul, MN for a statewide veterans re-entry education program	Walz, Timothy; Peterson, Collin
FIPSE	Mira Costa Community College District, Oceanside, CA for a nursing education program, including purchase of equipment	Issa, Darrell
FIPSE	Mississippi Gulf Coast Community College, Gautier, MS for equipment and furnishings for a marine technology center and estuarine education center	Taylor, Gene
FIPSE	Missouri State University-West Plains, West Plains, MO for technology upgrades and programming at the Academic Support Center	Emerson, Jo Ann
FIPSE	Monroe Community College, Rochester, NY for a special needs preparedness training program	Kuhl, John
FIPSE	Montgomery County Community College, Blue Bell, PA for curricula, equipment and technology, faculty, and outreach for its advanced technologies initiative	Schwartz, Allyson
FIPSE	Mount Ida College, Newton, MA, for a veterinary technology program, which may include equipment	Frank, Barney
FIPSE	Murray State University, Hopkinsville, KY for purchase of equipment at the Veterinary Center	Whitfield, Ed
FIPSE	Nevada State College, Henderson, NV for the accelerated nursing program	Porter, Jon
FIPSE	New College of Florida, Sarasota, FL for equipment at the Jane Bancroft Cook Library	Buchanan, Vern
FIPSE	New College of Florida, Sarasota, FL for the Public Archaeology Laboratory, including purchase of equipment	Buchanan, Vern

FIPSE	New College of Florida, Sarasota, FL for the Strategic Languages Resource Center, including purchase of equipment	Buchanan, Vern
FIPSE	New Hampshire Community Technical College-Manchester, Manchester, NH for equipment for nursing and allied health education and training programs	Shea-Porter, Carol
FIPSE	Niagara County Community College, Sanborn, NY for equipment	Reynolds, Thomas
FIPSE	North Arkansas College, Harrison, AR for technology upgrades	Boozman, John
FIPSE	North Carolina Center for Engineering Technologies, Hickory, NC for purchase of equipment at the Center for Engineering Technologies	McHenry, Patrick
FIPSE	North Dakota State College of Science, Wahpeton, ND for a Center for Nanoscience Technology Training	Pomeroy, Earl
FIPSE	Northern Illinois University, DeKalb, IL for its College of Engineering and Engineering Technology	Lipinski, Daniel
FIPSE	Northern Kentucky University Research Foundation, Highland Heights, KY for the METS Center, including purchase of equipment	Davis, Geoff
FIPSE	Northwest Shoals Community College, Phil Campbell, AL for technology upgrades	Aderholt, Robert
FIPSE	Norwich University, Northfield, VT for equipment and technology for a nursing program	Welch, Peter
FIPSE	Oakland Community College, Bloomfield Hills, MI for international education programs	Levin, Sander
FIPSE	Oklahoma Panhandle State University, Goodwell, OK for purchase of equipment	Lucas, Frank
FIPSE	Onondaga Community College, Syracuse, NY for purchase of equipment	Walsh, James
FIPSE	Oregon Health and Science University, Portland, OR for academic programs in the OGI School of Science and Engineering	Wu, David
FIPSE	Oregon Institute of Technology, Klamath Falls, OR for development of associate's and bachelor's degree programs in the health professions	Walden, Greg
FIPSE	Owens Community College, Toledo, OH for a first responder training initiative, including curriculum development	Gillmor, Paul
FIPSE	Palm Beach Community College, Lake Worth, FL for equipment and technology	Klein, Ron; Hastings, Alcee; Wexler, Robert
FIPSE	Paula and Anthony Rich Center for the Study and Treatment of Autism, Youngstown, OH for distance learning technology and programs	Ryan, Tim
FIPSE	Philadelphia School District, Philadelphia, PA for the CORE Philly Scholarship Program	Fattah, Chaka
FIPSE	Pierce College, Tacoma, WA for the Center of Excellence for Homeland Security, including curriculum development and training	Reichert, David; Dicks, Norman
FIPSE	Pittsburg State University, Pittsburg, KS for equipment for its Kansas Technology Center	Boyda, Nancy
FIPSE	Polk Community College, Winter Haven, FL for advanced manufacturing training programs	Putnam, Adam
FIPSE	Portland State University, Portland, OR for equipment and technology for its science research and teaching center	Wu, David; Walden, Greg

FIPSE	Prince George's Community College, Largo, MD for equipment and technology to upgrade a management information system	Wynn, Albert
FIPSE	Purchase College, State of University of New York, Purchase, NY, for science and math education programs, including teacher preparation programs	Lowey, Nita
FIPSE	Radford University, Radford, VA for a study of the feasibility of establishing a graduate school in the medical sciences	Boucher, Rick
FIPSE	Rhode Island College, Providence, RI for development of a Portuguese and Lusophone Studies Program	Kennedy, Patrick
FIPSE	Richard Stockton College of New Jersey, Pomona, NJ for curriculum development	LoBiondo, Frank
FIPSE	Richland Community College, Decatur, IL for development of an alternative fuels education and training program	Hare, Phil; Johnson, Timothy
FIPSE	Richmond Community College, Hamlet, NC for equipment and programs at the Industrial Training Center	Hayes, Robin
FIPSE	Rockford College, Rockford, IL for technology upgrades and other equipment	Manzullo, Donald
FIPSE	Round Rock Higher Education Center, Round Rock, TX for nursing programs, including purchase of equipment	Carter, John
FIPSE	Rutgers University School of Law - Camden, NJ for student scholarships and loan repayment, internships and public interest programming	Andrews, Robert
FIPSE	San Jacinto College, Pasadena, TX for a health care education and training initiative, which may include equipment and technology	Lampson, Nick
FIPSE	Santa Clara University, Santa Clara, CA for equipment, technology, and training for its library and information commons initiative	Honda, Michael; Eshoo, Anna
FIPSE	Seton Hall University, South Orange, NJ for equipment and technology for its science and technology center	Payne, Donald; Rothman, Steven
FIPSE	Siena Heights University, Adrian, MI for nursing programs	Walberg, Timothy
FIPSE	Silver Lake College, Manitowoc, WI for nursing programs, including curriculum development	Petri, Thomas
FIPSE	Simpson College, Indianola, IA for purchase of equipment	Latham, Tom
FIPSE	Sparks College, Shelbyville, IL for a closed captioner training program	Shimkus, John
FIPSE	St. Bonaventure University, St. Bonaventure, NY for equipment at the science facility	Kuhl, John; Walsh, James T.
FIPSE	St. Bonaventure University, St. Bonaventure, NY for technology upgrades	Kuhl, John
FIPSE	St. Clair County Community College, Port Huron, MI for purchase of equipment	Miller, Candice
FIPSE	St. Francis College, Brooklyn, NY for equipment and technology to support its science, technology, engineering and math initiative	Clarke, Yvette; Towns, Edolphus; King, Peter

FIPSE	St. Petersburg College, St. Petersburg, FL for a distance learning program, including technology upgrades and purchase of equipment	Young, C.W.
FIPSE	State University of New York at Potsdam, Potsdam, NY for teacher training initiatives	McHugh, John
FIPSE	Sweetwater Education Foundation, Chula Vista, CA, for its Compact for Success program, which may include student scholarships	Filner, Bob
FIPSE	Texas Chiropractic College, Pasadena, TX for health professions training.	Lampson, Nick
FIPSE	Texas State Technical College, Waco, TX, for equipment for education and training programs	Edwards, Chet
FIPSE	Texas Tech University, Lubbock, TX for the Center for the Study of Addiction and Recovery	Neugebauer, Randy
FIPSE	Tohono O'odham Community College, Sells, AZ for computer, science and mathematics equipment, technology and instructional materials	Grijalva, Raul
FIPSE	Tri-County Community College, Murphy, NC for equipment and technology	Shuler, Heath
FIPSE	Trident Technical College, Charleston, SC for nursing curriculum development	Brown, Henry
FIPSE	Trinity University, San Antonio, TX for purchase of equipment	Smith, Lamar
FIPSE	University of Arizona, Tucson, AZ for development of a pilot project to provide instructional and support services to ensure the academic success of disabled veterans	Grijalva, Raul
FIPSE	University of California at Berkeley, Berkeley, CA for the Matsui Center for Politics and Public Service, which may include establishing an endowment, and for cataloguing the papers of Congressman Robert Matsui	Lee, Barbara
FIPSE	University of Central Arkansas, Conway, AR, for a technology training and instruction initiative, which may include equipment	Snyder, Vic
FIPSE	University of Central Florida, Orlando, FL for the Lou Frey Institute of Politics	Keller, Ric
FIPSE	University of Florida, Gainesville, FL for purchase of equipment at the College of Education	Mica, John
FIPSE	University of Louisiana at Monroe, Monroe, LA for technology upgrades at the College of Pharmacy	Alexander, Rodney
FIPSE	University of Michigan Depression Center, Ann Arbor, MI for the Postsecondary Education Campus Support project	Knollenberg, Joe
FIPSE	University of Montevallo, Montevallo, AL for the Teacher Leadership Initiative for School Improvement	Aderholt, Robert
FIPSE	University of New Mexico, Albuquerque, NM for the American Indian Language Policy Research and Teacher Training Center	Wilson, Heather
FIPSE	University of North Carolina at Wilmington, Wilmington, NC for development of an assistive technology center, which may include equipment	McIntyre, Mike
FIPSE	University of North Florida, Jacksonville, FL for the Virtual School Readiness Incubator	Crenshaw, Ander
FIPSE	University of Texas at Tyler, Tyler, TX for a science, technology, engineering and mathematics program, including teacher training	Gohmert, Louie
FIPSE	University of Texas Medical Branch at Galveston, Galveston, TX for nursing programs	Paul, Ron

FIPSE	University of Texas Medical Branch at Galveston, Galveston, TX for the Centralized Clinical Placement system, including purchase of equipment	Paul, Ron
FIPSE	University of Virginia Center for Politics, Charlottesville, VA for the Youth Leadership Initiative	Goode, Virgil; Forbes J.
FIPSE	University of Washington at Bothell, WA for an initiative to train nursing faculty in partnership with a consortium of colleges	Inslee, Jay
FIPSE	University of Wisconsin-Marshfield, Marshfield, WI for equipment and technology for science laboratories	Obey, David
FIPSE	Utah Valley State College, Orem, UT for a civic education program, including purchase of equipment	Cannon, Chris
FIPSE	Vanguard University Nursing Center, Costa Mesa, CA for teacher and nurse training programs	Rohrabacher, Dana
FIPSE	Waldorf College, Forest City, IA for purchase of equipment	Latham, Tom
FIPSE	Weber State University, Ogden, UT for the TAPT program to recruit additional teachers	Bishop, Rob
FIPSE	West Central Technical College, Waco, GA for purchase of equipment	Westmoreland, Lynn
FIPSE	West Chester University, West Chester, PA for nursing program development	Gerlach, Jim
FIPSE	Wisconsin Association of Independent Colleges and Universities, Madison, WI for continued implementation of the WAICU Collaboration Project	Obey, David
FIPSE	Wittenberg University, Springfield OH for a teacher training initiative	Hobson, David
FIPSE	York College, City University of New York, Jamaica, NY for activities to prepare students for careers in aviation management	Meeks, Gregory
IMLS	Aerospace Museum of California Foundation, McClellan, CA for exhibits	Lungren E., Daniel
IMLS	Alabama School of Math and Science, Mobile, AL for purchase of library materials	Bonner, Jo
IMLS	America's Black Holocaust Museum, Milwaukee, WI for exhibits and education programs, which may include acquisition of interactive media center kiosks	Moore, Gwen
IMLS	American Airpower Museum, Farmingdale, NY for exhibits and education programs	Israel, Steve
IMLS	American Jazz Museum, Kansas City, MO for exhibits and education programs, and an archival project	Cleaver, Emanuel
IMLS	American West Heritage Center, Wellsville, UT for the Lifelong Learning Initiative	Bishop, Rob
IMLS	Anne Arundel County Trust for Preservation, Inc., Annapolis, MD for exhibits and preservation	Hoyer, Steny
IMLS	Armory Center for the Arts, Pasadena, CA for educational programming	Schiff, Adam
IMLS	Bandera County, Bandera, TX for library enhancements	Smith, Lamar
IMLS	Bellevue Arts Museum, Bellevue, WA	Reichert, David
IMLS	Boyle County Public Library, Danville, KY for educational materials and equipment	Chandler, Ben
IMLS	Burpee Museum, Rockford, IL for educational programming and exhibits	Manzullo, Donald
IMLS	Charlotte County, FL, Port Charlotte, FL for archiving and equipment	Buchanan, Vern; Mahoney, Tim

IMLS	Children's Museum of Indianapolis, Indianapolis, IN for exhibits and equipment	Carson, Julia
IMLS	Children's Museum of Los Angeles, Van Nuys, CA for exhibits and education programs	Berman, Howard
IMLS	Cincinnati Museum Center, Cincinnati, OH for a digital records initiative	Chabot, Steve
IMLS	City of Chino Hills, Chino Hills, CA for library facility improvements	Miller, Gary
IMLS	College Park Aviation Museum, College Park, MD for exhibits and educational programs	Hoyer, Steny
IMLS	Connecticut Historical Society Museum, Hartford, CT for educational programs and interactive school programs at the Old State House	Larson, John
IMLS	Contra Costa County, Martinez, CA for library services and its Technology for Teens in Transition volunteer mentor program at the Juvenile Hall Library	Tauscher, Ellen
IMLS	Corporation for Jefferson's Poplar Forest, Forest, VA for expansion of exhibits and outreach	Goodlatte, Bob
IMLS	County of San Bernardino, San Bernardino, CA for exhibits and programming	Lewis, Jerry
IMLS	Discovery Center of Idaho, Boise, ID for a science center	Simpson, Michael
IMLS	Everson Museum of Art of Syracuse, Syracuse, NY for expansion of the Visual Thinking Strategies and Arts Education program	Walsh, James
IMLS	Florida Holocaust Museum, St. Petersburg, FL for exhibits and programming	Young, C.W.; Wexler, Robert
IMLS	Florida Southern College, Lakeland, FL to digitize holdings and create an online exhibit	Putnam, Adam
IMLS	George and Eleanor McGovern Library, Dakota Wesleyan University, Mitchell, SD for cataloging, preparing, and archiving documents and artifacts relating to the public service of Senator Francis Case and Senator George McGovern	Herseth Sandlin, Stephanie
IMLS	George C. Marshall Foundation, Lexington, VA for research activities	Goodlatte, Bob
IMLS	George Washington University, Washington, DC for the Eleanor Roosevelt Papers Project	Moran, James
IMLS	Heard Museum, Phoenix, AZ for web-based exhibits and educational programming	Pastor, Ed
IMLS	Heckscher Museum of Art, Huntington, NY for digitalization of collections and related activities	Israel, Steve
IMLS	Historic Hudson Valley, Tarrytown, NY for education programs	Hall, John
IMLS	Historic Hudson Valley, Tarrytown, NY, for education programs at Philipsburg Manor	Lowey, Nita
IMLS	History Museum of East Ottertail County, Perham, MN for exhibits and equipment	Peterson, Collin
IMLS	Impression 5 Science Center, Lansing, MI for exhibits	Rogers (MI), Mike
IMLS	Iola Public Library, Iola, Kansas for educational programs, outreach, and materials	Boyda, Nancy
IMLS	James A. Michener Art Museum, Doylestown, PA for equipment, salaries and supplies	Murphy, Patrick
IMLS	Jefferson Barracks Heritage Foundation Museum, St. Louis, MO for exhibits	Carnahan, Russ
IMLS	Kansas Regional Prisons Museum, Lansing, KS for educational and outreach programs	Boyda, Nancy
IMLS	Massie Heritage Center, Savannah, GA for exhibit upgrades and purchase of equipment	Kingston, Jack
IMLS	Metropolitan Library System, Chicago, IL for educational programming and materials	Rush, Bobby
IMLS	Monterey Bay Aquarium, Monterey, CA for educational programming and outreach	Farr, Sam

IMLS	Morris Museum, Morristown, NJ for development of the Interactive Educational Workshop Center Exhibit	Frelinghuysen, Rodney
IMLS	Museum of Aviation Foundation, Warner Robins, GA for education programs	Marshall, Jim
IMLS	Museum of Science and Technology, Syracuse, NY for museum exhibits and operations	Walsh, James
IMLS	Onondaga County Public Library, Syracuse, NY for technology upgrades	Walsh, James
IMLS	Overton County Library, Livingston, TN for collections, technology, and education programs	Gordon, Bart
IMLS	Pennsylvania State Police Historical, Educational and Memorial Museum, Hershey, PA for exhibits and educational materials	Holden, Tim
IMLS	Pico Rivera Library, Pico Rivera, CA for books and materials, equipment, and furnishings	Napolitano, Grace
IMLS	Portfolio Gallery and Education Center, St. Louis, MO for educational programming	Clay, Wm.
IMLS	Ralph Mark Gilbert Civil Rights Museum, Savannah, GA for exhibits, education programs, and equipment	Barrow, John
IMLS	Rust College, Holly Springs, MS to purchase equipment and digitize holdings	Wicker, Roger
IMLS	Samuel Dorsky Museum of Art, State University of New York at New Paltz, NY for exhibits and programs	Hinchey, Maurice
IMLS	San Gabriel Library, San Gabriel, CA for equipment, furnishings, and materials	Schiff, Adam
IMLS	Shedd Aquarium, Chicago, IL for exhibits and community outreach	Bean, Melissa; Emanuel, Rahm
IMLS	South Carolina Aquarium, Charleston, SC for exhibits and curriculum	Brown, Henry
IMLS	South Florida Science Museum, West Palm Beach, FL for educational and outreach programs	Klein, Ron
IMLS	Texas Tech University, Lubbock, TX to digitize library holdings	Johnson, Sam; Neugebauer, Randy
IMLS	Tubman African American Museum, Macon, GA for exhibits and education programs	Marshall, Jim
IMLS	Twin Cities Public Television, St. Paul, MN for the Minnesota Digital Public Media Archive	McCollum, Betty
IMLS	University of Puget Sound, Tacoma, WA for the James R. Slater Museum of Natural History for collections, education programs, and outreach	Dicks, Norman
IMLS	Yolo County Library, Woodland, CA for an after-school assistance and literacy program	Thompson, Mike
IMLS	Young At Art Children's Museum, Davie, FL for the Global Village Project	Wasserman Schultz, Debbie
Rehab	Advocating Change Together, Inc., St. Paul, MN for a disability rights training initiative	McCollum, Betty
Rehab	City of North Miami Beach, FL, North Miami Beach, FL for fitness and other programs for the disabled	Meek, Kendrick
Rehab	Jewish Vocational and Career Counseling Service, San Francisco, CA for a Transition Services Project to provide vocational training and job placement for youth and adults with disabilities	Pelosi, Nancy
Rehab	Vocational Guidance Services, Cleveland, OH for equipment and technology in order to increase employment for persons with disabilities	Kucinich, Dennis

CMHS	Access Community Health Center, Bloomingdale, IL for mental health services	Roskam, Peter
CMHS	Advocate Health Care, Oak Brook, IL for specialized and comprehensive psychotherapy and support to abused and neglected children and their families	Lipinski, Daniel
CMHS	Alfred University, Alfred, NY for a graduate school psychologist training program	Kuhl, John
CMHS	American Red Cross, Lower Bucks County Chapter, Levittown, PA to provide mental health counseling and case management services, along with related services	Murphy, Patrick
CMHS	City and County of San Francisco Department of Public Health, San Francisco, CA for mental health and substance abuse services for homeless persons in supportive housing	Pelosi, Nancy
CMHS	City of Los Angeles, CA for supportive housing services	Waxman, Henry
CMHS	Community Rehabilitation Center, Inc., Jacksonville, FL for substance abuse and mental health programs	Brown, Corrine
CMHS	Family Services of Greater Waterbury, Waterbury, CT for the outpatient counseling/psychiatric program	Murphy, Christopher
CMHS	Family Support Systems Unlimited, Inc., Bronx, NY for mental health services	Serrano, Jose
CMHS	Fulton County Department of Mental Health, Atlanta, GA for a jail diversion program	Scott, David
CMHS	Heartland Health Outreach, Inc., Chicago, IL for mental health services to refugee children	Schakowsky, Janice
CMHS	Helen Wheeler Center for Community Mental Health, Kankakee, IL for mental health services	Weller, Jerry
CMHS	Holy Spirit Hospital, Camp Hill, PA for the Teenline suicide prevention program	Platts, Todd
CMHS	Indiana Wesleyan University, Marion, IN for the Institute of Training in Addiction Studies	Souder, Mark
CMHS	Jewish Association for Residential Care, Farmington Hills, MI for the Lifelines project	Knollenberg, Joe
CMHS	Kids Hope United, Waukegan, IL for the multi-systemic therapy program for youth	Bean, Melissa
CMHS	New Image Homeless Shelter, Los Angeles, CA for mental health case management	Becerra, Xavier
CMHS	Pacific Clinics, Arcadia, CA for mental health and suicide prevention programs for Latina youth	Napolitano, Grace
CMHS	Prime Time House, Inc., Torrington, CT for mental health services	Murphy, Christopher
CMHS	Ruth Rales Jewish Family Service, Boca Raton, FL to provide preventive youth mental health services and clinical outreach to at risk students	Wexler, Robert
CMHS	Ventura County Probation Office, Ventura, CA for treatment and related services for juvenile offenders with mental health and chemical dependency problems	Capps, Lois
CMHS	Ventura County Sheriff's Department, Thousand Oaks, CA for training programs related to the mentally ill	Gallegly, Elton
CMHS	Youthville, Wichita, KS for an adoption and trauma resource center	Tiahrt, Todd
CSAP	Community Foundation for Greater New Haven, New Haven, CT to support innovative multi-disciplinary intervention programs serving children and families exposed to violence and trauma	DeLauro, Rosa
CSAP	Fighting Back Partnership, Vallejo, CA for an intervention program targeting elementary and high school students who are at risk for substance abuse and misuse	Miller, George

CSAP	Institute for the Advanced Study of Black Families, Oakland, CA for integrated HIV/AIDS and substance abuse prevention with African American women and teenagers	Lee, Barbara
CSAP	Operation SafeHouse, Riverside, CA for a substance abuse prevention program	Calvert, Ken
CSAP	Partnership for a Drug-Free America, New York, NY for educational awareness programs on prescription and over-the-counter drug abuse	Walsh, James; Souder, Mark
CSAP	Shiloh Economic Development Center, Bryan, TX for a substance abuse prevention program	Edwards, Chet
CSAP	South Boston Community Health Center, South Boston, MA for substance abuse prevention services	Lynch, Stephen
CSAP	YMCA of the East Bay, Richmond, CA for substance abuse prevention activities	Miller, George
CSAT	City of Las Vegas, NV for the EVOLVE program	Berkley, Shelley
CSAT	City of Oxford, Oxford, MS for a substance abuse treatment program	Wicker, Roger
CSAT	Fulton County, Atlanta, GA for Project Excell, an intensive outpatient treatment program serving homeless males with co-occurring substance abuse and mental health disorders	Lewis, John
CSAT	Gavin Foundation, South Boston, MA for substance abuse treatment services at its Cushing House facility for adolescents	Lynch, Stephen
CSAT	Glide Foundation, San Francisco, CA for substance abuse services	Pelosi, Nancy
CSAT	Metro Homeless Youth Services of Los Angeles, Los Angeles, CA to expand services for homeless youth with substance abuse problems	Watson, Diane
CSAT	Minnesota Indian Women's Resource Center, Minneapolis, MN for a dual diagnosis outpatient treatment program	Ellison, Keith
CSAT	Nassau University Medical Center, East Meadow, NY for substance abuse treatment services	King, Peter; McCarthy, Carolyn;
CSAT	Sandhills Teen Challenge, Carthage, NC for substance abuse treatment services	Coble, Howard
CSAT	Sheriffs Youth Program of Minnesota, Inver Grove Heights, MN for chemical dependency treatment services	Walz, Timothy
CSAT	Talbert House, Cincinnati, OH for a substance abuse treatment program	Schmidt, Jean
CSAT	Trumbull County Lifelines, Warren, OH for behavioral health services	Ryan, Tim
CSAT	Union Station Foundation, Pasadena, CA for services to homeless families	Schiff, Adam
CSAT	United Way of Treasure Valley, Boise, ID for a substance abuse treatment program	Sali, Bill; Simpson, Michael
CSAT	Wayne County Academy, Alpha, KY for a substance abuse counseling program	Rogers, Harold
CSAT	WestCare Kentucky, Ashcamp, KY for a substance abuse treatment program	Rogers, Harold
Higher Education	Thurgood Marshall Legal Education Opportunity Program	Hoyer, Steny; Jackson, Jesse

Higher Education	B.J. Stupak Olympic Scholarship Program	Stupak, Bart
Innovation and Improvement	Advanced Credentialing Program (National Board for Professional Teaching Standards)	Hoyer, Steny; Jackson, Jesse
Safe Schools and Citizenship Education	Civic Education Program (Center for Civic Education and National Council on Economic Education)	Abercrombie, Neil; Davis (AL), Artur; Davis, Geoff; Dent, Charles; Dingell, John; Eshoo, Anna; Kildee, Dale; Kind, Ron; Matsui, Doris; Miller (NC), Brad; Moran, Jerry; Rahall, Nick
Innovation and Improvement	Arts in Education Program (VSA Arts and John F. Kennedy Center for the Performing Arts)	Abercrombie, Neil
Special Institutions	National Technical Institute for the Deaf	President George W. Bush; Walsh, James T.; Reynolds, Thomas
Training and Employment Services	Dislocated Workers National Reserve (National Center on Education and the Economy)	McGovern, James
Occupational Safety and Health	Susan Harwood Training Grant Program (Institutional Competency Grants)	Miller, George

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
100	TITLE I - DEPARTMENT OF LABOR						
150	EMPLOYMENT AND TRAINING ADMINISTRATION						
200	TRAINING AND EMPLOYMENT SERVICES						
250	Grants to States:						
300	Adult Training, current year	152,199	---	152,199	---	+152,199	FF
350	Advance from prior year	(712,000)	(712,000)	(712,000)	---	---	
400	FY 2009	712,000	712,000	712,000	---	---	
450	Adult Training	864,199	712,000	864,199	---	+152,199	
500	Youth Training	940,500	840,500	940,500	---	+100,000	FF
550	Dislocated Worker Assistance, current year	341,811	54,939	341,811	---	+286,872	FF
600	Advance from prior year	(848,000)	(848,000)	(848,000)	---	---	
650	FY 2009	848,000	848,000	848,000	---	---	
700	Dislocated Worker Assistance	1,189,811	902,939	1,189,811	---	+286,872	
710	Subtotal, Grants to States	2,994,510	2,455,439	2,994,510	---	+539,071	
720	Current Year	(1,434,510)	(895,439)	(1,434,510)	---	(+539,071)	
730	FY 2009	(1,560,000)	(1,560,000)	(1,560,000)	---	---	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
750	Federally Administered Programs:						
755	Dislocated Worker Assistance National Reserve:						
760	Current year	70,092	---	70,092	---	+70,092	FF
770	Advance from prior year 1/	(212,000)	(212,000)	(212,000)	---	---	
780	FY 2009	212,000	212,000	212,000	---	---	
790	Dislocated Worker Assistance Nat'l Reserve	282,092	212,000	282,092	---	+70,092	
792	Less Community-based Job Training Grants (NA)	(-125,000)	---	(-125,000)	---	(-125,000)	
793	Dislocated Worker Assistance Nat'l Reserve	157,092	212,000	157,092	---	-54,908	
794	Total, Dislocated Worker Assistance	1,471,903	1,114,939	1,471,903	---	+356,964	
800	Native Americans	53,696	45,000	56,381	+2,685	+11,381	FF
850	Migrant and Seasonal Farmworkers	79,752	---	83,740	+3,988	+83,740	FF
855	Women in apprenticeship	1,000	---	1,000	---	+1,000	FF
875	YouthBuild	49,500	50,000	60,000	+10,500	+10,000	FF
900	Subtotal, Federally Administered Programs	466,040	307,000	483,213	+17,173	+176,213	
910	Current Year	(254,040)	(95,000)	(271,213)	(+17,173)	(+176,213)	
920	FY 2009	(212,000)	(212,000)	(212,000)	---	---	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
1300	National Activities:						
1350	Pilots, Demonstrations and Research.....	14,700	13,000	28,140	+13,440	+15,140	FF
1399	Responsible Reintegration of Youthful						FF
1400	Offenders 4/.....	49,104	---	---	-49,104	---	FF
1410	Prisoner Re-entry 4/.....	19,642	---	---	-19,642	---	
1420	Reintegration of Ex-Offenders 4/.....	---	39,600	68,746	+68,746	+29,146	FF
1450	Evaluation.....	4,921	7,000	4,921	---	-2,079	FF
1515	Community-based Job Training Grants.....	---	150,000	---	---	-150,000	
1516	Community-based Job Training Grants (NA)5/	(125,000)	---	(125,000)	---	(+125,000)	
1517	Subtotal, program level.....	125,000	150,000	125,000	---	-25,000	
1525	Denali Commission.....	6,875	---	---	-6,875	---	
1550	Other.....	480	---	---	-480	---	FF
1600	Subtotal, National activities.....	95,722	209,600	101,807	+6,085	-107,793	
2100	Total, Training and Employment Services.....	3,556,272	2,972,039	3,579,530	+23,258	+607,491	UA
2150	Current Year.....	(1,784,272)	(1,200,039)	(1,807,530)	(+23,258)	(+607,491)	UA
2200	FY 2009.....	(1,772,000)	(1,772,000)	(1,772,000)	---	---	UA

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
2300	COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS.....	483,611	350,000	530,900	+47,289	+180,900	FF
2400	FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES.....	837,600	888,700	888,700	+51,100	---	UA
2600	STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT						
2650	SERVICE OPERATIONS						
2700	Unemployment Compensation:						
2750	State Operations.....	2,497,770	2,550,723	2,550,723	+52,953	---	
2850	National Activities.....	9,900	10,500	10,500	+600	---	
2950	Subtotal, Unemployment Compensation.....	2,507,670	2,561,223	2,561,223	+53,553	---	
3100	Employment Service:						
3150	Allotments to States:						
3200	Federal Funds.....	22,883	22,016	23,203	+320	+1,187	
3250	Trust Funds.....	693,000	666,763	702,680	+9,680	+35,917	
3300	Subtotal, Allotments to States.....	715,883	688,779	725,883	+10,000	+37,104	
3350	ES National Activities.....	33,428	32,766	32,766	-662	---	
3400	Subtotal, Employment Service.....	749,311	721,545	758,649	+9,338	+37,104	
3450	Federal Funds.....	22,883	22,016	23,203	+320	+1,187	
3500	Trust Funds.....	726,428	699,529	735,446	+9,018	+35,917	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
3550	One-Stop Career Centers/Labor Market Information.....	63,855	55,985	52,985	-10,870	-3,000	
3600	Work Incentives Grants.....	19,514	---	9,757	-9,757	+9,757	FF
3650	Total, State Unemployment & Employment Srvcs	3,340,350	3,338,753	3,382,614	+42,264	+43,861	
3700	Federal Funds.....	106,252	78,001	85,945	-20,307	+7,944	
3750	Trust Funds.....	(3,234,098)	(3,260,752)	(3,296,669)	(+62,571)	(+35,917)	
3800	ADVANCES TO THE UI AND OTHER TRUST FUNDS 6/.....	465,000	437,000	437,000	-28,000	---	
3900	PROGRAM ADMINISTRATION						
3950	Adult Employment and Training.....	43,442	45,593	43,442	---	-2,151	
4000	Trust Funds.....	7,846	8,283	7,846	---	-437	
4050	Youth Employment and Training 3/.....	39,354	40,311	10,981	-28,373	-29,330	
4100	Employment Security.....	6,354	6,376	6,354	---	-22	
4150	Trust Funds.....	72,113	84,436	72,113	---	-12,323	
4200	Apprenticeship Services.....	21,542	21,725	21,542	---	-183	
4250	Executive Direction 3/.....	6,967	7,250	6,132	-835	-1,118	
4300	Trust Funds.....	2,090	2,188	2,090	---	-98	
4400	Total, Program Administration.....	199,708	216,162	170,500	-29,208	-45,662	
4450	Federal Funds.....	117,659	121,255	88,451	-29,208	-32,804	
4500	Trust Funds.....	82,049	94,907	82,049	---	-12,858	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request
4550	Total, Employment and Training Administration...	8,882,541	8,202,654	8,989,244	+106,703	+786,590
4600	Federal Funds.....	5,566,394	4,846,995	5,610,526	+44,132	+763,531
4650	Current Year.....	(3,794,394)	(3,074,995)	(3,838,526)	(+44,132)	(+763,531)
4700	FY 2009.....	(1,772,000)	(1,772,000)	(1,772,000)	---	---
4750	Trust Funds.....	3,316,147	3,355,659	3,378,718	+62,571	+23,059
4800	EMPLOYEE BENEFITS SECURITY ADMINISTRATION					
4805	SALARIES AND EXPENSES					
4850	Enforcement and Participant Assistance.....	118,718	123,163	118,663	-55	-4,500
4900	Policy and Compliance Assistance.....	17,585	18,315	18,315	+730	---
4950	Executive Leadership, Program Oversight and Admin.....	5,270	5,947	5,947	+677	---
5000	Total, EBSA.....	141,573	147,425	142,925	+1,352	-4,500
5050	PENSION BENEFIT GUARANTY CORPORATION					
5060	Pension insurance activities.....	(80,357)	(74,784)	(74,784)	(-5,573)	---
5070	Pension plan termination.....	(128,466)	(205,158)	(205,158)	(+76,692)	---
5080	Operational support.....	(196,567)	(131,209)	(131,209)	(-65,358)	---
5250	Total, PBGC (Program level).....	(405,390)	(411,151)	(411,151)	(+5,761)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request
5300	EMPLOYMENT STANDARDS ADMINISTRATION					
5350	SALARIES AND EXPENSES					
5400	Enforcement of Wage and Hour Standards	170,220	182,365	182,365	+12,145	---
5450	Office of Labor-Management Standards	47,753	56,888	45,737	-2,016	-11,151
5500	Federal Contractor EEO Standards Enforcement	82,441	84,182	84,182	+1,741	---
5550	Federal Programs for Workers' Compensation	100,889	104,478	104,478	+3,589	---
5650	Trust Funds	2,042	2,111	2,111	+69	---
5700	Program Direction and Support	17,526	17,635	17,635	+109	---
5750	Total, ESA salaries and expenses	420,871	447,659	436,508	+15,637	-11,151
5800	Federal Funds	418,829	445,548	434,397	+15,568	-11,151
5850	Trust Funds	2,042	2,111	2,111	+69	---
5900	SPECIAL BENEFITS					
5950	Federal employees' compensation benefits	224,000	200,000	200,000	-24,000	---
6000	Longshore and harbor workers' benefits	3,000	3,000	3,000	---	---
6050	Total, Special Benefits	227,000	203,000	203,000	-24,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request
6060	SPECIAL BENEFITS FOR DISABLED COAL MINERS					
6065	Benefit payments	298,000	271,000	271,000	-27,000	---
6070	Administration	5,373	5,221	5,221	-152	---
6075	Subtotal, FY 2008 program level	303,373	276,221	276,221	-27,152	---
6080	Less funds advanced in prior year	-74,000	-68,000	-68,000	+6,000	---
6085	Total, Current Year, FY 2008	229,373	208,221	208,221	-21,152	---
6090	New advances, 1st quarter FY 2009	68,000	62,000	62,000	-6,000	---
6095	Total, Special Benefits for Disabled Coal Miners	297,373	270,221	270,221	-27,152	---
6200	ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION					
6250	FUND, Part B Administrative Expenses	102,307	104,745	104,745	+2,438	---
6350	BLACK LUNG DISABILITY TRUST FUND					
6400	Benefit payments and interest on advances	1,010,011	1,009,763	1,009,763	-248	---
6450	Employment Standards Admin., Salaries and expenses	33,578	32,761	32,761	-817	---
6500	Departmental Management, Salaries and expenses	25,255	24,785	24,785	-470	---
6550	Departmental Management, Inspector General	346	335	335	-11	---
6600	Subtotal, Black Lung Disability	1,069,190	1,067,644	1,067,644	-1,546	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request
6650	Treasury Department Administrative Costs.....	356	356	356	---	---
6700	Total, Black Lung Disability Trust Fund.....	1,069,546	1,068,000	1,068,000	-1,546	---
6750	Total, Employment Standards Administration.....	2,117,097	2,093,625	2,082,474	-34,623	-11,151
6800	Federal Funds.....	2,115,055	2,091,514	2,080,363	-34,692	-11,151
6810	Current year.....	(2,047,055)	(2,029,514)	(2,018,363)	(-28,692)	(-11,151)
6820	FY 2009.....	(68,000)	(62,000)	(62,000)	(-6,000)	---
6850	Trust Funds.....	2,042	2,111	2,111	+69	---
6900	OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION					
6950	SALARIES AND EXPENSES					
7000	Safety and Health Standards.....	16,892	16,851	16,933	+41	+82
7050	Federal Enforcement.....	176,973	183,046	190,128	+13,155	+7,082
7100	State Programs.....	91,093	91,093	91,093	---	---
7150	Technical Support.....	22,392	22,066	22,066	-326	---
7200	Compliance Assistance:					
7250	Federal Assistance.....	72,659	79,607	75,566	+2,907	-4,041
7300	State Consultation Grants.....	53,357	54,531	54,531	+1,174	---
7350	Training Grants.....	10,116	---	10,116	---	+10,116
7400	Subtotal, Compliance Assistance.....	136,132	134,138	140,213	+4,081	+6,075

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

	FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request
7450 Safety and Health Statistics	32,274	32,082	32,082	-192	---
7500 Executive Direction and Administration	11,169	11,001	11,001	-168	---
7550 Total, OSHA	486,925	490,277	503,516	+16,591	+13,239
7600 MINE SAFETY AND HEALTH ADMINISTRATION					
7650 SALARIES AND EXPENSES					
7700 Coal Enforcement	120,396	140,620	140,620	+20,224	---
7750 Metal/Non-Metal Enforcement	72,506	72,290	72,290	-216	---
7800 Standards Development	2,727	2,737	2,737	+10	---
7850 Assessments	6,556	5,743	5,743	-813	---
7900 Educational Policy and Development	35,326	34,256	34,256	-1,070	---
7950 Technical Support	29,237	28,200	28,200	-1,037	---
7975 Program evaluation and information resources (PEIR)	21,185	16,219	16,219	-4,966	---
8000 Program Administration	13,637	13,413	13,413	-224	---
8050 Total, Mine Safety and Health Administration	301,570	313,478	313,478	+11,908	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

	FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request
8100 BUREAU OF LABOR STATISTICS					
8150 SALARIES AND EXPENSES					
8200 Employment and Unemployment Statistics	169,722	175,320	175,320	+5,598	---
8250 Labor Market Information	77,067	78,264	78,264	+1,197	---
8300 Prices and Cost of Living	177,847	192,149	192,599	+14,752	+450
8350 Compensation and Working Conditions	81,658	84,859	86,084	+4,426	+1,225
8400 Productivity and Technology	11,063	11,332	11,332	+269	---
8450 Executive Direction and Staff Services	30,766	32,519	32,519	+1,753	---
8500 Total, Bureau of Labor Statistics	548,123	574,443	576,118	+27,995	+1,675
8550 Federal Funds	471,056	496,179	497,854	+26,798	+1,675
8600 Trust Funds	77,067	78,264	78,264	+1,197	---
8650 OFFICE OF DISABILITY EMPLOYMENT POLICY					
8700 Salaries and expenses	27,712	18,602	27,712	---	+9,110
8850 DEPARTMENTAL MANAGEMENT					
8900 SALARIES AND EXPENSES					
8950 Executive Direction	28,189	28,680	23,237	-4,952	-5,443
9000 Departmental IT Crosscut	29,462	31,405	18,000	-11,462	-13,405
9050 Departmental Management Crosscut	1,108	750	500	-608	-250

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
9100	Legal Services	85,488	95,162	94,937	+9,449	-225	
9150	Trust Funds	308	318	318	+10	---	
9200	International Labor Affairs	72,516	14,097	72,516	---	+58,419	
9250	Administration and Management	32,865	33,362	32,865	---	-497	
9275	Frances Perkins building security enhancements	---	---	---	---	---	
9300	Adjudication	27,537	28,289	28,289	+752	---	
9350	Women's Bureau	9,666	9,832	10,500	+834	+668	
9400	Civil Rights Activities	6,445	6,763	6,763	+318	---	
9450	Chief Financial Officer	5,336	5,578	5,336	---	-242	
9500	Total, Salaries and expenses	298,920	254,236	293,261	-5,659	+39,025	
9550	Federal Funds	298,612	253,918	292,943	-5,669	+39,025	
9560	Trust Funds	308	318	318	+10	---	
9600	OFFICE OF JOB CORPS 2/						
9610	Administration 3/	---	---	28,872	+28,872	+28,872	
9620	Operations	879,357	831,372	916,684	+37,327	+85,312	FF
9630	Advance from prior year	(591,000)	(591,000)	(591,000)	---	---	
9640	FY 2009	591,000	591,000	591,000	---	---	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request		
9650	Construction and Renovation	7,920	---	12,920	+5,000	+12,920		FF
9670	Advance from prior year	(100,000)	(100,000)	(100,000)	---	---		
9680	FY 2009	100,000	100,000	100,000	---	---		
9690	Total, Job Corps	1,578,277	1,522,372	1,649,476	+71,199	+127,104	UA	
9695	Current Year	(887,277)	(831,372)	(958,476)	(+71,199)	(+127,104)	UA	
9710	FY 2009	(691,000)	(691,000)	(691,000)	---	---	UA	
9880	VETERANS EMPLOYMENT AND TRAINING							
9890	State administration, Grants	160,791	161,894	161,894	+1,103	---		
9900	Federal Administration	31,187	33,282	33,282	+2,095	---		
9925	National Veterans' Training Institute	1,967	1,949	1,967	---	+18		
9950	Homeless Veterans Program	21,809	23,620	23,620	+1,811	---		
10000	Veterans Workforce Investment Programs	7,435	7,351	7,435	---	+84	UA	FF
10050	Total, Veterans Employment and Training	223,189	228,096	228,198	+5,009	+102		
10100	Federal Funds	29,244	30,971	31,055	+1,811	+84		
10150	Trust Funds	193,945	197,125	197,143	+3,198	+18		

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request
10200	OFFICE OF THE INSPECTOR GENERAL					
10250	Program Activities	67,214	72,929	72,929	+5,715	---
10300	Trust Funds	5,552	5,729	5,729	+177	---
10400	Total, Office of the Inspector General	72,766	78,658	78,658	+5,892	---
10450	Federal funds	67,214	72,929	72,929	+5,715	---
10500	Trust funds	5,552	5,729	5,729	+177	---
10550	Total, Departmental Management	2,173,152	2,083,362	2,249,593	+76,441	+166,231
10600	Federal Funds	1,973,347	1,880,190	2,046,403	+73,056	+166,213
10610	Current Year	(1,482,152)	(1,392,362)	(1,558,593)	(+76,441)	(+166,231)
10620	FY 2009	(691,000)	(691,000)	(691,000)	---	---
10650	Trust Funds	199,805	203,172	203,190	+3,385	+18
10675	WORKING CAPITAL FUND					
10680	Working capital fund	6,168	12,000	---	-6,168	-12,000
10700	Total, Title I, Department of Labor	14,684,861	13,935,866	14,885,060	+200,199	+949,194
10750	Federal Funds	11,089,800	10,296,660	11,222,777	+132,977	+926,117
10800	Current Year	(8,558,800)	(7,771,660)	(8,697,777)	(+138,977)	(+926,117)
10850	FY 2009	(2,531,000)	(2,525,000)	(2,525,000)	(-6,000)	---
10900	Trust Funds	3,595,061	3,639,206	3,662,283	+67,222	+23,077

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

	FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request

10920 Title I Footnotes:
10922 1/ Includes FY 2006 rescission of $125M for
10923 Community College Initiative
10924 2/ In FY 2007, Job Corps was requested and funded in
10925 ETA; FY 2008 requested in ETA but funded in Dept Mgmt
10927 3/ Administration for Job Corps funding was
10928 transferred from ETA to DM in FY 2006 Act and FY 2008.
10930 4/ In FY 2008, the Responsible Reintegration of
10931 Youthful Offenders and Prisoner Re-entry programs will
10932 be combined into Reintegration of Ex-Offenders program
10937 5/ Funding from the Dislocated Worker National Reserve
10938 6/ Two year availability

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

	FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
10950 TITLE II - DEPARTMENT OF HEALTH AND HUMAN SERVICES						
11000 HEALTH RESOURCES AND SERVICES ADMINISTRATION						
11050 HEALTH RESOURCES AND SERVICES						
11060 BUREAU OF PRIMARY HEALTH CARE						
11100 Community health centers	1,988,039	1,988,467	2,188,000	+199,961	+199,533	UA
11115 State health access grants	---	---	75,000	+75,000	+75,000	
11125 Free Clinics Medical Malpractice	41	100	40	-1	-60	
11134 National Hansen's Disease Program	15,972	16,109	16,109	+137	---	
11136 Buildings and Facilities	220	100	100	-120	---	
11138 Payment to Hawaii, treatment of Hansen's	1,996	1,976	1,996	---	+20	
11142 Subtotal, Bureau of Primary Health Care	2,006,268	2,006,752	2,281,245	+274,977	+274,493	
11149 BUREAU OF HEALTH PROFESSIONS						
11150 National Health Service Corps:						
11200 Field placements	40,443	30,729	40,443	---	+9,714	
11250 Recruitment	85,230	85,230	91,057	+5,827	+5,827	
11300 Subtotal, National Health Service Corps	125,673	115,959	131,500	+5,827	+15,541	UA

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

	FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request
11400 Health Professions, Training for Diversity:					
11450 Centers of excellence	11,880	---	28,431	+16,551	+28,431
11500 Health careers opportunity program	3,960	---	28,440	+24,480	+28,440
11550 Faculty loan repayment	1,289	---	1,289	---	+1,289
11600 Scholarships for disadvantaged students	46,657	9,733	46,657	---	+36,924
11650 Subtotal, Training for Diversity	63,786	9,733	104,817	+41,031	+95,084
11700 Training in Primary Care Medicine and Dentistry	48,851	---	48,851	---	+48,851
11750 Interdisciplinary Community-Based Linkages:					
11800 Area health education centers	28,681	---	31,200	+2,519	+31,200
11900 Allied health and other disciplines	3,960	---	3,960	---	+3,960
11950 Geriatric programs	31,548	---	31,548	---	+31,548
12050 Subtotal, Interdisciplinary Comm. Linkages	64,189	---	66,708	+2,519	+66,708
12200 Public health, preventive med. and dental programs	7,920	---	7,920	---	+7,920
12399 Nursing Programs:					
12400 Advanced Education Nursing	57,061	---	57,061	---	+57,061
12450 Nurse education, practice, and retention	37,291	37,291	37,291	---	---
12500 Nursing workforce diversity	16,107	16,107	16,107	---	---
12505 Loan repayment and scholarship program	31,055	43,744	44,000	+12,945	+256
12515 Comprehensive geriatric education	3,392	3,392	3,392	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
12520	Nursing faculty loan program	4,773	4,773	7,773	+3,000	+3,000	
12525	Subtotal, Nursing programs	149,679	105,307	165,624	+15,945	+60,317	
12550	Subtotal, Health Professions	334,425	115,040	393,920	+59,495	+278,880	UA
12600	Children's Hospitals Graduate Medical Education	297,009	110,018	307,009	+10,000	+196,991	
12610	National Practitioner Data Bank	16,200	18,900	18,900	+2,700	---	
12615	User Fees	-16,200	-18,900	-18,900	-2,700	---	
12620	Health Care Integrity and Protection Data Bank	3,825	---	4,000	+175	+4,000	
12625	User Fees	-3,825	---	-4,000	-175	-4,000	
12630	Subtotal, Bureau of Health Professions	757,107	341,017	832,429	+75,322	+491,412	
12745	MATERNAL AND CHILD HEALTH BUREAU						
12750	Maternal and Child Health Block Grant	693,000	693,000	750,000	+57,000	+57,000	
12775	Sickle cell anemia demonstration program	2,180	2,184	2,184	+4	---	
12800	Traumatic Brain Injury	8,910	---	8,910	---	+8,910	UA
12950	Healthy Start	101,518	100,503	120,000	+18,482	+19,497	UA
13000	Universal Newborn Hearing	9,804	---	11,000	+1,196	+11,000	UA
13005	Emergency medical services for children	19,800	---	19,800	---	+19,800	UA
13015	Subtotal, Maternal and Child Health Bureau	835,212	795,687	911,894	+76,682	+116,207	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
13020	HIV/AIDS BUREAU						
13025	Ryan White AIDS Programs:						
13030	Emergency Assistance	603,993	603,993	636,300	+32,307	+32,307	
13035	Comprehensive Care Programs	1,195,500	1,215,518	1,239,500	+44,000	+23,982	
13040	AIDS Drug Assistance Program (ADAP) (NA)	(789,546)	(814,546)	(830,593)	(+41,047)	(+16,047)	
13045	Early Intervention Program	193,721	199,821	216,700	+22,979	+16,879	
13050	Children, Youth, Women, and Families	71,794	71,794	71,800	+6	+6	
13055	AIDS Dental Services	13,086	13,086	13,086	---	---	
13060	Education and Training Centers	34,701	28,700	34,700	-1	+6,000	
13065	Subtotal, Ryan White AIDS programs	2,112,795	2,132,912	2,212,086	+99,291	+79,174	
13070	Evaluation Tap Funding (NA)	(25,000)	(25,000)	(25,000)	---	---	
13075	Subtotal, Ryan White AIDs program level	(2,137,795)	(2,157,912)	(2,237,086)	(+99,291)	(+79,174)	
13110	Subtotal, HIV/AIDS Bureau	2,112,795	2,132,912	2,212,086	+99,291	+79,174	
13200	HEALTHCARE SYSTEMS BUREAU						
13205	Organ Transplantation	23,049	23,049	23,049	---	---	UA
13210	National Cord Blood Inventory	3,963	1,966	3,963	---	+1,997	
13215	Bone Marrow Program	25,168	22,701	25,168	---	+2,467	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

	FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
13220 Office of Pharmacy Affairs	---	2,940	2,940	+2,940	---	
13225 Poison control	23,000	10,000	30,100	+7,100	+20,100	
13230 Subtotal, Healthcare systems bureau	75,180	60,656	85,220	+10,040	+24,564	
13300 RURAL HEALTH PROGRAMS						
13305 Rural outreach grants	38,885	---	52,962	+14,077	+52,962	UA
13310 Rural Health Research	8,737	8,737	9,500	+763	+763	
13315 Rural Hospital Flexibility Grants	63,538	---	63,538	---	+63,538	
13317 Delta Health Initiative 1/	---	---	---	---	---	
13320 Rural and community access to emergency devices	1,487	---	2,000	+513	+2,000	UA
13330 State Offices of Rural Health	8,141	8,141	9,000	+859	+859	UA
13332 Black lung clinics 2/	5,891	5,886	5,891	---	+5	
13333 Radiation Exposure Screening and Education Program 2/	1,919	1,904	1,917	-2	+13	
13340 Subtotal, Rural health programs	128,598	24,668	144,808	+16,210	+120,140	
14290 Denali Commission	39,283	---	---	-39,283	---	UA
14300 Family Planning	283,146	283,103	310,910	+27,764	+27,807	UA
14350 Health Care-related Facilities and activities	---	---	127,926	+127,926	+127,926	
14450 Telehealth	6,819	6,819	7,000	+181	+181	UA
14850 Program Management	146,294	144,191	142,191	-4,103	-2,000	
14900 Total, Health resources and services	6,390,702	5,795,805	7,055,709	+665,007	+1,259,904	
14910 Total, Health resources & services program level	(6,415,702)	(5,820,805)	(7,080,709)	(+665,007)	(+1,259,904)	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

	FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
14915 Evaluation tap funding	(25,000)	(25,000)	(25,000)	---	---	
15050 HEALTH EDUCATION ASSISTANCE LOANS (HEAL) PROGRAM:						
15100 Liquidating account	(4,000)	(1,000)	(1,000)	(-3,000)	---	
15150 Program management	2,898	2,906	2,906	+8	---	
15200 Total, HEAL	2,898	2,906	2,906	+8	---	
15250 VACCINE INJURY COMPENSATION PROGRAM TRUST FUND:						
15300 Post-FY 1988 claims	55,871	57,547	57,547	+1,676	---	
15350 HRSA administration	3,982	3,528	3,528	-454	---	
15400 Total, Vaccine Injury Compensation Trust Fund	59,853	61,075	61,075	+1,222	---	
15450 Total, Health Resources and Services Admin	6,453,453	5,859,786	7,119,690	+666,237	+1,259,904	
15475 Total, HRSA program level	(6,482,453)	(5,885,786)	(7,145,690)	(+663,237)	(+1,259,904)	
15500 CENTERS FOR DISEASE CONTROL AND PREVENTION						
15590 Infectious Diseases	1,791,437	1,781,574	1,900,508	+109,071	+118,934	UA
15601 Evaluation Tap Funding	(12,794)	(12,794)	(12,794)	---	---	
15602 Subtotal, Program level	(1,804,231)	(1,794,368)	(1,913,302)	(+109,071)	(+118,934)	
15650 Health Promotion	959,662	958,732	1,002,212	+42,550	+43,480	UA

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

	FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
15700 Health Information and Service	88,418	108,361	70,104	-18,314	-38,257	UA
15701 Evaluation Tap Funding	(134,235)	(135,135)	(183,924)	(+49,689)	(+48,789)	
15702 Subtotal, Program level	(222,653)	(243,496)	(254,028)	(+31,375)	(+10,532)	
15750 Environmental health and injury	288,104	287,674	305,151	+17,047	+17,477	UA
15800 Occupational safety and health 4/	167,028	165,927	222,576	+55,548	+56,649	
15805 Supplemental (P.L. 110-28) (emergency)	63,000	---	---	-63,000	---	
15810 Evaluation Tap Funding	(87,071)	(87,071)	(88,361)	(+1,290)	(+1,290)	
15815 Subtotal, Program level 4/	(317,099)	(252,998)	(310,937)	(-6,162)	(+57,939)	
15850 Global health	334,038	379,719	381,337	+47,299	+1,618	
15870 Terrorism preparedness and response 3/	1,541,300	1,504,375	1,598,751	+57,451	+94,376	
15900 Public Health research:						
15910 Evaluation Tap Funding	(31,000)	(31,000)	(31,000)	---	---	
15950 Public health improvement and leadership	189,808	190,412	199,237	+9,429	+8,825	
16000 Preventive health and health services block grant	99,000	---	109,000	+10,000	+109,000	UA
16030 Undistributed reduction	---	---	-2,000	-2,000	-2,000	
16050 Buildings and Facilities	134,400	20,000	10,500	-123,900	-9,500	
16150 Business services	344,377	319,877	344,377	---	+24,500	
16395 Total, Centers for Disease Control	5,937,572	5,716,651	6,141,753	+204,181	+425,102	
16420 Evaluation Tap Funding (NA)	(265,100)	(266,000)	(316,079)	(+50,979)	(+50,079)	
16425 Total, Centers for Disease Control program level	(6,265,672)	(5,982,651)	(6,457,832)	(+192,160)	(+475,181)	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request
16550	NATIONAL INSTITUTES OF HEALTH					
16600	National Cancer Institute	4,797,639	4,782,114	4,870,382	+72,743	+88,268
16650	National Heart, Lung, and Blood Institute	2,922,929	2,925,413	2,965,775	+42,846	+40,362
16700	National Institute of Dental & Craniofacial Research	389,703	389,722	395,753	+6,050	+6,031
16740	National Institute of Diabetes and Digestive and					
16750	Kidney Diseases	1,705,868	1,708,045	1,731,893	+26,025	+23,848
16775	Juvenile diabetes (mandatory)	(150,000)	(150,000)	(150,000)	---	---
16780	Subtotal, NIDDK	(1,855,868)	(1,858,045)	(1,881,893)	(+26,025)	(+23,848)
16800	National Institute of Neurological Disorders & Stroke	1,535,545	1,537,019	1,559,106	+23,561	+22,087
16850	National Institute of Allergy and Infectious Diseases	4,268,708	4,292,482	4,332,019	+63,311	+39,537
16900	Global HIV/AIDS Fund Transfer	99,000	300,000	300,000	+201,000	---
16950	Subtotal, NIAID	4,367,708	4,592,482	4,632,019	+264,311	+39,537
17000	National Institute of General Medical Sciences	1,935,808	1,941,462	1,966,019	+30,211	+24,557
17050	National Institute of Child Health & Human Development	1,254,707	1,264,946	1,273,863	+19,156	+8,917
17100	National Eye Institute	667,116	667,820	677,039	+9,923	+9,219
17150	National Institute of Environmental Health Sciences	642,002	637,406	652,303	+10,301	+14,897
17250	National Institute on Aging	1,047,260	1,047,148	1,062,833	+15,573	+15,685
17300	National Institute of Arthritis and Musculoskeletal					
17350	and Skin Diseases	508,240	508,082	516,044	+7,804	+7,962

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

	FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request
17400 National Institute on Deafness and Other Communication					
17450 Disorders	393,668	393,682	400,305	+6,637	+6,623
17500 National Institute of Nursing Research	137,404	137,800	139,527	+2,123	+1,727
17550 National Institute on Alcohol Abuse and Alcoholism	436,259	436,505	442,870	+6,611	+6,365
17600 National Institute on Drug Abuse	1,000,621	1,000,365	1,015,559	+14,938	+15,194
17650 National Institute of Mental Health	1,404,494	1,405,421	1,425,531	+21,037	+20,110
17700 National Human Genome Research Institute	486,491	484,436	493,996	+7,505	+9,560
17750 National Institute of Biomedical Imaging and					
17800 Bioengineering	296,887	300,463	303,318	+6,431	+2,855
17850 National Center for Research Resources	1,133,240	1,112,498	1,171,095	+37,855	+58,597
17900 National Center for Complementary and Alternative					
17950 Medicine	121,576	121,699	123,380	+1,804	+1,681
18000 National Center on Minority Health and Health					
18050 Disparities	199,444	194,495	202,691	+3,247	+8,196
18100 John E. Fogarty International Center	66,446	66,594	67,599	+1,153	+1,005
18150 National Library of Medicine	320,850	312,562	325,484	+4,634	+12,922
18155 Evaluation Tap Funding	(8,200)	(8,200)	(8,200)	---	---
18157 Subtotal, NLM	329,050	320,762	333,684	+4,634	+12,922
18200 Office of the Director 3/	1,046,901	517,062	1,114,422	+67,521	+597,360
18205 Common fund	(483,000)	(121,540)	(495,153)	(+12,153)	(+373,613)
18250 Buildings and Facilities	81,081	136,000	121,081	+40,000	-14,919
18400 Total, National Institutes of Health (NIH)	28,899,887	28,621,241	29,649,887	+750,000	+1,028,646

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request
18450	Global HIV/AIDS Fund Transfer.....	-99,000	-300,000	-300,000	-201,000	---
18480	Evaluation Tap Funding.....	(8,200)	(8,200)	(8,200)	---	---
18500	Total, NIH, Program Level.....	(28,809,087)	(28,329,441)	(29,358,087)	(+549,000)	(+1,028,646)
18600	SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES					
18601	ADMINISTRATION (SAMHSA)					
18650	Mental Health:					
18700	Programs of Regional and National Significance....	263,263	186,633	277,030	+13,767	+90,397
18750	Mental Health block grant.....	406,843	406,843	419,843	+13,000	+13,000
18775	Evaluation Tap Funding.....	(21,413)	(21,413)	(21,413)	---	---
18780	Subtotal, Program level.....	(428,256)	(428,256)	(441,256)	(+13,000)	(+13,000)
18800	Children's Mental Health.....	104,078	104,078	104,078	---	---
18850	Grants to States for the Homeless (PATH).....	54,261	54,261	54,261	---	---
18900	Protection and Advocacy.....	34,000	34,000	34,000	---	---
18950	Subtotal, Mental Health.....	862,445	785,815	889,212	+26,767	+103,397
18955	Subtotal, Program level.....	(883,858)	(807,228)	(910,625)	(+26,767)	(+103,397)
19000	Substance Abuse Treatment:					
19050	Programs of Regional and National Significance....	394,649	347,790	398,102	+3,453	+50,312

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
19075	Evaluation Tap Funding	(4,300)	(4,300)	(4,300)	---	---	
19080	Subtotal, Program level	(398,949)	(352,090)	(402,402)	(+3,453)	(+50,312)	
19100	Substance Abuse block grant	1,679,391	1,679,391	1,714,391	+35,000	+35,000	
19125	Evaluation Tap Funding	(79,200)	(79,200)	(79,200)	---	---	
19130	Subtotal, Program level	(1,758,591)	(1,758,591)	(1,793,591)	(+35,000)	(+35,000)	
19150	Subtotal, Substance Abuse Treatment	2,074,040	2,027,181	2,112,493	+38,453	+85,312	
19155	Subtotal, Program level	(2,157,540)	(2,110,681)	(2,195,993)	(+38,453)	(+85,312)	
19200	Substance Abuse Prevention:						
19250	Programs of Regional and National Significance	192,902	156,461	194,502	+1,600	+38,041	
19350	Program Management	76,721	76,969	76,721	---	-248	
19352	Evaluation Tap funding (NA)	(16,000)	(16,250)	(16,000)	---	(-250)	
19353	Subtotal, Program level	92,721	93,219	92,721	---	-498	
19400	Total, SAMHSA	3,206,108	3,046,426	3,272,928	+66,820	+226,502	UA
19405	Evaluation Tap funding	(120,913)	(121,163)	(120,913)	---	(-250)	
19410	Total, SAMHSA program level	(3,327,021)	(3,167,589)	(3,393,841)	(+66,820)	(+226,252)	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
19500	AGENCY FOR HEALTHCARE RESEARCH AND QUALITY						
19550	Research on Health Costs, Quality, and Outcomes:						
19600	Federal Funds	---	---	271,564	+271,564	+271,564	
19650	Evaluation Tap funding (NA)	(260,986)	(271,564)	---	(-260,986)	(-271,564)	
19700	Clinical effectiveness research (NA)	(15,000)	(15,000)	(30,000)	(+15,000)	(+15,000)	
19750	Patient safety research (NA)	(84,000)	(93,934)	(78,934)	(-5,066)	(-15,000)	
19800	Subtotal, Program level	(260,986)	(271,564)	(271,564)	(+10,578)	---	
19850	Medical Expenditures Panel Surveys:						
19900	Federal Funds	---	---	8,236	+8,236	+8,236	
19950	Evaluation Tap funding (NA)	(55,300)	(55,300)	(47,064)	(-8,236)	(-8,236)	
19960	Subtotal, Medical Expenditures Panel Surveys	(55,300)	(55,300)	(55,300)	---	---	
20100	Program Support:						
20125	Federal Funds	---	---	2,700	+2,700	+2,700	
20150	Evaluation Tap funding (NA)	(2,700)	(2,700)	---	(-2,700)	(-2,700)	
20160	Subtotal, Program support	(2,700)	(2,700)	(2,700)	---	---	
20290	Total, AHRQ	---	---	282,500	+282,500	+282,500	UA
20300	Evaluation Tap funding (NA)	(318,986)	(329,564)	(47,064)	(-271,922)	(-282,500)	
20310	Total, AHRQ program level	(318,986)	(329,564)	(329,564)	(+10,578)	---	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request
20350	Total, Public Health Service appropriation.....	44,560,020	43,244,104	46,466,758	+1,906,738	+3,222,654
20355	Total, Public Health Service program level.....	(45,203,219)	(43,695,031)	(46,685,014)	(+1,481,795)	(+2,989,983)
20500	CENTERS FOR MEDICARE AND MEDICAID SERVICES					
20550	GRANTS TO STATES FOR MEDICAID					
20600	Medicaid current law benefits.....	155,467,869	194,109,000	194,109,000	+38,641,131	---
20650	State and local administration.....	9,881,583	10,014,716	10,014,716	+133,133	---
20700	Vaccines for Children.....	2,905,330	2,761,957	2,763,957	-141,373	+2,000
20750	Subtotal, Medicaid program level.....	168,254,782	206,885,673	206,887,673	+38,632,891	+2,000
20850	Less funds advanced in prior year.....	-62,783,825	-65,257,617	-65,257,617	-2,473,792	---
20900	Total, Grants to States for medicaid.....	105,470,957	141,628,056	141,630,056	+36,159,099	+2,000
20950	New advance, 1st quarter.....	65,257,617	67,292,669	67,292,669	+2,035,052	---
20990	State Children's Health Insurance program					
20991	shortfall payment (SCHIP) (emergency).....	396,000	---	---	-396,000	---
21000	PAYMENTS TO HEALTH CARE TRUST FUNDS					
21050	Supplemental medical insurance.....	137,623,000	140,704,000	140,704,000	+3,081,000	---
21100	Hospital insurance for the uninsured.....	239,000	269,000	269,000	+30,000	---
21150	Federal uninsured payment.....	229,000	237,000	237,000	+8,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request
21200	Program management	175,000	192,000	192,000	+17,000	---
21205	General revenue for Part D benefit	37,329,000	46,299,000	46,299,000	+8,970,000	---
21210	General revenue for Part D administration	703,480	744,000	744,000	+40,520	---
21220	HCFAC reimbursement	---	183,000	383,000	+383,000	+200,000
21250	Subtotal, Payments to Trust Funds, current law	176,298,480	188,628,000	188,828,000	+12,529,520	+200,000
21260	Less funds advanced in prior year	---	---	---	---	---
21280	Total, Payments to Trust Funds, current law	176,298,480	188,628,000	188,828,000	+12,529,520	+200,000
21300	PROGRAM MANAGEMENT 5/					
21400	Research, Demonstration, Evaluation	57,420	33,700	23,070	-34,350	-10,630
21450	Medicare Operations 6/	2,159,242	2,303,615	2,221,215	+61,973	-82,400
21680	Revitalization plan	23,963	---	---	-23,963	---
21700	State Survey and Certification	258,128	293,524	293,524	+35,396	---
21750	High risk insurance pools	---	---	50,000	+50,000	+50,000
21800	Federal Administration 6/	642,354	643,187	642,354	---	-833
21950	Total, Program management, Limitation on new BA	3,141,107	3,274,026	3,230,163	+89,056	-43,863
21960	Survey and Certification user fee	---	(-35,000)	---	---	(+35,000)
22000	Total, Program management, program level	(3,141,107)	(3,239,026)	(3,230,163)	(+89,056)	(-8,863)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

	FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request
22010 HEALTH CARE FRAUD AND ABUSE CONTROL					
22015 Part D drug benefit/medicare advantage (MIP).....	---	137,840	288,480	+288,480	+150,640
22017 HHS Office of Inspector General.....	---	17,530	36,690	+36,690	+19,160
22019 Department of Justice.....	---	17,530	36,690	+36,690	+19,160
22020 Medicaid and SCHIP financial management.....	---	10,100	21,140	+21,140	+11,040
22025 Total, Health Care Fraud and Abuse Control.....	---	183,000	383,000	+383,000	+200,000
22050 Total, Center for Medicare and Medicaid Services	350,564,161	401,005,751	401,363,888	+50,799,727	+358,137
22100 Federal funds.....	347,423,054	397,548,725	397,750,725	+50,327,671	+202,000
22150 Current year.....	(282,165,437)	(330,256,056)	(330,458,056)	(+48,292,619)	(+202,000)
22200 New advance, FY 2009.....	(65,257,617)	(67,292,669)	(67,292,669)	(+2,035,052)	---
22250 Trust Funds.....	3,141,107	3,457,026	3,613,163	+472,056	+156,137
22300 ADMINISTRATION FOR CHILDREN AND FAMILIES					
22350 FAMILY SUPPORT PAYMENTS TO STATES					
22400 Payments to territories.....	38,000	38,000	38,000	---	---
22450 Repatriation.....	1,000	1,000	1,000	---	---
22500 Subtotal, Welfare payments.....	39,000	39,000	39,000	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
22550	Child Support Enforcement:						
22600	State and local administration.....	3,943,678	3,417,713	3,417,713	-525,965	---	
22650	Federal incentive payments.....	471,000	483,000	483,000	+12,000	---	
22750	Access and visitation.....	10,000	10,000	10,000	---	---	
22800	Subtotal, Child Support Enforcement.....	4,424,678	3,910,713	3,910,713	-513,965	---	
22850	Total, Family support payments program level....	4,463,678	3,949,713	3,949,713	-513,965	---	
22900	Less funds advanced in previous years.....	-1,200,000	-1,000,000	-1,000,000	+200,000	---	
22950	Total, Family support payments, current year....	3,263,678	2,949,713	2,949,713	-313,965	---	
23000	New advance, 1st quarter, FY 2009.....	1,000,000	1,000,000	1,000,000	---	---	
23020	LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)						
23050	Formula grants.....	1,980,000	1,500,000	1,980,000	---	+480,000	
23055	Deficit Reduction Act (P.L. 109-171) (NA).....	---	---	---	---	---	
23080	Subtotal, Formula grants.....	1,980,000	1,500,000	1,980,000	---	+480,000	UA

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

	FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
23150 Contingency fund	181,170	282,000	682,000	+500,830	+400,000	
23152 Deficit Reduction Act (P.L. 109-171) (NA)	---	---	---	---	---	
23153 Subtotal, Contingency fund	181,170	282,000	682,000	+500,830	+400,000	
23160 Total, LIHEAP	2,161,170	1,782,000	2,662,000	+500,830	+880,000	
23175 Total, LIHEAP, program level	2,161,170	1,782,000	2,662,000	+500,830	+880,000	
23200 REFUGEE AND ENTRANT ASSISTANCE						
23250 Transitional and Medical Services	265,546	294,021	294,021	+28,475	---	UA
23300 Victims of Trafficking	9,823	14,816	9,814	-9	-5,002	UA
23350 Social Services	154,005	149,610	154,005	---	+4,395	UA
23400 Preventive Health	4,748	4,700	4,748	---	+48	UA
23450 Targeted Assistance	48,590	48,104	48,590	---	+486	UA
23475 Unaccompanied minors	95,318	134,662	129,635	+34,317	-5,027	
23500 Victims of Torture	9,817	9,717	9,817	---	+100	UA
23540 Total, Refugee and entrant assistance	587,847	655,630	650,630	+62,783	-5,000	
23550 Total, Refugee and entrant assistance	587,847	655,630	650,630	+62,783	-5,000	
23650 CHILD CARE AND DEVELOPMENT BLOCK GRANT	2,062,081	2,062,081	2,137,081	+75,000	+75,000	UA
23700 SOCIAL SERVICES BLOCK GRANT (TITLE XX)	1,700,000	1,700,000	1,700,000	---	---	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
23750	CHILDREN AND FAMILIES SERVICES PROGRAMS						
23800	Programs for Children, Youth and Families:						
23850	Head Start, current funded	5,499,771	5,399,771	5,574,771	+75,000	+175,000	
23900	Advance from prior year	(1,388,800)	(1,388,800)	(1,388,800)	---	---	
23950	FY 2009	1,388,800	1,388,800	1,388,800	---	---	
24000	Subtotal, Head Start, program level	6,888,571	6,788,571	6,963,571	+75,000	+175,000	UA
24050	Consolidated Runaway, Homeless Youth Program	87,837	87,837	97,837	+10,000	+10,000	
24125	Prevention grants to reduce abuse of runaway youth	15,027	15,027	15,027	---	---	
24150	Child Abuse State Grants	27,007	27,007	27,007	---	---	
24200	Child Abuse Discretionary Activities	25,780	36,138	36,833	+11,053	+695	
24225	Community based child abuse prevention	42,430	42,430	42,430	---	---	
24250	Abandoned Infants Assistance	11,835	11,835	11,835	---	---	
24300	Child Welfare Services	286,754	286,754	286,754	---	---	
24350	Child Welfare Training	7,335	7,335	7,335	---	---	
24400	Adoption Opportunities	26,848	26,848	26,848	---	---	
24500	Adoption Incentive	5,000	13,500	9,500	+4,500	-4,000	
24550	Adoption Awareness	12,674	12,674	14,674	+2,000	+2,000	UA
24575	Interstate Home Study for Adoption and Foster Care	---	10,000	---	---	-10,000	
24600	Compassion Capital Fund	64,350	75,000	64,350	---	-10,650	
24650	Social Services and Income Maintenance Research	5,868	---	8,635	+2,767	+8,635	
24655	Evaluation tap funding	(6,000)	(5,880)	(6,000)	---	(+120)	
24657	Subtotal, Program level	(11,868)	(5,880)	(14,635)	(+2,767)	(+8,755)	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
24750	Developmental Disabilities Programs:						
24800	State Councils	71,771	71,771	76,771	+5,000	+5,000	
24850	Protection and Advocacy	38,718	38,718	38,718	---	---	
24875	Voting access for individuals with disabilities	15,720	15,720	15,720	---	---	
24899	Developmental Disabilities Projects of National						
24900	Significance	11,414	11,414	11,414	---	---	
24949	University Centers for Excellence in Developmental						
24950	Disabilities	33,212	33,213	33,213	+1	---	
25000	Subtotal, Developmental disabilities programs	170,835	170,836	175,836	+5,001	+5,000	UA
25050	Native American Programs	44,332	44,332	47,332	+3,000	+3,000	UA
25100	Community Services:						
25150	Grants to States for Community Services	630,425	---	660,425	+30,000	+660,425	UA
25200	Community Initiative Program:						
25250	Economic Development	27,022	---	32,700	+5,678	+32,700	UA
25275	Job Opportunities for Low-Income Individuals	5,382	---	5,382	---	+5,382	
25300	Individual Development Account Initiative	24,452	24,452	24,452	---	---	UA
25350	Rural Community Facilities	7,293	---	8,000	+707	+8,000	UA
25400	Subtotal, Community Initiative Program	64,149	24,452	70,534	+6,385	+46,082	
25550	Subtotal, Community Services	694,574	24,452	730,959	+36,385	+706,507	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

	FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request
25650 Domestic Violence Hotline	2,970	2,970	2,970	---	---
25700 Family Violence/Battered Women's Shelters	124,731	124,731	134,731	+10,000	+10,000
25900 Mentoring Children of Prisoners	49,493	50,000	49,493	---	-507
25950 Independent Living Training Vouchers	46,157	46,157	46,157	---	---
25980 Abstinence Education	108,900	136,664	136,664	+27,764	---
25990 Evaluation Tap Funding	(4,500)	(4,500)	(4,500)	---	---
25995 Subtotal, Program level	(113,400)	(141,164)	(141,164)	(+27,764)	---
25997 Faith-Based Center	1,386	1,386	1,386	---	---
26000 Program Direction	187,776	197,225	187,776	---	-9,449
26050 Total, Children and Families Services Programs	8,938,470	8,239,709	9,125,940	+187,470	+886,231
26100 Current Year	(7,549,670)	(6,850,909)	(7,737,140)	(+187,470)	(+886,231)
26150 FY 2009	(1,388,800)	(1,388,800)	(1,388,800)	---	---
26160 Evaluation Tap funding	(10,500)	(10,380)	(10,500)	---	(+120)
26180 Total, Program level	8,948,970	8,250,089	9,136,440	+187,470	+886,351
26250 PROMOTING SAFE AND STABLE FAMILIES 7/	345,000	345,000	345,000	---	---
26300 Discretionary Funds	89,100	89,100	89,100	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request
26350	PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION					
26400	Foster Care	4,475,000	4,593,000	4,593,000	+118,000	---
26450	Adoption Assistance	2,027,000	2,159,000	2,159,000	+132,000	---
26500	Independent living	140,000	140,000	140,000	---	---
26550	Total, Payments to States	6,642,000	6,892,000	6,892,000	+250,000	---
26600	Less Advances from Prior Year	-1,730,000	-1,810,000	-1,810,000	-80,000	---
26650	Total, payments, current year	4,912,000	5,082,000	5,082,000	+170,000	---
26700	New Advance, 1st quarter	1,810,000	1,776,000	1,776,000	-34,000	---
26750	Total, Administration for Children & Families	26,869,346	25,681,233	27,517,464	+648,118	+1,836,231
26800	Current year	(22,670,546)	(21,516,433)	(23,352,664)	(+682,118)	(+1,836,231)
26850	FY 2009	(4,198,800)	(4,164,800)	(4,164,800)	(-34,000)	---
26875	Evaluation Tap funding	(10,500)	(10,380)	(10,500)	---	(+120)
26880	Total, Administration for Children & Families	26,879,846	25,691,613	27,527,964	+648,118	+1,836,351

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
26900	ADMINISTRATION ON AGING						
26950	Grants to States:						
27000	Supportive Services and Centers	350,595	350,595	357,595	+7,000	+7,000	
27050	Preventive Health	21,400	---	21,400	---	+21,400	
27100	Protection of Vulnerable Older Americans-Title VII	20,156	19,166	20,156	---	+990	
27150	Family Caregivers	156,167	154,187	156,167	---	+1,980	
27200	Native American Caregivers Support	6,241	6,241	6,428	+187	+187	
27250	Subtotal, Caregivers	162,408	160,428	162,595	+187	+2,167	
27300	Nutrition:						
27350	Congregate Meals	398,919	383,401	411,692	+12,773	+28,291	
27400	Home Delivered Meals	188,305	180,998	194,337	+6,032	+13,339	
27425	Nutrition Services Incentive Program	147,846	147,110	152,570	+4,724	+5,460	
27430	Subtotal, Nutrition	735,070	711,509	758,599	+23,529	+47,090	
27440	Subtotal, Grants to States	1,289,629	1,241,698	1,320,345	+30,716	+78,647	
27450	Grants for Native Americans	26,134	26,134	26,918	+784	+784	
27500	Program Innovations	24,058	35,485	10,240	-13,818	-25,245	
27550	Aging Network Support Activities	13,133	13,133	29,633	+16,500	+16,500	
27600	Alzheimer's Disease Demonstrations	11,668	---	11,668	---	+11,668	UA

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
27650	Program Administration	18,385	18,696	18,385	---	-311	
27700	Total, Administration on Aging	1,383,007	1,335,146	1,417,189	+34,182	+82,043	
27750	OFFICE OF THE SECRETARY						
27800	GENERAL DEPARTMENTAL MANAGEMENT:						
27850	Federal Funds	179,175	225,442	195,021	+15,846	-30,421	
27855	Rescission (P.L. 110-28)	-500	---	---	+500	---	
27950	Trust Funds	5,792	5,851	5,851	+59	---	
28050	Subtotal	184,467	231,293	200,872	+16,405	-30,421	
28100	Adolescent Family Life (Title XX)	30,307	30,307	30,307	---	---	UA
28200	Minority health	53,455	43,775	49,284	-4,171	+5,509	
28250	Office of women's health	28,246	27,369	28,800	+554	+1,431	
28500	Minority HIV/AIDS	51,891	51,891	51,891	---	---	
28530	Afghanistan	5,892	5,941	5,941	+49	---	
28540	Embryo adoption awareness campaign	1,980	1,980	1,980	---	---	
28560	Evaluation tap funding (ASPE) (NA)	(39,552)	(46,756)	(46,756)	(+7,204)	---	
28600	Total, General Departmental Management	356,238	392,556	369,075	+12,837	-23,481	
28650	Federal Funds	(350,946)	(386,705)	(363,224)	(+12,278)	(-23,481)	
28655	Rescissions	(-500)	---	---	(+500)	---	
28700	Trust Funds	5,792	5,851	5,851	+59	---	
28775	Evaluation tap funding	(39,552)	(46,756)	(46,756)	(+7,204)	---	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

	FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request
28777 OFFICE OF MEDICARE HEARINGS AND APPEALS	59,727	70,000	65,000	+5,273	-5,000
28779 OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH					
28780 INFORMATION TECHNOLOGY 8/	42,402	89,872	13,302	-29,100	-76,570
28782 Evaluation tap funding	(18,900)	(28,000)	(48,000)	(+29,100)	(+20,000)
28783 Total, Health Information Tech. program level	(61,302)	(117,872)	(61,302)	---	(-56,570)
28850 OFFICE OF THE INSPECTOR GENERAL:					
28900 Federal Funds	39,808	44,687	44,687	+4,879	---
28950 HIPAA funding (NA)	(175,570)	(196,418)	(196,418)	(+20,848)	---
28975 Medicaid integrity program					
28976 Deficit Reduction Act (P.L. 109-171) (NA)	---	(25,000)	(25,000)	(+25,000)	---
29050 Total, Inspector General program level	(215,378)	(266,105)	(266,105)	(+50,727)	---
29100 OFFICE FOR CIVIL RIGHTS:					
29150 Federal Funds	31,628	33,748	33,748	+2,120	---
29200 Trust Funds	3,281	3,314	3,314	+33	---
29250 Total, Office for Civil Rights	34,909	37,062	37,062	+2,153	---
29450 MEDICAL BENEFITS FOR COMMISSIONED OFFICERS					
29500 Retirement payments	292,249	317,967	317,967	+25,718	---
29550 Survivors benefits	17,338	18,026	18,026	+688	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request
29600	Dependents' medical care	61,111	66,549	66,549	+5,438	---
29605	Total,Medical benefits for Commissioned Officers	370,698	402,542	402,542	+31,844	---
29750	PUBLIC HEALTH AND SOCIAL SERVICE EMERGENCY FUND					
29790	Office of the Secretary activities	717,320	780,646	757,291	+39,971	-23,355
29800	Other PHSSEF activities	---	25,000	---	---	-25,000
29806	Pandemic influenza preparedness	---	948,091	948,091	+948,091	---
29850	Total, PHSSEF	717,320	1,753,737	1,705,382	+988,062	-48,355
29860	Covered countermeasure process fund	---	---	5,000	+5,000	+5,000
29900	Total, Office of the Secretary	1,621,102	2,790,456	2,642,050	+1,020,948	-148,406
29950	Federal Funds	1,552,302	2,711,291	2,567,885	+1,015,583	-143,406
30000	Trust Funds	68,800	79,165	74,165	+5,365	-5,000
30100	Total, Title II, Dept of Health & Human Services	424,997,636	474,056,690	479,407,349	+54,409,713	+5,350,659
30150	Federal Funds	421,787,729	470,520,499	475,720,021	+53,932,292	+5,199,522
30200	Current year	(352,331,312)	(399,063,030)	(404,262,552)	(+51,931,240)	(+5,199,522)
30210	Emergency appropriations	(459,000)	---	---	(-459,000)	---
30250	FY 2009	(69,456,417)	(71,457,469)	(71,457,469)	(+2,001,052)	---
30300	Trust Funds	3,209,907	3,536,191	3,687,328	+477,421	+151,137

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

	FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request

30305 Title II Footnotes:
30308 1/In FY 2006, the Delta Health initiative funded
30309 through the Rural hospital flexibility grant program
30310 2/ Depart. of Health & Human Services reorganization
30311 (7/12/06) of the Office of Rural Health Policy
30312 3/ Funds provided for biodefense activities are
30313 reflected within CDC and NIH respectively.
30315 4/ Includes Mine Safety and Health.
30318 5/ The Deficit Reduction Act of 2005 provided $74M
30321 for CMS Program Management.
30324 6/ FY 2006 Appropriations Act included a $60M program
30325 administrative reduction.
30327 7/ The Deficit Reduction Act of 2005 provided $20M for
30328 the Promoting Safe and Stable Entitlement Program.
30330 8/ An additional $50 million for Health IT within AHRQ
30331 in FY 2007; an additional $45 million in FY 2008.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
30350	TITLE III - DEPARTMENT OF EDUCATION						
30400	EDUCATION FOR THE DISADVANTAGED						
30450	Grants to Local Educational Agencies (LEAs)						
30500	Basic Grants:						
30550	Advance from prior year.....	(1,478,584)	(1,353,584)	(1,353,584)	(-125,000)	---	
30600	Forward funded.....	5,451,387	5,325,824	5,451,387	---	+125,563	FF
30650	Current funded.....	3,437	4,000	4,000	+563	---	
30700	Subtotal, Basic grants current year approp..	5,454,824	5,329,824	5,455,387	+563	+125,563	
30750	Subtotal, Basic grants total funds available	(6,933,408)	(6,683,408)	(6,808,971)	(-124,437)	(+125,563)	
30800	Basic Grants FY 2009 Advance.....	1,353,584	1,478,584	1,353,584	---	-125,000	
30850	Subtotal, Basic grants, program level.....	6,808,408	6,808,408	6,808,971	+563	+563	
30900	Concentration Grants:						
30950	Advance from prior year.....	(1,365,031)	(1,365,031)	(1,365,031)	---	---	
31000	FY 2009 Advance.....	1,365,031	1,365,031	1,365,031	---	---	
31050	Subtotal, Concentration Grants program level	1,365,031	1,365,031	1,365,031	---	---	
31100	Targeted Grants:						
31120	Forward funded.....	---	1,196,775	771,219	+771,219	-425,556	FF
31150	Advance from prior year.....	(2,269,843)	(2,332,343)	(2,332,343)	(+62,500)	---	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
31200	FY 2009 Advance	2,332,343	2,269,843	2,323,343	-9,000	+53,500	
31250	Subtotal, Targeted Grants program level	2,332,343	3,466,618	3,094,562	+762,219	-372,056	
31300	Education Finance Incentive Grants:						
31350	Advance from prior year	(2,269,843)	(2,332,343)	(2,332,343)	(+62,500)	---	
31400	FY 2009 Advance	2,332,343	2,269,843	3,094,260	+761,917	+824,417	
31450	Subtotal, Education Finance Incentive Grants	2,332,343	2,269,843	3,094,260	+761,917	+824,417	
31500	Subtotal, Grants to LEAs, program level	12,838,125	13,909,900	14,362,824	+1,524,699	+452,924	
31550	Even Start	82,283	---	99,000	+16,717	+99,000	FF
31560	School improvement grants	125,000	500,000	500,000	+375,000	---	FF
31600	Reading First:						
31655	State Grants (forward funded)	1,029,234	1,018,692	400,000	-629,234	-618,692	FF
31850	Subtotal, Reading First State Grants	1,029,234	1,018,692	400,000	-629,234	-618,692	
31890	Early Reading First	117,666	117,666	114,550	-3,116	-3,116	
31895	Striving readers 1/	31,870	100,000	31,870	---	-68,130	FF
31897	Math Now for elementary school students	---	125,000	---	---	-125,000	
31899	Math Now for middle school students	---	125,000	---	---	-125,000	
31900	Literacy through School Libraries	19,485	19,486	19,486	+1	---	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

	FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
31915 Promise scholarships	---	250,000	---	---	-250,000	
31920 America's opportunity scholarships for kids	---	50,000	---	---	-50,000	
31950 State Agency Programs:						
32000 Migrant	386,524	380,295	393,900	+7,376	+13,605	FF
32050 Neglected and Delinquent/High Risk Youth	49,797	49,797	49,797	---	---	FF
32060 Subtotal, State Agency programs	436,321	430,092	443,697	+7,376	+13,605	
32100 Evaluation	9,330	9,327	9,330	---	+3	
32150 Comprehensive School Reform Demonstration	2,352	---	1,634	-718	+1,634	FF
32400 Migrant Education:						
32450 High School Equivalency Program	18,550	18,550	18,550	---	---	
32500 College Assistance Migrant Program	15,377	15,377	15,377	---	---	
32550 Subtotal, Migrant Education	33,927	33,927	33,927	---	---	UA
32600 Total, Education for the disadvantaged	14,725,593	16,689,090	16,016,318	+1,290,725	-672,772	
32650 Current Year	(7,342,292)	(9,305,789)	(7,880,100)	(+537,808)	(-1,425,689)	
32700 FY 2009	(7,383,301)	(7,383,301)	(8,136,218)	(+752,917)	(+752,917)	
32750 Subtotal, forward funded	(7,158,447)	(8,571,383)	(7,698,807)	(+540,360)	(-872,576)	
32800 IMPACT AID						
32850 Basic Support Payments	1,091,867	1,091,867	1,140,517	+48,650	+48,650	
32900 Payments for Children with Disabilities	49,466	49,466	49,466	---	---	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
32950	Facilities Maintenance (Sec. 8008)	4,950	4,597	4,950	---	+353	
33000	Construction (Sec. 8007)	17,820	17,820	17,820	---	---	
33050	Payments for Federal Property (Sec. 8002)	64,350	64,350	65,700	+1,350	+1,350	
33100	Total, Impact aid	1,228,453	1,228,100	1,278,453	+50,000	+50,353	
33150	SCHOOL IMPROVEMENT PROGRAMS						
33200	State Grants for Improving Teacher Quality	1,452,439	1,352,488	1,752,439	+300,000	+399,951	FF
33250	Advance from prior year	(1,435,000)	(1,435,000)	(1,435,000)	---	---	
33300	FY 2009	1,435,000	1,435,000	1,435,000	---	---	
33350	Subtotal, State Grants for Improving Teacher						
33400	Quality, program level	2,887,439	2,787,488	3,187,439	+300,000	+399,951	
33600	Early Childhood Educator Professional Development	14,550	---	---	-14,550	---	
33700	Mathematics and Science Partnerships	182,160	182,124	182,160	---	+36	FF
33890	State Grants for Innovative Education (Education Block						
33900	Grant)	99,000	---	99,000	---	+99,000	FF
34150	Educational Technology State Grants	272,250	---	272,250	---	+272,250	FF
34200	Supplemental Education Grants	18,001	18,001	18,001	---	---	
34325	21st Century Community Learning Centers	981,166	981,180	1,106,166	+125,000	+124,986	FF
35050	State Assessments/Enhanced Assessment Instruments	407,563	411,630	411,630	+4,067	---	FF
35060	Javits gifted and talented education	7,596	---	7,596	---	+7,596	
35070	Foreign language assistance	23,780	23,755	26,780	+3,000	+3,025	
35100	Education for Homeless Children and Youth	61,871	61,878	66,878	+5,007	+5,000	FF

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

	FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
35150 Training and Advisory Services (Civil Rights)	7,113	7,113	7,113	---	---	
35200 Education for Native Hawaiians	33,907	---	33,907	---	+33,907	
35250 Alaska Native Education Equity	33,907	---	33,907	---	+33,907	
35300 Rural Education	168,918	168,851	168,918	---	+67	FF
35400 Comprehensive Centers	56,257	56,256	56,257	---	+1	
35900 Total, School improvement programs	5,255,478	4,698,276	5,678,002	+422,524	+979,726	
35950 Current Year	(3,820,478)	(3,263,276)	(4,243,002)	(+422,524)	(+979,726)	
36000 FY 2009	(1,435,000)	(1,435,000)	(1,435,000)	---	---	
36050 Subtotal, forward funded	(3,625,367)	(3,158,151)	(4,059,441)	(+434,074)	(+901,290)	
36100 INDIAN EDUCATION						
36110 Grants to Local Educational Agencies	95,331	95,331	100,057	+4,726	+4,726	
36120 Federal Programs:						
36130 Special Programs for Indian Children	19,399	19,399	19,884	+485	+485	
36140 National Activities	3,960	3,953	4,059	+99	+106	
36150 Subtotal, Federal Programs	23,359	23,352	23,943	+584	+591	
36170 Total, Indian Education	118,690	118,683	124,000	+5,310	+5,317	
36300 INNOVATION AND IMPROVEMENT						
36310 Troops-to-Teachers	14,645	14,645	14,645	---	---	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

	FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
36320 Transition to Teaching	44,484	44,482	44,484	---	+2	
36330 Writing instruction	21,533	---	23,533	+2,000	+23,533	
36340 Teaching of Traditional American History	119,790	50,000	119,790	---	+69,790	
36350 School Leadership	14,731	---	14,731	---	+14,731	
36360 Advanced Credentialing	16,695	---	10,695	-6,000	+10,695	
36365 Adjunct Teacher Corps	---	25,000	---	---	-25,000	
36370 Charter Schools Grants	214,783	214,782	251,394	+36,611	+36,612	
36380 Credit Enhancement for Charter School Facilities	36,611	36,611	---	-36,611	-36,611	UA
36390 Voluntary Public School Choice	26,278	26,275	26,278	---	+3	
36400 Magnet Schools Assistance	106,693	106,685	106,693	---	+8	
36425 Fund for the Improvement of Education (FIE)	158,508	58,108	205,402	+46,894	+147,294	
36433 Teacher Incentive Fund, Current funded	200	199,000	99,000	+98,800	-100,000	
36440 Ready-to-Learn television	24,255	24,255	24,255	---	---	
36460 Congressional Fellowships	1,454	---	1,454	---	+1,454	
36470 Advanced Placement	37,026	122,175	50,000	+12,974	-72,175	
36480 Total, Innovation and Improvement	837,686	922,018	992,354	+154,668	+70,336	
36500 SAFE SCHOOLS AND CITIZENSHIP EDUCATION						
36510 Safe and Drug Free Schools and Communities:						
36520 State Grants, forward funded	346,500	100,000	300,000	-46,500	+200,000	FF
36570 National Programs	141,112	200,000	141,112	---	-58,888	
36575 Supplemental (P.L. 110-28) (emergency)	8,594	---	---	-8,594	---	
36590 Alcohol Abuse Reduction	32,409	---	32,409	---	+32,409	
36600 Mentoring Programs	48,814	---	48,814	---	+48,814	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
36610	Character education	24,248	24,248	24,248	---	---	
36620	Elementary and Secondary School Counseling	34,650	---	61,500	+26,850	+61,500	
36630	Carol M. White Physical Education Program	72,674	---	72,674	---	+72,674	
36640	Civic Education	29,111	---	33,318	+4,207	+33,318	
36670	Total, Safe Schools and Citizenship Education	738,112	324,248	714,075	-24,037	+389,827	
36681	Current Year	(738,112)	(324,248)	(714,075)	(-24,037)	(+389,827)	
36695	Subtotal, Forward funded	(346,500)	(100,000)	(300,000)	(-46,500)	(+200,000)	
36700	ENGLISH LANGUAGE ACQUISITION						
36710	Current funded	43,485	43,603	50,350	+6,865	+6,747	
36750	Forward funded	625,522	627,216	724,264	+98,742	+97,048	FF
36800	Total, English Language Acquisition	669,007	670,819	774,614	+105,607	+103,795	
36850	SPECIAL EDUCATION						
36900	State Grants:						
36950	Grants to States Part B current year	5,358,761	4,276,741	4,650,443	-708,318	+373,702	FF
37000	Part B advance from prior year	(5,424,200)	(5,424,200)	(5,424,200)	---	---	
37050	Grants to States Part B (FY 2009)	5,424,200	6,215,200	6,641,982	+1,217,782	+426,782	
37100	Subtotal, Grants to States, program level	10,782,961	10,491,941	11,292,425	+509,464	+800,484	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
37150	Preschool Grants	380,751	380,751	380,751	---	---	FF
37200	Grants for Infants and Families	436,400	423,067	436,400	---	+13,333	FF
37250	Subtotal, State grants, program level	11,600,112	11,295,759	12,109,576	+509,464	+813,817	
37300	IDEA National Activities (current funded):						
37450	Technical Assistance and Dissemination	48,903	48,902	48,903	---	+1	
37500	Personnel Preparation	89,720	89,719	89,720	---	+1	
37550	Parent Information Centers	25,704	25,704	25,704	---	---	
37600	Technology and Media Services	38,428	25,063	36,928	-1,500	+11,865	
37700	Subtotal, IDEA special programs	202,755	189,388	201,255	-1,500	+11,867	
37750	Total, Special education	11,802,867	11,485,147	12,310,831	+507,964	+825,684	
37800	Current Year	(6,378,667)	(5,269,947)	(5,668,849)	(-709,818)	(+398,902)	
37850	FY 2009	(5,424,200)	(6,215,200)	(6,641,982)	(+1,217,782)	(+426,782)	
37900	Subtotal, Forward funded	(6,175,912)	(5,080,559)	(5,467,594)	(-708,318)	(+387,035)	
37950	REHABILITATION SERVICES AND DISABILITY RESEARCH						
38000	Vocational Rehabilitation State Grants	2,837,160	2,874,043	2,874,043	+36,883	---	
38100	Client Assistance State grants	11,782	11,782	11,782	---	---	
38150	Training	38,438	38,438	38,438	---	---	
38200	Demonstration and training programs	6,511	6,840	7,061	+550	+221	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

	FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request
38250 Migrant and seasonal farmworkers	2,279	---	2,279	---	+2,279
38300 Recreational programs	2,518	---	2,518	---	+2,518
38350 Protection and advocacy of individual rights (PAIR)	16,489	16,489	16,489	---	---
38400 Projects with industry	19,538	---	19,538	---	+19,538
38450 Supported employment State grants	29,700	---	29,700	---	+29,700
38500 Independent living:					
38550 State grants	22,588	22,588	22,588	---	---
38600 Centers	74,638	74,638	74,638	---	---
38650 Services for older blind individuals	32,895	32,895	32,895	---	---
38700 Subtotal, Independent living	130,121	130,121	130,121	---	---
38750 Program Improvement	835	633	633	-202	---
38800 Evaluation	1,473	1,973	1,473	---	-500
38849 Helen Keller National Center for Deaf/Blind Youth and 38850 Adults	8,511	8,011	8,511	---	+500
38900 National Inst. Disability and Rehab. Research (NIDRR)	106,705	106,705	106,705	---	---
38950 Assistive Technology	30,452	26,111	30,452	---	+4,341
39050 Subtotal, Discretionary programs	405,352	347,103	405,700	+348	+58,597
39100 Total, Rehabilitation services	3,242,512	3,221,146	3,279,743	+37,231	+58,597 UA

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
39150	SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES						
39200	AMERICAN PRINTING HOUSE FOR THE BLIND.....	17,573	17,573	17,573	---	---	
39250	NATIONAL TECHNICAL INSTITUTE FOR THE DEAF (NTID):						
39300	Operations.....	56,141	55,349	59,052	+2,911	+3,703	
39400	Construction.....	---	913	1,705	+1,705	+792	
39450	Total, NTID.....	56,141	56,262	60,757	+4,616	+4,495	UA
39550	GALLAUDET UNIVERSITY:						
39555	Operations.....	106,998	106,398	109,952	+2,954	+3,554	UA
39560	Evaluation.....	---	600	---	---	-600	
39570	Total, Gallaudet.....	106,998	106,998	109,952	+2,954	+2,954	
39699	Total, Special Institutions for Persons with						
39700	Disabilities.....	180,712	180,833	188,282	+7,570	+7,449	
39750	CAREER AND ADULT EDUCATION						
39800	Career Education:						
39850	Basic State Grants/Secondary & Technical Education						
39875	State Grants, current funded.....	390,553	600,000	415,553	+25,000	-184,447	FF
39900	Advance from prior year.....	(791,000)	(791,000)	(791,000)	---	---	
39950	FY 2009.....	791,000	---	791,000	---	+791,000	
40000	Subtotal, Basic State Grants, program level.	1,181,553	600,000	1,206,553	+25,000	+606,553	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request		
40050	Tech-Prep Education State Grants.....	104,753	---	104,753	---	+104,753		FF
40150	National Programs.....	10,000	10,000	8,000	-2,000	-2,000		FF
40299	Tribally Controlled Postsec Voc/Tech Institutions.	7,366	7,366	8,000	+634	+634	UA	
40300	Subtotal, Vocational Education.....	1,303,672	617,366	1,327,306	+23,634	+709,940		
40350	Adult Education:							
40375	State Grants/Adult basic and literacy education:							
40400	State Grants, current funded.....	563,975	564,074	588,975	+25,000	+24,901		FF
40450	National Programs:							
40500	National Leadership Activities.....	9,005	9,096	7,000	-2,005	-2,096		FF
40550	National Institute for Literacy.....	6,583	6,638	6,638	+55	---		FF
40600	Subtotal, National programs.....	15,588	15,734	13,638	-1,950	-2,096		
40650	Subtotal, Adult education.....	579,563	579,808	602,613	+23,050	+22,805		
40710	Smaller Learning Communities, current funded.....	4,677	---	---	-4,677	---		
40720	Smaller Learning Communities, forward funded.....	88,854	---	93,531	+4,677	+93,531		FF
40725	State Grants for Incarcerated Youth Offenders 2/.....	22,770	---	22,770	---	+22,770	UA	FF
40750	Total, Career and adult education.....	1,999,536	1,197,174	2,046,220	+46,684	+849,046	UA	
40800	Current Year.....	(1,208,536)	(1,197,174)	(1,255,220)	(+46,684)	(+58,046)		
40850	FY 2009.....	(791,000)	---	(791,000)	---	(+791,000)		
40900	Subtotal, forward funded.....	(1,196,493)	(1,189,808)	(1,247,220)	(+50,727)	(+57,412)		

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

	FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
40950 STUDENT FINANCIAL ASSISTANCE						
41000 Pell Grants -- maximum grant (NA)	(4,310)	(4,050)	(4,700)	(+390)	(+650)	
41050 Pell Grants	13,660,711	13,414,000	15,583,000	+1,922,289	+2,169,000	
41100 Federal Supplemental Educational Opportunity Grants	770,933	---	770,933	---	+770,933	
41150 Federal Work Study	980,354	980,492	980,492	+138	---	
41200 Federal Perkins loan cancellations	65,471	---	65,471	---	+65,471	
41400 LEAP program	64,987	---	64,987	---	+64,987	
41490 Subtotal, discretionary programs	15,542,456	14,394,492	17,464,883	+1,922,427	+3,070,391	
41500 Total, Student Financial Assistance	15,542,456	14,394,492	17,464,883	+1,922,427	+3,070,391	UA
41610 STUDENT AID ADMINISTRATION 3/	718,450	708,216	708,216	-10,234	---	UA
41612 Rescission (P.L. 110-28)	-500	---	---	+500	---	
41615 Total, Student aid administration	717,950	708,216	708,216	-9,734	---	UA
41650 HIGHER EDUCATION						
41700 Aid for Institutional Development:						
41750 Strengthening Institutions	79,535	79,535	79,535	---	---	
41800 Hispanic Serving Institutions	94,914	94,911	99,500	+4,586	+4,589	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
41850	Strengthening Historically Black Colleges (HBCUs).	238,095	238,095	249,500	+11,405	+11,405	
41898	Strengthening Historically Black Graduate						
41900	Institutions.....	57,915	57,915	57,915	---	---	
41949	Strengthening Alaska Native and						
41950	Native Hawaiian-Serving Institutions.....	11,785	---	11,785	---	+11,785	
42000	Strengthening Tribal Colleges.....	23,570	18,570	24,475	+905	+5,905	
42050	Subtotal, Aid for Institutional development.....	505,814	489,026	522,710	+16,896	+33,684	UA
42100	International Education and Foreign Language:						
42150	Domestic Programs.....	91,541	91,541	100,341	+8,800	+8,800	UA
42200	Overseas Programs.....	12,610	12,610	13,610	+1,000	+1,000	
42250	Institute for International Public Policy.....	1,600	1,600	1,700	+100	+100	UA
42300	Subtotal, International Education & Foreign Lang	105,751	105,751	115,651	+9,900	+9,900	
42375	Fund for the Improvement of Postsec. Ed. (FIPSE).....	21,989	21,988	63,264	+41,275	+41,276	UA
42400	Minority Science and Engineering Improvement.....	8,730	8,730	8,730	---	---	UA
42500	Federal TRIO Programs.....	828,178	828,178	868,178	+40,000	+40,000	UA
42550	GEAR UP.....	303,423	303,423	323,423	+20,000	+20,000	UA
42600	Byrd Honors Scholarships.....	40,590	---	40,590	---	+40,590	UA
42650	Javits Fellowships.....	9,699	9,797	9,699	---	-98	UA
42700	Graduate Assistance in Areas of National Need.....	30,067	30,064	30,067	---	+3	UA
42750	Teacher Quality Enhancement Grants.....	59,895	---	40,000	-19,895	+40,000	UA
42800	Child Care Access Means Parents in School.....	15,810	15,810	17,810	+2,000	+2,000	UA
42825	Advancing America thru foreign language partnerships..	---	24,000	---	---	-24,000	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

	FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
42850 Demonstration in Disabilities / Higher Education.....	6,875	---	6,875	---	+6,875	UA
42900 Underground Railroad Program.....	1,980	---	---	-1,980	---	UA
42950 GPRA data/HEA program evaluation.....	970	970	620	-350	-350	UA
43050 B.J. Stupak Olympic Scholarships.....	970	---	970	---	+970	UA
43075 Thurgood Marshall Legal education opportunities.....	2,946	---	2,946	---	+2,946	
43100 Total, Higher education.....	1,943,687	1,837,737	2,051,533	+107,846	+213,796	
43150 HOWARD UNIVERSITY						
43200 Academic Program.....	204,405	204,405	204,405	---	---	
43250 Endowment Program.....	3,526	---	3,526	---	+3,526	UA
43300 Howard University Hospital.....	29,461	29,461	29,461	---	---	
43350 Total, Howard University.....	237,392	233,866	237,392	---	+3,526	
43400 COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS(CHAFL)..	571	481	481	-90	---	
43450 HBCU CAPITAL FINANCING PROGRAM -- Federal Admin.....	209	188	188	-21	---	
43500 INSTITUTE OF EDUCATION SCIENCES						
43600 Research, development and dissemination.....	162,552	162,535	157,552	-5,000	-4,983	
43620 Statistics.....	90,022	119,022	96,022	+6,000	-23,000	
43650 Regional Educational Laboratories.....	65,470	65,464	65,470	---	+6	
43720 Research in special education.....	71,840	71,829	71,840	---	+11	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

	FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request
43725 Special education studies and evaluations	9,900	9,628	9,900	---	+272
43730 Statewide data systems	24,552	49,152	37,508	+12,956	-11,644
43750 Assessment:					
43800 National Assessment	88,095	110,595	91,095	+3,000	-19,500
43850 National Assessment Governing Board	5,054	6,037	5,716	+662	-321
43900 Subtotal, Assessment	93,149	116,632	96,811	+3,662	-19,821
44050 Total, IES	517,485	594,262	535,103	+17,618	-59,159
44100 DEPARTMENTAL MANAGEMENT					
44150 PROGRAM ADMINISTRATION					
44160 Salaries and Expenses	416,487	429,631	391,487	-25,000	-38,144
44170 Building Modernization	2,100	17,303	3,000	+900	-14,303
44181 Total, Program administration	418,587	446,934	394,487	-24,100	-52,447
44200 OFFICE FOR CIVIL RIGHTS	91,205	93,771	93,771	+2,566	---
44250 OFFICE OF THE INSPECTOR GENERAL	50,266	53,239	53,239	+2,973	---
44300 Total, Departmental management	560,058	593,944	541,497	-18,561	-52,447

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

	FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request
44303 HURRICANE EDUCATION RECOVERY					
44304 Aid for Elementary and Secondary Education,					
44305 Supplemental (P.L. 110-28) (emergency):					
44307 Recruitment, retention, and compensation					
44308 of personnel	30,000	---	---	-30,000	---
44316 Aid for Institutions of Higher Education, Supplemental					
44317 (P.L. 110-28) (emergency)	30,000	---	---	-30,000	---
44319					
44321 Total, Hurricane Education Recovery	60,000	---	---	-60,000	---
44500 Total, Title III, Department of Education	60,378,454	59,098,720	64,942,185	+4,563,731	+5,843,465
44550 Current Year	(45,344,953)	(44,065,219)	(47,937,985)	(+2,593,032)	(+3,872,766)
44555 Emergency appropriations	(68,594)	---	---	(-68,594)	---
44560 FY 2009	(15,033,501)	(15,033,501)	(17,004,200)	(+1,970,699)	(+1,970,699)

44599 Title III Footnotes:
44600 1/ Funding for Striving readers was first forward
44601 funded in the FY 2006 conference agreement.
44602 2/ Previously funded under Office of Safe and
44603 Drug Free Schools.
44604 3/ In prior years, $600M was included as mandatory.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request
44650	TITLE IV - RELATED AGENCIES					
44885	COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR					
44890	SEVERELY DISABLED.....	4,652	4,994	4,994	+342	---
44900	CORPORATION FOR NATIONAL AND COMMUNITY SERVICE					
44905	OPERATING EXPENSES					
44910	Domestic Volunteer Service Programs:					
44950	Volunteers in Service to America (VISTA).....	95,468	89,734	95,468	---	+5,734
44955	VISTA cost-share revolving fund.....	3,500	---	---	-3,500	---
45050	National Senior Volunteer Corps:					
45100	Foster Grandparents Program.....	110,937	97,550	110,937	---	+13,387
45150	Senior Companion Program.....	46,964	41,299	46,964	---	+5,665
45200	Retired Senior Volunteer Program.....	59,685	65,643	59,685	---	-5,958
45300	Subtotal, Senior Volunteers.....	217,586	204,492	217,586	---	+13,094
45400	Subtotal, Domestic Volunteer Service Programs...	316,554	294,226	313,054	-3,500	+18,828

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
45415	National and Community Service Programs:						
45425	National service trust	117,720	122,521	122,521	+4,801	---	
45430	AmeriCorps grants	264,825	255,625	255,625	-9,200	---	
45435	Innovation, assistance, and other activities	29,771	12,697	13,000	-16,771	+303	
45440	Evaluation	3,960	3,960	3,960	---	---	
45445	National Civilian Community Corps	26,789	11,620	11,620	-15,169	---	
45450	Learn and Serve America: K-12 and Higher Ed	37,125	32,099	37,125	---	+5,026	
45455	State Commission Administrative Grants	12,516	12,000	12,000	-516	---	
45460	Points of Light Foundation	---	8,900	---	---	-8,900	
45470	Subtotal, National & Community Service Programs	492,706	459,422	455,851	-36,855	-3,571	
45474	Total, Operating expenses	809,260	753,648	768,905	-40,355	+15,257	
45475	National and Community Service, Salaries & expenses	70,324	69,520	68,964	-1,360	-556	
45480	Office of the Inspector General	4,963	5,512	5,512	+549	---	
45490	Total, Corp. for National and Community Service	884,547	828,680	843,381	-41,166	+14,701	UA
45500	CORPORATION FOR PUBLIC BROADCASTING:						
45550	FY 2010 (current) with FY 2009 comparable	400,000	---	420,000	+20,000	+420,000	
45600	FY 2009 advance with FY 2008 comparable (NA)	(400,000)	(400,000)	(400,000)	---	---	
45620	Subtotal, FY 2009 program level	400,000	400,000	400,000	---	---	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request	
45650	FY 2008 advance with FY 2007 comparable (NA).....	(400,000)	(400,000)	(400,000)	---	---	
45675	Rescission of FY 2008 funds (NA).....	---	(-50,000)	---	---	(+50,000)	
45680	Subtotal, FY 2008 program level.....	400,000	350,000	400,000	---	+50,000	
45700	Digitalization program, current funded	29,700	---	29,700	---	+29,700	
45710	Previous appropriated funds (NA)	---	(30,600)	---	---	(-30,600)	
45725	Interconnection, current funded	34,650	---	26,750	-7,900	+26,750	
45730	Previous appropriated funds (NA)	---	(26,750)	---	---	(-26,750)	
45750	Subtotal, FY 2008 appropriation.....	64,350	---	56,450	-7,900	+56,450	UA
45850	FEDERAL MEDIATION AND CONCILIATION SERVICE.....	42,849	43,800	44,450	+1,601	+650	
45900	FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION.....	7,778	8,096	8,096	+318	---	
45950	INSTITUTE OF MUSEUM AND LIBRARY SERVICES.....	247,205	271,246	264,812	+17,607	-6,434	
46000	MEDICARE PAYMENT ADVISORY COMMISSION.....	12,066	10,748	10,748	-1,318	---	
46050	NATIONAL COMMISSION ON LIBRARIES AND INFO SCIENCE.....	989	---	---	-989	---	
46100	NATIONAL COUNCIL ON DISABILITY.....	3,426	3,113	3,113	-313	---	UA
46200	NATIONAL LABOR RELATIONS BOARD.....	251,507	256,238	256,988	+5,481	+750	
46250	NATIONAL MEDIATION BOARD.....	11,596	12,242	12,992	+1,396	+750	
46300	OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION.....	10,471	10,696	10,696	+225	---	
46350	RAILROAD RETIREMENT BOARD						
46400	Dual Benefits Payments Account.....	88,000	79,000	79,000	-9,000	---	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

	FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request
46450 Less Income Tax Receipts on Dual Benefits.....	-6,000	-6,000	-6,000	---	---
46500 Subtotal, Dual Benefits.....	82,000	73,000	73,000	-9,000	---
46550 Federal Payment to the RR Retirement Account.....	150	150	150	---	---
46600 Limitation on Administration.....	103,694	103,518	103,694	---	+176
46650 Inspector General.....	7,173	7,606	7,606	+433	---
46700 SOCIAL SECURITY ADMINISTRATION					
46750 Payments to Social Security Trust Funds.....	20,470	28,140	28,140	+7,670	---
47150 SUPPLEMENTAL SECURITY INCOME					
47200 Federal benefit payments.....	37,204,000	40,675,000	40,675,000	+3,471,000	---
47250 Beneficiary services.....	---	36,000	36,000	+36,000	---
47300 Research and demonstration.....	27,000	27,000	27,000	---	---
47350 Administration.....	2,950,169	2,983,000	3,020,525	+70,356	+37,525
47400 Subtotal, SSI program level.....	40,181,169	43,721,000	43,758,525	+3,577,356	+37,525
47450 Less funds advanced in prior year.....	-11,110,000	-16,810,000	-16,810,000	-5,700,000	---
47500 Subtotal, regular SSI current year.....	29,071,169	26,911,000	26,948,525	-2,122,644	+37,525
47650 Total, SSI, current request.....	29,071,169	26,911,000	26,948,525	-2,122,644	+37,525
47700 New advance, 1st quarter, FY 2008.....	16,810,000	14,800,000	14,800,000	-2,010,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

	FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request
47710 Total, SSI program	45,881,169	41,711,000	41,748,525	-4,132,644	+37,525
47750 LIMITATION ON ADMINISTRATIVE EXPENSES					
47800 OASDI Trust Funds	4,598,834	4,698,292	4,760,767	+161,933	+62,475
47850 HI/SMI Trust Funds	1,626,570	1,679,661	1,679,661	+53,091	---
47900 Social Security Advisory Board	2,000	2,000	2,000	---	---
47950 SSI	2,950,169	2,868,000	2,905,525	-44,644	+37,525
48000 Subtotal, regular LAE	9,177,573	9,247,953	9,347,953	+170,380	+100,000
48002 Additional CDR Funding:					
48003 OASDI Trust Funds	---	98,000	98,000	+98,000	---
48004 SSI	---	115,000	115,000	+115,000	---
48005 Subtotal, additional CDR funding	---	213,000	213,000	+213,000	---
48020 User Fees:					
48040 SSI User Fee activities	117,000	135,000	135,000	+18,000	---
48050 SSPA User Fee Activities	1,000	1,000	1,000	---	---
48060 Subtotal, User fees	118,000	136,000	136,000	+18,000	---
48100 Total, Limitation on Administrative Expenses	9,295,573	9,596,953	9,696,953	+401,380	+100,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request
48450	OFFICE OF THE INSPECTOR GENERAL					
48500	Federal Funds	25,902	27,000	27,000	+1,098	---
48550	Trust Funds	66,149	68,047	68,047	+1,898	---
48600	Total, Office of the Inspector General	92,051	95,047	95,047	+2,996	---
48750	Adjustment: Trust fund transfers from general revenues	-2,950,169	-2,983,000	-3,020,525	-70,356	-37,525
48800	Total, Social Security Administration	52,339,094	48,448,140	48,548,140	-3,790,954	+100,000
48850	Federal funds	46,045,541	41,902,140	41,939,665	-4,105,876	+37,525
48900	Current year	(29,235,541)	(27,102,140)	(27,139,665)	(-2,095,876)	(+37,525)
48950	New advances, 1st quarter	(16,810,000)	(14,800,000)	(14,800,000)	(-2,010,000)	---
49000	Trust funds	6,293,553	6,546,000	6,608,475	+314,922	+62,475
49100	Total, Title IV, Related Agencies	54,473,547	50,082,267	50,669,310	-3,804,237	+587,043
49150	Federal Funds	48,057,061	43,414,395	43,938,787	-4,118,274	+524,392
49200	Current Year	(30,847,061)	(28,614,395)	(28,718,787)	(-2,128,274)	(+104,392)
49250	FY 2009 Advance	(16,810,000)	(14,800,000)	(14,800,000)	(-2,010,000)	---
49300	FY 2010 Advance	(400,000)	---	(420,000)	(+20,000)	(+420,000)
49350	Trust Funds	6,416,486	6,667,872	6,730,523	+314,037	+62,651

49355 Title IV Footnotes:
49371 1/ Carryover funding available from PL 108-173

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request
49640	RECAP					
49760	Mandatory, total in bill	409,271,907	455,463,526	455,665,526	+46,393,619	+202,000
49780	Less advances for subsequent years	-84,945,617	-84,930,669	-84,930,669	+14,948	---
49800	Plus advances provided in prior years	76,897,825	84,945,617	84,945,617	+8,047,792	---
49820	Total, mandatory, current year	401,224,115	455,478,474	455,680,474	+54,456,359	+202,000
49860	Discretionary, total in bill	145,262,591	141,710,017	154,238,378	+8,975,787	+12,528,361
49880	Less advances for subsequent years	-19,285,301	-18,885,301	-21,276,000	-1,990,699	-2,390,699
49900	Plus advances provided in prior years	19,285,301	19,285,301	19,285,301	---	---
49920	Subtotal, Discretionary, current year	145,262,591	142,110,017	152,247,679	+6,985,088	+10,137,662
49960	Scorekeeping adjustments:					
50100	SSI User Fee Collection	-117,000	-135,000	-135,000	-18,000	---
50125	Adjustment to balance to CBO (technical)	2,000	---	---	-2,000	---
50126	Adjustment to balance to CBO's ATB pay (technical)	6,401	---	---	-6,401	---
50135	Vaccines for children amendment	---	---	2,000	+2,000	+2,000
50136	Average Weekly Insured Unemployment (AWIU) Conting	---	45,000	---	---	-45,000
50194	Health professions student loan (rescission)	---	-100,000	---	---	+100,000
50198	Health Center Loan Guarantee Program (rescission)	---	-5,000	---	---	+5,000
50200	Social services block grant reduction (rescission)	---	-500,000	---	---	+500,000
50205	Voc rehabilitation reduction (rescission)	---	-36,883	---	---	+36,883

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2007
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2008
(Amounts in thousands)

		FY 2007 Comparable	FY 2008 Request	Bill	Bill vs. Comparable	Bill vs. Request
50210	Excess H-1B Fee Revenue (rescission).....	---	-50,000	-70,000	-70,000	-20,000
50215	National skills standards board (rescission).....	---	-44	-44	-44	---
50220	TES prior year balances (rescission).....	---	-335,000	-335,000	-335,000	---
50237	Department of Labor (P.L. 110-28)					
50238	(Rescission of emergency funds).....	-8,594	---	---	+8,594	---
50239	EFAST2 filing system (DOL) (P.L. 110-28).....	---	1,000	1,000	+1,000	---
50241	2006 Bulk monovalent annual flu vaccine purchase					
50242	(rescission).....	-29,680	-29,680	---	+29,680	+29,680
50243	Medicare eligible accruals (permanent,indefinite)	36,288	37,365	37,365	+1,077	---
50244	CMS Survey and Certification User Fee.....	---	-35,000	---	---	+35,000
50245	CPB (FY 2008 Rescission).....	---	-50,000	---	---	+50,000
50249	Reallocation of FY02 carryover from PL107-117(HHS)	-16,120	---	---	+16,120	---
50252	Training and employment services (leg. proposal)..	---	745,000	---	---	-745,000
50253	State unemployment insurance and employment					
50254	service operations (leg. proposal).....	---	-61,000	---	---	+61,000
50255	Unemployment trust fund (leg. proposal).....	---	-685,000	---	---	+685,000
50260	Less emergency appropriations.....	-519,000	---	---	+519,000	---
50280	Total, discretionary.....	144,616,886	140,915,775	151,748,000	+7,131,114	+10,832,225
50285	Adjustment to balance with 2007 enacted.....	-92,138	---	---	+92,138	---
50291	Total, discretionary (FY 2007 enacted).....	144,524,748	140,915,775	151,748,000	+7,223,252	+10,832,225
50320	Grand total, current year (incl FY 2007 comparable)...	545,841,001	596,394,249	607,428,474	+61,587,473	+11,034,225
50325	Grand total, current year (incl FY 2007 enacted).....	545,748,863	596,394,249	607,428,474	+61,679,611	+11,034,225

MINORITY VIEWS OF REPRESENTATIVE JERRY LEWIS

The fiscal year 2008 Labor, Health and Human Services, and Education, and Related Agencies (Labor-HHS) bill reflects a fundamental difference in opinion on the level of funding necessary to support the Federal government's role in education, health, and workforce programs. Regardless of that disagreement, House Republicans agree that many of the programs funded in this bill are vitally important. The majority party would have the public believe otherwise.

In fact, House Republicans have shown the American people over the past 12 years that we recognize the importance of these programs. With history as our witness, we have demonstrated our commitment not in words but in action. It should not be forgotten that it was House Republicans who demonstrated a commitment to fundamental research by doubling the budget of the National Institutes of Health. It was House Republicans who bolstered the discretionary budget for the Department of Education by 72 percent in inflation-adjusted dollars.

Even with our unquestionable dedication to the programs in this bill over the last 12 years, Republicans stand accused by the Democrat majority of short-changing fundamental research, short-changing education, and, according to the rhetoric of the day, short-changing our very future. This rhetoric diminishes all that we do as elected officials, and it does not serve this Congress or our country well. The primary difference is that Republicans believe we must balance the benefits of these worthwhile programs with the fact that the American taxpayer must pay for them.

The fiscal year 2008 Labor-HHS bill is $10.2 billion over the President's budget request and $6.6 billion over the fiscal year 2007 enacted level. The majority party has said repeatedly that it is necessary to dramatically increase this bill's allocation to make up for past funding shortfalls. Yet, these programs have grown by $85 billion since 1994.

When Labor-HHS Chairman Neil Smith, a Democrat, presented his bill in 1994, total discretionary budget authority totaled $65 billion. If it had been predicted then that the very same bill, which largely covers the same agencies today, would increase by $85 billion over the next thirteen years, it would have seemed unfathomable.

By any objective standard, $85 billion is a healthy increase. In this bill, the Committee is poised to spend an additional $10.2 billion under the mistaken notion that throwing money at our nation's problems will cause them simply to fade away.

While many of these programs are popular on both sides of the aisle, a $10.2 billion increase is not without consequence, particularly when this bill contains what can rightfully be considered lower-priority or duplicative programs. For example, the Com-

mittee-reported bill provides $420,000,000 in two-year advance appropriations for the Corporation for Public Broadcasting. Most objective observers would agree that providing these resources may be nice to do, but it hardly measures up to providing health care services to the poorest of Americans in terms of its priority.

Furthermore, there are a host of programs in the bill that duplicate activities that are funded elsewhere, not just in this bill but in other appropriations bills as well. For example, this legislation contains three programs that deal with violence prevention—one in the Labor Department, another at the Department of Health and Human Services, and the third at the Department of Education. There are additional programs within the jurisdiction of the Department of Justice that serve exactly the same purpose. Little real oversight was conducted to ferret out such duplicative programs.

Yet another example is the funding the bill provides within the Administration for Children and Families for community economic development. According to this very committee report, these funds are intended to support employment, training, and business development opportunities for low-income residents in poor communities, services that are already provided by the Department of Labor, the Department of Housing and Urban Development and the Economic Development Administration.

Surely the majority party could have met the very highest priority needs in the bill such as Community Health Centers or programs providing funding to educate youngsters living in poverty by eliminating duplicative programs or curtailing spending on lower priority programs. Instead of making the tough choices between high and low priority programs or eliminating duplicative programs, this bill takes the easy way out—just spend more money.

Excessive spending will force the American taxpayer to shoulder the burden, and, if past is prologue, this debt will continue to be passed along to future generations. The budget resolution adopted by the Democrat majority earlier this year spends $23 billion more than the President requested. The instruments by which that $23 billion is executed are this bill and the other 11 appropriations bills. As we move forward with consideration of these FY 2008 appropriations bills, Members of Congress ought to be aware that the average additional burden on the individual taxpayer to finance the spending spree outlined in the majority's budget will amount to roughly $3,000.

JERRY LEWIS.

ADDITIONAL VIEWS

We are pleased that during consideration of this bill, the Appropriations Committee unanimously adopted the Walsh amendment to increase funding for state special education grants by $335,000,000. Adoption of this amendment translates into federal support of $1,647 for each of the more than 6.8 million students the Department of Education estimates will require special education services in the academic year that begins this fall.

When Congress passed the Individuals with Disabilities Education Act (IDEA) it committed to fund 40 percent of the cost to provide a free and appropriate public education to children with special needs. At that time, the federal financial commitment to special education amounted to just 5.1 percent of the cost to provide these children with the appropriate services. Until fiscal year 1995, the federal commitment to special education largely hovered in the neighborhood of 8 percent.

Beginning in fiscal year 1996 and ending with the underlying bill, the federal commitment to special education had risen to 17.21 percent of the cost of providing these services to children in need. Adoption of the Walsh amendment now brings the federal contribution up to 17.74 percent. Surely much remains to be done to reach the 40 percent commitment contained in IDEA, but, after the full committee's unanimous action to provide the additional increase, this bill takes a great stride forward in that respect.

We look forward to continuing to work with our colleagues in both the House and the Senate as we strive to provide local school districts and families with the necessary resources to ensure that children with special educational needs have every opportunity to succeed.

JAMES T. WALSH.
RALPH REGULA.
DAVE WELDON.
DENNY REHBERG.
JERRY LEWIS.
JOHN E. PETERSON.
MIKE SIMPSON.

○