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SENATE

{ REPORT
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DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES,
AND EDUCATION, AND RELATED AGENCIES APPROPRIATION
BILL, 2014

JULY 11, 2013.—Ordered to be printed

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

REPORT

[To accompany S. 1284]

The Committee on Appropriations reports the bill (S. 1284) making appropriations for Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2014, and for other purposes, reports favorably thereon and recommends that the bill do pass.

Amounts in new budget authority

Total of bill as reported to the Senate	\$783,365,379,000
Amount of 2013 appropriations ^{1 2}	757,440,498,000
Amount of 2014 budget estimate	787,803,163,000
Bill as recommended to Senate compared to—	
2013 appropriations	+ 25,924,881,000
2014 budget estimate	– 4,437,784,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25.

²Includes emergency funding of \$825,000,000 in the Disaster Relief Appropriations Act, 2013 (division A of Public Law 113-2).

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LIST OF ABBREVIATIONS

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

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

NIEHS—National Institute of Environmental Health Sciences
 NIGMS—National Institute of General Medical Sciences
 NIH—National Institutes of Health
 NIMH—National Institute on Mental Health
 NIMHD—National Institute on Minority Health and Health Disparities
 NINDS—National Institute of Neurological Disorders and Stroke
 NINR—National Institute of Nursing Research
 NLM—National Library of Medicine
 NLRB—National Labor Relations Board
 NSF—National Science Foundation
 NSIP—Nutrition Services Incentives Program
 NTID—National Technical Institute for the Deaf
 OAR—Office of AIDS Research
 OCR—Office for Civil Rights
 ODEP—Office of Disability Employment Policy
 OFCCP—Office of Federal Contract Compliance Programs
 OIG—Office of the Inspector General
 OLMS—Office of Labor-Management Standards
 OMB—Office of Management and Budget
 OMH—Office of Minority Health
 OMHA—Office of Medicare Hearings and Appeals
 ONC—Office of the National Coordinator for Health Information Technology
 ORR—Office of Refugee Resettlement
 ORWH—Office of Research on Women’s Health
 OSEP—Office of Special Education Programs
 OSHA—Occupational Safety and Health Administration
 OWCP—Office of Workers’ Compensation Programs
 OWH—Office of Women’s Health
 PAIMI—protection and advocacy for individuals with mental illness
 PATH—Projects for Assistance in Transition From Homelessness
 PBGC—Pension Benefit Guaranty Corporation
 PHS—Public Health Service
 PPH Fund—Prevention and Public Health Fund
 PRNS—Programs of Regional and National Significance
 PROMISE—Promoting School Readiness of Minors in SSI
 RSA—Rehabilitation Services Administration
 SAMHSA—Substance Abuse and Mental Health Services Administration
 SAPT—Substance abuse prevention and treatment
 SEA—State educational agency
 SEOG—Supplemental Educational Opportunity Grant
 SIG—School Improvement Grants
 SPRANS—Special Projects of Regional and National Significance
 SSA—Social Security Administration
 SSBG—Social Services Block Grant
 SSI—Supplemental Security Income
 STEM—science, technology, engineering, and mathematics
 TB—tuberculosis
 TBI—traumatic brain injury
 TIF—Teacher Incentive Fund
 UAC—unaccompanied alien children

UCEDD—University Center for Excellence in Developmental Disabilities

UI—unemployment insurance

USAID—U.S. Agency for International Development

VETS—Veterans' Employment and Training Services

VISTA—Volunteers in Service to America

VR—Vocational Rehabilitation

WANTO—Women in Apprenticeship and Non-Traditional Occupations

WHD—Wage and Hour Division

WIA—Workforce Investment Act

WIF—Workforce Innovation Fund

WISEWOMAN—Well-Integrated Screening and Evaluation for Women Across the Nation

SUMMARY OF BUDGET ESTIMATES AND COMMITTEE RECOMMENDATIONS

For fiscal year 2014, the Committee recommends total budget authority of \$783,365,379,000 for the Departments of Labor, Health and Human Services, and Education, and Related Agencies. This amount includes \$164,330,000,000 in current year discretionary funding and \$1,253,000,000 in cap adjustments for healthcare fraud and abuse and for program integrity at the Social Security Administration, in accordance with the allocation for this bill.

Fiscal year 2013 levels cited in this report reflect the enacted amounts in Public Law 113–6, the Consolidated and Further Continuing Appropriations Act, 2013. They do not reflect the March 1, 2013, sequester of funds required under Public Law 112–25 (the Budget Control Act of 2011) or agency transfers and reprogrammings that are allowed in Public Law 113–6 and that have occurred since that law’s enactment. Where applicable, the fiscal year 2013 levels include emergency funding in the Disaster Relief Appropriations Act, 2013.

OVERVIEW

The Labor, Health and Human Services, and Education, and Related Agencies appropriations bill constitutes the largest of the nondefense Federal appropriations bills. But even more noteworthy than the size of the bill is the breadth of the critical services that are funded by this legislation, which range from medical research to job training, from home energy assistance to mental health, from early childhood care and education to the operations of the Social Security Administration.

Balancing the competing priorities in this bill is always difficult, but especially so at a time when discretionary spending as a share of the overall economy has dropped to historically low levels. The Committee has examined all of the programs in this bill and recommended what it believes is an appropriate level for each of them, within the limits of the bill’s allocation. Details are included in the report.

Several themes permeate the Committee’s recommendation, described below. All funding comparisons are to fiscal year 2013 levels.

REDUCING HEALTHCARE COSTS

The Nation’s fiscal health is inextricably linked to our ability to curb the cost of healthcare. The Affordable Care Act, enacted in 2010, is vital to that effort. But this appropriations bill also plays a critical role—by supporting the ACA’s implementation, promoting efforts to prevent chronic diseases, and increasing funding for medical research.

Implementing the Affordable Care Act.—The ACA has already resulted in historic savings for the Federal Government and for American families. More than 6.3 million Medicare beneficiaries have saved more than \$6,100,000,000 on prescription drugs. In 2012 alone, consumers also saved \$2,000,000,000 because of provisions to review premium rates and to require insurers to provide rebates if they do not spend at least 80 percent of premiums on care, rather than overhead. In 2013, some 8.5 million Americans with health coverage will receive rebates, averaging \$100 per family. And the law’s provisions have extended the life of the Medicare Trust Fund by 8 years.

Fiscal year 2014 begins on the same day the ACA will open enrollment for new health coverage in the Health Insurance Marketplace, which will for the first time offer people a single place where they can compare the costs and benefits of different health insurance plans and choose the one that fits their needs.

The Committee includes \$5,217,357,000 for Program Management at the Centers for Medicare and Medicaid Services, the lead agency with responsibility for overseeing the ACA. CMS will use this funding to run the Marketplace, ensure compliance with the Patient’s Bill of Rights and other insurance market rules, and implement additional quality measures to improve healthcare services for all Americans.

Alzheimer’s Disease.—The total payments for healthcare, long-term care, and hospice for people with Alzheimer’s and other dementias are projected to increase from \$203,000,000,000 in 2013 to a staggering \$1,200,000,000,000 in 2050.

Without a medical breakthrough to prevent, slow, or stop the disease, Medicare and Medicaid costs related to Alzheimer’s could rise an estimated 500 percent. Research is desperately needed to bring those costs under control. Therefore, the bill includes a significant increase for the National Institute on Aging, the NIH Institute with the primary responsibility for preventing, treating, and curing Alzheimer’s disease.

The Committee recommendation also includes \$20,000,000 for a new Alzheimer’s Disease Initiative consisting of \$10,500,000 to strengthen dementia-capable long-term services and supports, \$4,200,000 for an outreach campaign to assist caregivers of individuals with Alzheimer’s disease, and \$5,300,000 to train healthcare providers on how to recognize the signs and symptoms of Alzheimer’s and manage the disease.

EARLY CHILDHOOD CARE AND EDUCATION

High-quality early childhood care and education has been proven to have positive, lasting effects for children and families. It also supports the Nation’s long-term economic security by preparing our next generation of workers, entrepreneurs, and business leaders. The Committee provides a combined increase of \$2,561,394,000 for the key early childhood care and education programs in this bill: Head Start, the Child Care and Development Block Grant, and Preschool Development Grants. Together, they address the entire age range of birth through 5.

Head Start.—The Committee recommendation includes \$9,621,070,000, a \$1,635,030,000 increase, for Head Start. This in-

cludes a \$1,430,376,000 increase to expand Early Head Start, including the creation of new Early Head Start-Child Care Partnerships, to serve children and families from before birth through age 3.

Child Care and Development Block Grant.—The Committee recommendation includes \$2,500,000,000, a \$176,344,000 increase, for CCDBG. This includes a \$110,000,000 increase to improve the quality of the child care workforce and health and safety standards.

Preschool Development Grants.—The Committee bill includes \$750,000,000 for a new program to support States' efforts to expand or create high-quality preschool systems for 4-year-olds from low- and moderate-income families.

IMPROVING FISCAL ACCOUNTABILITY

The Committee has an obligation to promote the fiscal accountability and effective use of taxpayer dollars. This bill provides funding for several efforts to combat fraud, waste, and abuse within Federal programs.

Healthcare Program Integrity.—Fraud committed against Federal healthcare programs diverts critical resources from services that are intended for some of the Nation's most vulnerable populations. The Committee includes \$640,000,000 for HCFA activities at CMS, more than double the fiscal year 2013 level of \$309,170,000. Every \$1 spent on these activities returns approximately \$7.90 to the Treasury. At that rate, the level in this bill would return more than \$5,000,000,000.

Social Security Program Integrity.—The Committee includes \$1,197,000,000, a \$440,948,000 increase, for Social Security program integrity activities, including continuing disability reviews [CDRs] and SSI redeterminations. CDRs and redeterminations save \$9 and \$5, respectively, for each \$1 spent by reducing waste, fraud, abuse, and improper payments in the Social Security, Medicare, and Medicaid programs. Combined, the Committee recommendation for Social Security program integrity activities is estimated to save \$9,600,000,000 over 10 years.

Unemployment Insurance Program Integrity.—The Committee recommendation includes \$80,000,000, an increase of approximately \$20,000,000, to conduct reemployment and eligibility assessments [REAs] and UI improper payment reviews. This level is projected to save State UI trust funds an estimated \$315,000,000 through REAs by helping claimants exit the UI program faster and avoid exhausting their benefits.

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

Spending on Conferences.—The Committee helps prevent excessive spending on conferences and other administrative expenses by requiring departments, agencies, boards, and commissions funded in this bill to report to Inspectors General or senior ethics officials

on the costs and contracting procedures involved in any conference that costs more than \$100,000.

PROMOTING POLICY REFORM

This bill launches or continues several initiatives that will leverage policy reform and transform key Federal services.

Race to the Top—College Affordability and Completion.—The Committee includes \$250,000,000 to support a new Race to the Top program focused on college affordability and completion. Funding will incentivize States to reduce costs for students and families and improve academic outcomes.

Public Access to Federally Funded Research.—In fiscal year 2009, Congress required NIH to improve the public’s ability to access taxpayer-funded research by means of an online NIH repository. This effort has been highly successful. The Committee includes a new general provision that extends the requirement to other agencies funded in this bill.

Investing in Innovation.—The Committee bill provides \$170,000,000 for the Investing in Innovation education program, which allows grantees to develop and test promising new ideas and replicate programs that are successful.

Accelerating Cures.—The Committee bill includes \$50,000,000, five times the fiscal year 2013 level, for the Cures Acceleration Network, an NIH initiative intended to help speed the translation and application of discoveries that have shown signs of success at the laboratory level but have not advanced far enough to attract significant investments from the private sector.

Performance Partnerships for Disconnected Youth.—The Committee bill includes a new authority called Performance Partnerships that will provide States and local communities with unprecedented flexibility to improve services for disconnected youth. Up to 13 States and/or local communities will be allowed to combine funding that they receive through various programs within this bill for these pilot projects.

PREVENTION

Nearly three-quarters of all healthcare costs are attributable to chronic diseases, the majority of which are preventable. This bill promotes prevention efforts by supporting implementation of the ACA, which will enable millions of newly insured Americans to receive preventive screenings; providing discretionary funding for programs such as childhood immunizations and cancer screenings; and allocating the Prevention and Public Health Fund, which will total \$1,000,000,000 in fiscal year 2014.

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

Community Transformation Grants.—The Committee includes \$290,000,000, an increase of \$143,660,000, for evidence-based public health interventions to reduce obesity and smoking and make preventive services more accessible.

Childhood Immunizations.—The Committee includes \$579,457,000 for immunization programs. Immunization saves \$10.20 in direct medical costs for every \$1 invested.

Smoking Prevention.—The Committee includes \$202,892,000 for the Office of Smoking and Health at CDC. This funding, an increase of \$34,698,000, will continue the successful media campaign, “Tips From a Former Smoker,” and expand State quit-lines.

Diabetes Prevention Program [DPP].—The Committee includes \$10,000,000 for the DPP, a set of lifestyle interventions that has been proven to reduce the risk of developing diabetes by 58 percent in individuals at high risk.

Elder Falls.—In 2010, 2.3 million older adults were treated in emergency departments after a fall, with more than 662,000 of these patients being hospitalized. Many of these falls are preventable with lifestyle interventions and appropriate physical supports. In a new initiative, the Committee includes \$10,000,000 to research and implement evidence-based approaches to preventing elderly falls.

REDUCING VIOLENCE—NOW IS THE TIME

The mass shootings last year at an Aurora, Colorado, movie theater and at Sandy Hook Elementary School in Newtown, Connecticut, raised public awareness about the problems of violence and mental illness in our communities as perhaps never before.

There are approximately 30,000 firearm-related homicides and suicides in the United States each year, and almost one-quarter of 14- to 17-year-olds have witnessed a shooting in their lifetime. Research shows that exposure to community violence can impact children’s mental health and development and can substantially increase the likelihood that these children will later commit violent acts themselves. Unfortunately, less than half of children and adults with diagnosable mental health problems receive the treatment they need.

Addressing these challenges will require complex, comprehensive solutions that are beyond the scope of any single school, community, State, or set of laws. But funding provided in this bill to prevent violence, increase access to mental health treatment, and improve school safety can play an important role.

Mental Health Services.—The Committee bill includes \$119,000,000 in new funding to increase access to mental health services. This includes: \$95,000,000 for the administration’s Now Is the Time initiative; \$15,000,000 for Mental Health First Aid programs that help identify and respond to individuals showing signs of mental illness; \$40,000,000 for grants to States to reduce violence in schools and increase the number of students receiving mental health services; and \$40,000,000 to address shortages in the behavioral health workforce. The Committee also includes \$24,187,000 for a new Mental Health Block Grant set-aside for evidence-based programs that serve individuals with early serious mental illness.

Safe and Healthy Schools.—Research shows that safe, positive school environments can help reduce unhealthy student behavior, increase academic achievement, and counter the effects that violence can have on students. The Committee bill includes \$195,191,000 for specific activities to improve learning conditions in the Nation’s schools. This amount includes \$50,000,000 for a new School Climate Transformation Grants program, which will

train school staff to implement evidence-based strategies to improve school climate; \$25,000,000 to help school districts develop, implement, and improve their emergency management plans; \$25,000,000 for Project Prevent, which will help schools in troubled communities break the cycle of violence; and up to \$8,000,000 for Project SERV, which offers education-related services following a violent or traumatic event.

Tracking Violent Deaths.—The National Violent Death Reporting System [NVDRS] is an 18-State surveillance system that pulls together information on violent deaths with the aim of developing effective interventions and preventive measures. The Committee bill includes \$18,465,000, an increase of \$15,000,000, to expand NVDRS to additional States and communities.

Public Health Research.—Behind motor vehicle injuries, firearm injuries are the second leading cause of injury and mortality in the United States. The Committee bill includes \$10,000,000 to build the public health research base on how to reduce the threat of firearm-related violence.

ASSISTING PEOPLE WITH DISABILITIES

Special Education.—The Committee bill provides \$11,722,946,000, an increase of \$168,246,000, under section 611 of part B Grants to States for educating students with disabilities between the ages of 3 and 21. The bill also includes \$462,710,000, an increase of \$20,886,000, to support statewide systems of coordinated and early intervention services for children with disabilities 2 years old and younger, as well as their families.

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

Special Education Research.—The bill includes \$69,905,000, an increase of \$20,099,000, to support research on how children and adults with disabilities learn and how best to meet their educational needs.

Assistive Technology.—The Committee bill provides \$37,500,000, an increase of \$4,730,000, for activities to improve occupational and educational opportunities and the quality of life for people with disabilities through assistive technology.

HELPING AMERICA'S WORKERS

Job Training.—The Committee recommendation includes \$2,683,766,000, an increase of \$85,658,000, for Workforce Investment Act Grants to States to provide job training skills and assistance to low-skilled adults, dislocated workers, and low-income youth with barriers to employment.

Paid Leave for Workers.—The Committee bill includes \$5,000,000 to support a new State Paid Leave Fund. The Fund will provide planning and implementation grants to States that wish to establish paid leave programs and provide benefits to workers who need

to take time off for reasons covered under the Family and Medical Leave Act.

Veterans Employment and Training.—The Committee recommendation includes \$300,518,000, an increase of \$36,611,000, to expand employment services to transitioning servicemembers, veterans with disabilities, and their spouses and caregivers.

Protecting Whistleblowers.—The Committee recommendation includes \$567,012,000 for OSHA and targets a \$6,042,000 increase for its enforcement of whistleblower laws. These laws provide important protections for workers who raise issues in their workplace about practices that could impact fellow employees or the public.

Preventing Misclassifications.—The Committee recommendation includes an increase of \$14,000,000 to address the misclassification of workers as independent contractors. Misclassifications deny workers their rights to unemployment benefits, overtime pay, and other benefits, and also reduce revenue to the Unemployment, Social Security, and Medicare trust funds, as well as to the Treasury.

OTHER HIGHLIGHTS OF THE BILL

Pell Grants.—The Committee bill maintains the discretionary portion of the maximum Pell grant award level at \$4,860 for the 2014–2015 school year. Combined with mandatory funding, the total maximum award will rise by \$140 to \$5,785.

National Institutes of Health.—The Committee bill provides \$30,946,776,000, an increase of \$307,127,000, to fund biomedical research at the 27 Institutes and Centers that comprise NIH.

This level will allow NIH to allocate \$40,000,000 for the proposed new Brain Research through Application of Innovative Neurotechnologies [BRAIN] Initiative.

Community Health Centers.—The Committee bill includes \$1,574,606,000 for CHCs. Combined with mandatory funding provided in the ACA, the fiscal year 2014 program level for CHCs is \$3,774,606,000, an increase of \$700,000,000.

Title I (Education for the Disadvantaged).—The Committee includes \$14,612,425,000, an increase of \$125,000,000, for title I grants to LEAs for improving education for low-income students. These funds support 90 percent of the 14,000 school districts across the Nation.

Children's Hospitals Graduate Medical Education.—The Committee recommendation includes \$267,313,000 for CHGME, the same level as in fiscal year 2013. The Committee rejects the 67 percent cut to this program proposed by the administration.

Low Income Home Energy Assistance.—The Committee recommendation includes \$3,614,729,000 for LIHEAP and rejects the administration's proposed cut to the program.

Community Services Block Grant.—The Committee recommendation rejects the administration's proposed cut to the CSBG and includes \$676,003,000 for this program, the same as the fiscal year 2013 funding level.

AIDS Drug Assistance Program.—The Committee recommends \$943,299,000 for ADAP, an increase of \$46,797,000.

Promise Neighborhoods.—Inspired by the Harlem Children's Zone program, Promise Neighborhoods supports cradle-to-career services designed to improve educational outcomes for students in

distressed neighborhoods. The Committee includes \$56,754,000 for this program.

Unaccompanied Alien Children.—The Committee includes \$494,597,000, a \$119,509,000 increase, to provide care and services for unaccompanied alien children while they await placement with a sponsor and adjudication of their immigration status. Such children are often fleeing abuse, trafficking, or other dangerous situations in their home country,

Social Security Administration.—The Committee recommendation includes \$11,965,473,000, a \$533,578,000 increase, for SSA's administrative expenses. This includes a \$440,948,000 increase for program integrity activities and a \$92,630,000 increase in core administrative expenses for SSA to keep pace with an aging population and persistently record-high workloads.

TRIO.—The bill includes \$849,932,000, an increase of \$11,680,000, to help low-income and first generation college students plan, prepare for, and succeed in college through the TRIO programs.

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

Appropriations, 2013 ^{1 2}	\$3,211,756,000
Budget estimate, 2014	3,387,405,000
Committee recommendation	3,264,213,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

² Includes emergency funding of \$25,000,000 in the Disaster Relief Appropriations Act, 2013 (division A of Public Law 113-2).

The Training and Employment Services account provides funding primarily for activities under WIA, and is comprised of programs designed to enhance the employment and earnings of economically disadvantaged and dislocated workers, operated through a decentralized system of skill training and related services. Funds provided for fiscal year 2014 will support the program from July 1, 2014, through June 30, 2015. A portion of this account’s funding, \$1,772,000,000, is available on October 1, 2014, for the 2014 program year.

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

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

The Committee encourages the Department to use grant funds and training programs to facilitate solutions to address the shortage in the STEM workforce, such as laboratory professionals. STEM fields are central to U.S. economic competitiveness and growth, and the Committee urges the Department to continue to address gaps in the Nation’s approach to strengthening the STEM pipeline.

Grants to States

The Committee recommends \$2,683,766,000 for Training and Employment Services Grants to States.

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

The Committee recommendation modifies current law regarding the amount of WIA State grant funding that may be set aside by Governors. As proposed in the budget request, the Committee includes bill language authorizing the Governor of a State to reserve not more than 7.5 percent of the funds allotted to a State through the WIA State grant programs for statewide workforce investment activities. The current maximum set-aside in each State is 5 percent. The funding increase provided for the WIA State grant programs in this bill will allow the set-aside to grow without reducing funds provided to local areas.

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

Adult Employment and Training.—For adult employment and training activities, the Committee recommends \$791,644,000.

This program is funded by formula to States and further distributed to local workforce investment areas through one-stop centers. Three types of services for adults are provided through the one-stop system: core services, intensive services, and job training. Core services are available to all adults with no eligibility requirements. Intensive services are provided to unemployed individuals who are not able to find jobs through core services alone. Training services may be available to adults who have been determined unable to obtain or retain employment through intensive services.

The Committee commends the Department for employment outcomes among adult exiters who receive on-the-job training and encourages the Department to continue supporting these efforts and increase participation.

Funds made available in this bill for adult employment and training support activities in program year 2014, which occurs from July 1, 2014, through June 30, 2015. The bill provides that \$79,644,000 is available for obligation on July 1, 2014, and that \$712,000,000 is available on October 1, 2014. Both categories of funding are available for obligation through June 30, 2015.

Youth Training.—For youth training activities, the Committee recommends \$846,632,000.

The purpose of this program is to provide eligible youth with assistance in achieving academic and employment success through improved education and skill competencies, connections to employers, mentoring, training, and supportive services. The program also supports summer employment directly linked to academic and occupational learning, incentives for recognition and achievement, and activities related to leadership development, citizenship, and community service. Funds made available for youth training support activities in program year 2014, which occurs from April 1, 2014, through June 30, 2015.

Dislocated Worker Assistance.—For dislocated worker assistance, the Committee recommends \$1,045,490,000.

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

Funds made available in this bill support activities in program year 2014, which occurs from July 1, 2014, through June 30, 2015. The bill provides that \$185,490,000 is available for obligation on July 1, 2014, and that \$860,000,000 is available on October 1, 2014. Both categories of funding are available for obligation through June 30, 2015.

Federally Administered Programs

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

Funds made available in this bill support activities in program year 2014, which occurs from July 1, 2014, through June 30, 2015. The bill provides that \$20,859,000 is available for obligation on July 1, 2014, and that \$200,000,000 is available on October 1, 2014. Both categories of funding are available for obligation through June 30, 2015.

As proposed in the budget request, the Committee continues bill language from previous years authorizing the use of funds under the dislocated workers program for projects that provide assistance to new entrants in the workforce or incumbent workers and assistance where there have been dislocations across multiple sectors or local areas of a State.

Native American Programs.—The Committee recommends \$47,467,000 for Native American programs. These programs are designed to improve the economic well-being of Native Americans 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 employment.

Migrant and Seasonal Farmworker Programs.—The Committee recommends \$84,123,000 for migrant and seasonal farmworkers programs, which serve members of economically disadvantaged families whose principal livelihood is derived from migratory and other forms of seasonal farmwork, fishing, or logging activities. Enrollees and their families are provided with employment, training, and related services intended to prepare them for stable, year-round employment within and outside of the agriculture industry.

The Committee recommendation provides that \$77,949,000 be used for State service area grants. The Committee recommendation also includes bill language directing that \$5,667,000 be used for migrant and seasonal farmworker housing grants, of which not less than 70 percent shall be for permanent housing. The principal purpose of these funds is to continue the network of local farmworker housing organizations working on permanent housing solutions for migrant and seasonal farmworkers. The Committee recommendation also includes \$507,000 to be used for section 167 training, technical assistance, and related activities, including funds for migrant rest center activities.

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

YouthBuild.—The Committee recommends \$84,530,000 for the YouthBuild program. YouthBuild targets at-risk, high school drop-outs and prepares them with the skills and knowledge they need to succeed in a knowledge-based economy.

Workforce Innovation Fund.—The Committee recommends \$49,806,000 for WIF, a program that provides competitive grants to test innovative strategies; replicate and expand effective, evidence-based strategies and activities, including sector strategies, career pathways, incumbent worker training, and on-the-job training; and align programs and strengthen the workforce system in a State or region in order to substantially improve the education and employment outcomes for job seekers and workers, youth, including individuals up to age 24, and employers. WIF awards are made either to States, in partnership with local workforce investment boards, or to local workforce investment boards or consortia of such boards that serve a regional labor market.

The Committee recommendation includes a set-aside of \$5,000,000 to support a new, interagency initiative to improve services for disconnected youth and the development of performance partnership pilots; the budget request includes \$10,000,000 for this purpose.

The budget request also includes a \$50,000,000 set-aside for projects that address the employment needs of veterans. The Committee does not recommend a set-aside for this purpose within WIF, but provides a significant increase for the Veterans' Employment and Training Service account.

The Committee notes that although the program was created in fiscal year 2011, with additional funding appropriated in fiscal years 2012 and 2013, the Department did not award the first WIF grants until June 2012. The Committee is awaiting the results of the initial grants.

The Committee recommendation includes new bill language, as requested by the administration, that allows a portion of the funds for WIF to be used for Pay for Success pilots, which will provide performance-based awards to States or local governments and not-for-profit organizations providing or arranging services that improve employment and education outcomes for individuals, including those with barriers to employment. The Committee under-

stands that these pilots will be funded only if the Department determines that they could improve outcomes and eligible entities show interest. The Committee directs the Department to provide at least 15 days' notice to the Committee before issuing any announcements related to Pay for Success activity.

The Committee recommendation includes new bill language, as requested by the administration, that allows the Secretary to authorize WIF awardees to use a portion of grant funds for evaluation purposes if the Department's chief evaluation officer approves the evaluation plan. This is in addition to the 5 percent set-aside made available to the Secretary for technical assistance and evaluations.

The Committee commends ETA for its collaborative work with IMLS to integrate the education, employment, and training services provided by public libraries into the workforce development system. The Committee encourages ETA to continue to invest in building and strengthening partnerships between the one-stop system and public libraries and recommends that ETA encourage applicants for grants under WIF to collaborate with public libraries.

The budget request includes a general provision that provides the Secretary with the authority to waive statutes and regulations relating to WIA, the Wagner-Peyser Act, and title I of the Rehabilitation Act when the Secretary believes waivers would substantially improve employment and education outcomes. The Committee does not include this general provision.

National Activities

The Committee remains greatly concerned about the low level of literacy and numeracy skills among adult workers. The Committee continues to encourage the Department to work with the Department of Education to examine and share best practices to help adults with the lowest literacy levels improve their overall skills and employment opportunities. The Committee requests a report on the Department's progress in educating the workforce system on the effectiveness of adult literacy and basic skills programs that have successfully implemented strategies for delivering basic literacy instruction together with occupational training; the report should be provided to the Committee no later than March 1, 2014. Further, the Committee recommends that these best practices be widely disseminated to maximize outreach to programs that would be able to implement improved approaches.

Pilots, Demonstrations, and Research.—The Committee recommends \$6,590,000 for pilots, demonstrations, and research authorized by section 171 of WIA to support grants or contracts to conduct research, pilots, or demonstrations that foster promising practices for national policy application.

Reintegration of Ex-Offenders.—The Committee recommends \$80,078,000 for the Reintegration of Ex-Offenders program. The budget request includes a \$10,000,000 set-aside for Pay for Success projects. The Committee recommendation does not include the set-aside. The Reintegration of Ex-Offenders program helps prepare and assist adult ex-offenders return to their communities through pre-release services, mentoring, and case management. The program also provides support, opportunities, education, and training to youth who are involved in court and on probation, in aftercare,

or on parole, or who would benefit from alternatives to incarceration or diversion from formal judicial proceedings. Programs are carried out directly through State and local governmental entities and community-based organizations, as well as indirectly through intermediary organizations.

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

Evaluation.—As proposed in the budget request, the Committee recommends using a set-aside funding mechanism to support the evaluation of employment and training programs. Instead of directly providing funds for evaluation, the Committee recommendation will support these activities through a 0.5 percent tap on all training and employment programs, including the Training and Employment Services, Office of Job Corps, Community Service Employment for Older Americans, and State Unemployment Insurance and Employment Service Operations. The new set-aside approach will ensure that sufficient funding is available to carry out comprehensive evaluation and applied research activities, including continued support of the WIA Adult and Dislocated Worker Programs Gold Standard Evaluation.

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

Workforce Data Quality Initiative.—The Committee recommends \$6,000,000 for the Workforce Data Quality Initiative. Funds are used to assist States with incorporating comprehensive workforce information into longitudinal data systems being developed in part with the support of funding provided by the Department of Education. The initiative is also intended to help improve the quality and accessibility of performance data being produced by training providers. Thirty-one States have been awarded grants through this program. This funding will expand the initiative to approximately six additional States.

OFFICE OF JOB CORPS

Appropriations, 2013 ¹	\$1,699,541,000
Budget estimate, 2014	1,691,923,000
Committee recommendation	1,706,923,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The recommendation for operations of Job Corps centers is \$1,586,776,000. The Committee understands that construction on the new Job Corps center in Manchester, New Hampshire, will be substantially completed in December 2014. The Committee’s recommended level for operations includes funds to ensure that competitively awarded contracts will be in place to keep the process of opening the Manchester center on course.

The Committee remains concerned about the Department’s mismanagement of Job Corps, which resulted in projected costs exceed-

ing the funding provided for the operations account and, most recently, a 12-week freeze on new student enrollment. An OIG audit dated May 31, 2013, found that programmatic, budgetary, and managerial problems as well as a lack of proper program integrity controls contributed to the shortfalls in program years 2011 and 2012. The Committee directs the Secretary to provide a report no later than December 1, 2013, on the progress of the Department’s implementation of the OIG recommendations, in addition to the new on-board strength model’s impact on projecting program costs.

The Committee understands that the Department is undertaking a full review of the Job Corps Policy and Requirements Handbook to improve and update program management and identify potential areas for additional cost savings. The Committee supports the Department’s effort in this area and encourages the Department to seek input from all stakeholders in Job Corps. The Committee directs the Department to provide a report no later than March 1, 2014, on the Department’s progress in reviewing and updating the handbook.

The Committee recommendation for administrative costs is \$30,147,000. This funding will support additional staff to conduct financial oversight and monitoring of the Job Corps program.

The Committee also recommends a total of \$90,000,000 in construction, renovation, and acquisition funds. This amount is available from July 1, 2014, to June 30, 2017. The budget request is \$75,000,000. The Committee notes that an OIG audit report dated December 7, 2012, found Job Corps did not address maintenance deficiencies in a timely manner and did not sufficiently track and monitor obligated funds. The Committee directs the Secretary to provide a report no later than June 30, 2014, on the Department’s progress in implementing the OIG recommendations to ensure the health and safety of students, staff, and visitors as well as making improvements to the Funded-not-Corrected system, which center contractors use to track and monitor repair deficiencies.

As requested by the administration, the Committee again includes bill language allowing the Secretary to transfer up to 15 percent of construction, renovation, and acquisition funds, if necessary, to meet the operational needs of Job Corps centers or to achieve administrative efficiencies. The Committee includes new bill language requiring the Secretary to notify the House and Senate Committees on Appropriations at least 15 days in advance of any transfer and expects the notification to include a justification.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriations, 2013 ¹	\$447,355,000
Budget estimate, 2014	380,000,000
Committee recommendation	447,355,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

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

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

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriations, 2013 ¹	\$797,000,000
Budget estimate, 2014	656,000,000
Committee recommendation	656,000,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommendation includes mandatory funds for the Federal unemployment benefits and allowances program that assists trade-impacted workers with services including training, income support, employment, case management, and assistance with health insurance coverage. The program also includes a wage insurance option for certain workers at least 50 years old. These benefits and services are designed to help trade-impacted participants find a path back into middle-class jobs, improve earnings, and increase credential and education rates.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Appropriations, 2013 ¹	\$4,018,879,000
Budget estimate, 2014	3,825,699,000
Committee recommendation	3,848,094,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommendation includes \$3,762,198,000 authorized to be drawn from the Employment Security Administration account of the Unemployment Trust Fund and \$85,896,000 to be provided from the general fund of the Treasury.

The funds in this account are used to provide administrative grants and assistance to State agencies that administer Federal and State unemployment compensation laws and operate the public employment service.

The Committee bill retains language from previous years that enables States to use funds appropriated under this account to assist other States if they are impacted by a major disaster declared by the President and that permits the Secretary to use funds to make payments on behalf of States for the use of the National Directory of New Hires. At the request of one or more States, the Secretary may reallocate funds for States to carry out activities that benefit the administration of unemployment compensation laws of a requesting State.

The Committee recommends a total of \$2,967,818,000 for UI activities. The budget request is \$2,917,872,000. For UI State operations, the Committee recommends \$2,931,575,000. These funds are available for obligation by States through December 31, 2014. The Committee includes new bill language, as proposed by the administration, that allows the Department to make funds used for automation acquisitions and for competitive grants awarded to States for system improvements, reemployment and eligibility assessments, improper payments and activities to address misclassification of workers available for obligation through December 31, 2014. The Committee includes bill language allowing States to obligate funds for these activities through September 30, 2016, as requested by the administration.

The Committee recommendation supports investments in UI program integrity activities, including technology-based programs that identify and reclaim overpayments. The Committee requests a report no later than March 1, 2014, on the Department's plan to address the detection and recovery of improper payments, including desired outcomes and steps it will take to help States improve their performance. The Committee also expects the Secretary to submit a report by June 30, 2015, providing the status of the outcomes identified in the March 1, 2014, plan.

As proposed in the budget request, the Committee includes new bill language allowing States awarded grants for improved operations or to carry out national activities of the Federal-State UI system to award subgrants to other States. This authority provides States more flexibility in improving operations and national activities of the UI system.

The Committee recommendation includes \$80,000,000 to conduct in-person reemployment and eligibility assessments and UI improper payment reviews and continues bill language allowing the Secretary to provide additional funding to support these activities if funds become available as the result of a decrease in UI workload activity. This important program integrity initiative has been shown to help claimants exit the UI program faster and avoid exhausting UI benefits. The Committee recommendation will fund an estimated 1,352,000 reemployment and eligibility assessments, saving State UI Trust Funds an estimated \$315,000,000 and expanding the initiative from 42 to 45–50 States. The Committee intends for a portion of these or other administrative funds to be used for additional technology-based overpayment prevention, detection, and collection activities.

The budget request includes an amendment to the Balanced Budget and Emergency Deficit Control Act of 1985 that would provide a discretionary cap adjustment for \$20,000,000 of the proposed \$80,000,000. The Committee recommendation does not use the cap adjustment, which has yet to be enacted.

The Committee recommendation includes new bill language that provides \$10,000,000 for an award program designed to incentivize States to improve misclassification efforts, as requested by the administration. States that are most successful in addressing worker misclassification, which denies the Federal and State UI Trust Funds hundreds of millions of dollars a year, will be able to use these incentive funds to upgrade their misclassification detection and enforcement programs.

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

The Committee includes new bill language, as requested by the administration, providing \$25,000,000 to assist States in carrying out UI demonstration projects as authorized by the Middle Class Tax Relief and Job Creation Act of 2012. The authorizing statute allows the Secretary to enter into agreements with up to 10 States to conduct demonstration projects that test and evaluate measures

designed to expedite reemployment of individuals receiving UI benefits.

The Committee recommendation provides for a contingency reserve amount should the unemployment workload exceed an average weekly insured claims volume of 3,357,000, as proposed in the budget request.

For UI national activities, the Committee recommends \$11,243,000. These funds are directed to activities that benefit the Federal-State UI system, including helping States adopt common technology-based solutions to improve efficiency and performance and supporting training and contracting for actuarial support for State trust fund management.

For the Employment Service allotments to States, the Committee recommends \$730,797,000. This amount includes \$22,550,000 in general funds together with an authorization to spend \$708,247,000 from the Employment Security Administration account of the Unemployment Trust Fund. The Committee includes new bill language requiring that no less than \$30,000,000 be used to provide targeted reemployment services to UI beneficiaries, as requested by the administration. Congress last appropriated funding for reemployment services in ARRA. A recent DOL report to Congress found that reemployment services coupled with reemployment and eligibility assessments not only shorten UI duration, but also boost employment and earnings for UI claimants. The Committee recommendation continues to support States' efforts in providing these critical workforce services to UI claimants.

The Committee also recommends \$20,871,000 for Employment Service national activities. The administration of the work opportunity tax credit accounts for \$18,485,000 of the recommended amount; the balance is for technical assistance, training, and the Federal share of State Workforce Agencies Retirement System payments.

For carrying out the Department's responsibilities related to foreign labor certification activities, the Committee recommends \$65,262,000. In addition, 5 percent of the revenue from H-1B fees is available to the Department for costs associated with processing H-1B alien labor certification applications.

For one-stop career centers and labor market information, the Committee recommends \$63,346,000. The Committee does not include any funding for the administration's proposal to co-brand and increase public awareness of the one-stop career center system.

The Committee recommendation includes \$8,976,000 for ETA, in collaboration with ODEP, to continue to implement their joint plan for improving effective and meaningful participation of persons with disabilities in the workforce. The Committee expects that these funds, in combination with funding available to ODEP, will continue to improve the accessibility and accountability of the public workforce development system for individuals with disabilities.

The Committee recommendation includes new bill language, as proposed in the budget request, authorizing the Secretary to collect fees for costs associated with additional data collection requested by States and local governments, institutions of higher education, or nonprofit organizations under the National Agricultural Workers Survey, and to retain the proceeds to cover such costs.

STATE PAID LEAVE FUND

Appropriations, 2013	
Budget estimate, 2014	\$5,000,000
Committee recommendation	5,000,000

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

In determining eligibility for funding, the Committee strongly urges the Secretary to include States that have passed State paid leave laws but have yet to implement programs due to funding constraints, as well as States that have yet to pass paid leave laws but are in the planning phase.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

Appropriations, 2013	
Budget estimate, 2014	\$600,000,000
Committee recommendation	600,000,000

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

The Committee bill includes new language proposed in the budget request to provide advances from this account to the Employment Security Administration account of the Unemployment Trust Fund. The language will ensure the Unemployment Trust Fund has enough funding to provide loans to States to administer the UI and Employment Service programs and Veterans Employment and Training programs.

PROGRAM ADMINISTRATION

Appropriations, 2013 ¹	\$146,787,000
Budget estimate, 2014	149,617,000
Committee recommendation	151,602,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommendation of \$151,602,000 for program administration includes \$100,994,000 in general funds and \$50,608,000 from the Employment Security Administration account of the Unemployment Trust Fund.

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

employment security functions under title III of the Social Security Act.

EMPLOYEE BENEFITS SECURITY ADMINISTRATION
SALARIES AND EXPENSES

Appropriations, 2013 ¹	\$182,787,000
Budget estimate, 2014	179,104,000
Committee recommendation	176,472,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$176,472,000 for EBSA.

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

Benefits under EBSA's jurisdiction consist of approximately \$7,000,000,000,000 in assets covering approximately 140 million participants and beneficiaries. EBSA oversees benefit security for an estimated 700,000 private retirement plans, 2.3 million health plans, and similar numbers of other welfare benefit plans, such as those providing life or disability insurance.

The Committee directs the Department to work with HHS and the Department of the Treasury to revise their joint FAQ regarding section 2706 of the ACA, as explained in the HHS title of this report.

PENSION BENEFIT GUARANTY CORPORATION

PBGC's estimated obligations for fiscal year 2014 include single-employer benefit payments of \$6,358,000,000, multi-employer financial assistance of \$115,000,000, and administrative expenses of \$505,441,000. Administrative expenses are comprised of three activities: (1) pension insurance activities, \$80,000,000; (2) pension plan termination expenses, \$268,230,000; and (3) operational support, \$157,211,000. These expenditures are financed by permanent authority.

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

The President's budget proposes to continue authority for a contingency fund for the PBGC that provides additional administrative resources when the number of participants in terminated plans exceeds 100,000. When the trigger is reached, an additional \$9,200,000 becomes available through September 30, 2015, for

every 20,000 participants in terminated plans. A trigger also is included for additional investment management fees for plan terminations or asset growth. The bill does not revise this trigger to allow additional resources for investment management fees incurred in carrying out the PBGC’s Board-approved investment policy, as proposed in the budget. The Committee bill includes current law provisions to ensure that the PBGC can take immediate, uninterrupted action to protect participants’ pension benefits. The Committee expects to be notified immediately of the availability of any funds provided by these provisions.

The Committee bill also continues authority allowing the PBGC additional obligation authority for unforeseen and extraordinary pre-termination expenses, after approval by OMB and notification of the Committees on Appropriations of the House of Representatives and the Senate.

The Committee is very concerned by the lack of progress in selecting a participant and plan sponsor advocate, a position required by Public Law 112–141, which was signed by President Obama on July 6, 2012. Among other things, the advocate is expected to act as a liaison between PBGC and participants in terminated pension plans, ensure that participants receive everything they are entitled to under law, and provide plan sponsors with assistance in resolving disputes with PBGC. The Committee expects the PBGC Board to move expeditiously in selecting a candidate for this position, which should occur as soon as possible but no later than 90 days after enactment of this act. The Committee also believes that the advocate must be a full-time position reporting directly to the PBGC Board given the significant duties required.

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

WAGE AND HOUR DIVISION

SALARIES AND EXPENSES

Appropriations, 2013 ¹	\$226,607,000
Budget estimate, 2014	243,254,000
Committee recommendation	243,254,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommends \$243,254,000 for WHD.

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

The Committee recommendation includes additional funds over the fiscal year 2013 level to address the misclassification of employees as independent contractors and to enforce the FMLA and FLSA.

The Committee also supports the President’s request to provide additional resources for WHD to increase its oversight of organizations participating in the special minimum wage program for individuals with disabilities authorized under section 14(c) of the FLSA, in order to protect the rights of workers with disabilities. The Committee also urges WHD to continue exploring and implementing strategies with ODEP and other Federal agencies to provide additional opportunities for such workers to participate in competitive integrated employment.

OFFICE OF LABOR-MANAGEMENT STANDARDS

SALARIES AND EXPENSES

Appropriations, 2013 ¹	\$41,206,000
Budget estimate, 2014	46,891,000
Committee recommendation	41,206,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommends \$41,206,000 for OLMS.

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

OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS

SALARIES AND EXPENSES

Appropriations, 2013 ¹	\$104,976,000
Budget estimate, 2014	108,467,000
Committee recommendation	106,000,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

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

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

Almost 3 years ago, the Department issued an advance notice of proposed rulemaking regarding regulations for implementing section 503 of the Rehabilitation Act. The proposal would strengthen affirmative action provisions for workers with disabilities under section 503, and details specific actions that a contractor must take to satisfy its obligations. The Committee strongly supports the administration’s plan to issue a final rule during fiscal year 2013. The Committee encourages the Department to make technical assistance regarding the rule available to Federal contractors.

OFFICE OF WORKERS' COMPENSATION PROGRAMS
SALARIES AND EXPENSES

Appropriations, 2013 ¹	\$117,604,000
Budget estimate, 2014	120,600,000
Committee recommendation	117,604,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$117,604,000 for OWCP. The bill provides authority to expend \$2,116,000 from the special fund established by the Longshore and Harbor Workers' Compensation Act.

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

SPECIAL BENEFITS

Appropriations, 2013	\$350,000,000
Budget estimate, 2014	396,000,000
Committee recommendation	396,000,000

The Committee recommends \$396,000,000 for this account. This mandatory appropriation, which is administered by OWCP, primarily provides benefits under FECA.

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

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

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

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

SPECIAL BENEFITS FOR DISABLED COAL MINERS

Appropriations, 2013 ¹	\$182,227,000
Budget estimate, 2014	133,235,000
Committee recommendation	133,235,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends a mandatory appropriation of \$98,235,000 in fiscal year 2014 for special benefits for disabled coal miners. This is in addition to the \$35,000,000 appropriated last year as an advance for the first quarter of fiscal year 2014, for a total program level of \$133,235,000 in fiscal year 2014. The decrease in this account below the fiscal year 2013 level reflects a declining beneficiary population.

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

The Committee also recommends an advance appropriation of \$24,000,000 for the first quarter of fiscal year 2015. This amount is the same as the budget request. These funds will ensure uninterrupted benefit payments to coal miners, their widows, and dependents.

DIVISION OF ENERGY EMPLOYEES OCCUPATIONAL ILLNESS
COMPENSATION

SALARIES AND EXPENSES

Appropriations, 2013 ¹	\$52,147,000
Budget estimate, 2014	55,176,000
Committee recommendation	55,176,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$55,176,000 for the Division of Energy Employees Occupational Illness Compensation. This is a mandatory appropriation.

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

In fiscal year 2014, the volume of incoming claims under part B of EEOICPA is estimated at about 6,500 from DOE employees or survivors, and private companies under contract with DOE, who suffer from a radiation-related cancer, beryllium-related disease, or chronic silicosis as a result of their work in producing or testing nuclear weapons.

Under part E, approximately 5,900 new claims will be received during fiscal year 2014. Under this authority, the Department provides benefits to eligible DOE contractor employees who were found to have work-related occupational illnesses due to exposure to a toxic substance at a DOE facility, or to the employees' survivors.

BLACK LUNG DISABILITY TRUST FUND

Appropriations, 2013 ¹	\$301,006,000
Budget estimate, 2014	316,559,000
Committee recommendation	316,559,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee bill provides an estimated \$316,559,000 for this mandatory appropriations account. This estimate is comprised of \$59,081,000 for administrative expenses and an estimated \$257,478,000 for benefit payment and interest costs.

The Committee bill continues to provide indefinite authority for the Black Lung Disability Trust Fund to provide for benefit payments. In addition, the bill provides for transfers from the trust fund for administrative expenses for the following Department agencies: up to \$33,033,000 for the part C costs of the Division of Coal Mine Workers' Compensation Programs; up to \$25,365,000 for Departmental Management, Salaries and Expenses; and up to \$327,000 for Departmental Management, Inspector General. The bill also allows a transfer of up to \$356,000 for the Department of the Treasury.

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

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2013 ¹	\$563,658,000
Budget estimate, 2014	570,519,000
Committee recommendation	567,012,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$567,012,000 for OSHA, which is responsible for enforcing the Occupational Safety and Health Act of 1970 in the Nation's workplaces.

The Committee continues bill language to allow OSHA to retain up to \$200,000 per fiscal year of tuition fees for training institute courses to be used for occupational safety and health training and education grants in the private sector.

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

The Committee is extremely disappointed by the Department's continued delays in issuing a rule for occupational exposure to silica. The silica rulemaking process is almost a decade old. The administration's most recent regulatory agenda stated that a notice of proposed rulemaking would be issued in May 2013—another in a series of deadlines that the Department has failed to meet. The

Committee directs the Department to issue a notice of proposed rulemaking on silica not later than 30 days after enactment of this act. The Committee also supports rulemaking for the Injury and Prevention Program and the timetable for actions outlined in the Department’s January 8, 2013, regulatory agenda.

The Committee recommends \$103,987,000 for grants to States under section 203(g) of the Occupational Safety and Health Act. These funds primarily are provided to States that have taken responsibility for administering their own occupational safety and health programs for the private sector and/or the public sector. State plans must be at least as effective as the Federal program and are monitored by OSHA. The Committee bill continues language that allows OSHA to provide grants of up to 50 percent for the costs of State plans approved by the agency. The Committee believes that, given the continuing fiscal pressures facing State budgets, OSHA should continue its practice of allowing States an extra year to match the appropriation provided by this bill for support of their State plans, and also should extend the period of expenditure for these funds for an additional quarter.

The Committee also believes that OSHA’s worker safety and health training and education programs, including the grant program that supports such training, are a critical part of a comprehensive approach to worker protection. Under the program, grants are made to various types of organizations representing employers and labor organizations for direct training of workers on occupational safety and health. The Committee recommendation includes \$10,709,000 for the OSHA Susan Harwood Training Grant Program.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2013 ¹	\$372,547,000
Budget estimate, 2014	380,721,000
Committee recommendation	380,721,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommendation includes \$380,721,000 for MSHA.

MSHA insures the safety and health of the Nation’s miners by conducting inspections and special investigations of mine operations, promulgating mandatory safety and health standards, cooperating with the States in developing effective State programs, and improving training in conjunction with States and the mining industry.

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

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

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

Finally, the bill includes new language intended to support the relocation of MSHA’s headquarters by authorizing the transfer of necessary funds to the Office of the Solicitor.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

Appropriations, 2013 ¹	\$607,852,000
Budget estimate, 2014	613,794,000
Committee recommendation	609,852,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$609,852,000 for BLS. This amount includes \$67,041,000 from the Employment Security Administration account of the Unemployment Trust Fund and \$542,811,000 in Federal funds.

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

The Committee recognizes that the Nation requires current, accurate, detailed labor statistics for Federal and non-Federal data users. The Nation also requires Government programs to be administered as cost-effectively as possible. However, the current ability of the cooperative statistics system to meet those needs is in question. Any weaknesses of this system could reduce the ability of State and local regions to effectively plan for recovery, anticipate industry demand for workforce needs, and meet other labor market information challenges.

Therefore, the Committee directs the Secretary to commission a study of and report on a comprehensive assessment of the proper purpose, structure, methods, and operations of the Federal-State cooperative statistics system, particularly regarding the appro-

appropriate roles and responsibilities of BLS, ETA, the State labor market information agencies, and the system’s relationship with the Census Bureau, NCES, State workforce agencies, State education agencies, and private vendors.

The Committee believes the National Academies of Science (Committee on National Statistics) and the National Academy of Public Administration are well-qualified to produce such a report. The Committee requests the release of an interim report within 12 months of the enactment of this act and a final report within 24 months of the enactment of this act. The interim report shall contain, at minimum, a rigorous assessment of the Current Employment Statistics Program [CES], including an evaluation of the accuracies of past and present methods for producing initial State and metro area CES estimates, identification of the methods most likely to produce accurate initial estimates, and recommendations for appropriate BLS and State roles and responsibilities in preparing such accurate estimates. The report also should consider recommendations for how to improve the collection of this large volume of information, including through the use of technology; coordinate the Federal and State data systems to provide timely, accurate, and geographically detailed information on employment, education and training, occupations, and worker skills, as well as ease of access and technical assistance; and improve responsiveness to the data needs of labor market participants and policymakers at the Federal, State, and local levels.

The Committee directs the Secretary to use such sums as may be necessary for this study, allocated equally from funds available to the Secretary, BLS, ETA, and the States. The State contribution should be made through a set-aside from BLS cooperative system grants to States.

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

OFFICE OF DISABILITY EMPLOYMENT POLICY

Appropriations, 2013 ¹	\$38,802,000
Budget estimate, 2014	42,432,000
Committee recommendation	42,432,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$42,432,000 for ODEP. The Committee intends that at least 80 percent of these funds shall be used to design and implement research and technical assistance grants and contracts to develop policy that reduces barriers to competitive, integrated employment for youth and adults with disabilities.

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

technical assistance to Federal agencies for the implementation of Executive Order 13548 regarding the hiring of persons with disabilities.

The Committee recommendation includes \$9,000,000 for ODEP, in collaboration with ETA, to continue to implement their joint plan for improving effective and meaningful participation of persons with disabilities in the workforce. The Committee expects that these funds, in combination with funding available to ETA, will continue to improve the accessibility and accountability of the public workforce development system for individuals with disabilities.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Appropriations, 2013 ¹	\$345,661,000
Budget estimate, 2014	347,956,000
Committee recommendation	346,685,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommendation includes \$346,685,000 for the Departmental Management account. Of this amount, \$346,359,000 is available from general funds and \$326,000 is available by transfer from the Employment Security account of the Unemployment Trust Fund. In addition, \$25,365,000 is available by transfer from the Black Lung Disability Trust Fund.

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

The Committee continues its support of the Department's efforts to reduce the backlog of mine safety cases before the Federal Mine Safety and Health Review Commission [FMSHRC] and to assure that the timely processing of cases occurs in the future.

The Committee directs the Secretary, in conjunction with FMSHRC, to provide a joint report to the Committees on Appropriations of the House of Representatives and Senate for reducing the number of pending cases and average case processing time to appropriate levels by the end of fiscal year 2015. The report should fully explain how such levels were determined. It also should establish goals and metrics for determining when the levels will be achieved and how they will be maintained in the future.

The Committee recommendation includes \$95,425,000 for the Bureau of International Labor Affairs [ILAB], of which \$66,375,000 is available for obligation through December 31, 2014. ILAB's appropriation is available to help improve working conditions and labor standards for workers around the world and carry out ILAB's statutory mandates and international responsibilities. Funding for international programming to eliminate the worst forms of child labor should prioritize comprehensive and sustainable initiatives

that address the root causes of the problem, including lack of education and vocational training opportunities; household poverty; lack of data and awareness of the scope and impact of the worst forms of child labor; gaps in social protection services; and weak enforcement of labor laws, which increase the vulnerability of households to the worst forms of child labor.

The Committee expects ILAB to maintain its current effort on programs to combat exploitative child labor. The Committee also expects that the integrated child labor and worker rights projects proposed in the budget request will have a significant and direct child labor component. The bill requires ILAB to spend not more than \$59,887,000 for programs to combat exploitative child labor internationally and not less than \$6,488,000 to implement model worker rights programs in countries with which the United States has trade preference programs or free trade agreements. The bill also continues language from last year’s act regarding the authority to fund microfinance activities.

Additionally, the Committee commends the Department for annually completing the country assessments on commitments to eliminate the worst forms of child labor, consistent with the requirements of 19 U.S.C. 2464.

The Committee recommendation provides \$8,467,000 for program evaluation and allows these funds to be available for obligation through September 30, 2015. The Committee bill also continues the authority of the Secretary to transfer these funds to any other account in the Department for evaluation purposes. The Committee bill includes requested authority to use up to 0.5 percent of certain Department appropriations for evaluation activities identified by the chief evaluation officer. The bill language differs slightly from last year’s bill by including the Training and Employment Services in the list of accounts covered by this authority, as proposed in the budget request. The Committee expects to be notified of the planned uses of funds derived from this authority.

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

The Committee is very supportive of Executive Order 13548 and the Department’s goal to raise the representation of individuals with disabilities in its workforce from 7.24 percent in fiscal year 2010 to 11.3 percent by fiscal year 2016. However, fiscal year 2011 results suggest the Department is not on pace to meet its goals. The Committee encourages the Department to accelerate its efforts in this area.

VETERANS EMPLOYMENT AND TRAINING

Appropriations, 2013 ¹	\$263,907,000
Budget estimate, 2014	300,518,000
Committee recommendation	300,518,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommendation of \$300,518,000 for VETS includes \$38,185,000 in general revenue funding and \$262,333,000 to be expended from the Employment Security Administration ac-

count of the Unemployment Trust Fund. The Committee recommendation supports a significant expansion of services to veterans, transitioning servicemembers, and family members.

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

The Committee recommendation includes new bill language, as proposed in the budget request, specifying funding levels for particular activities, as opposed to providing a lump sum appropriation. The new bill language also allows the Secretary to reallocate funds among activities in an amount not to exceed 3 percent of the funding from which any reallocation is made.

The Committee provides \$203,081,000 for the Jobs for Veterans State Grants [JSVG] program. This funding level will enable the Department to increase the level of intensive services provided to veterans by Disabled Veterans' Outreach Program [DVOP] specialists as well as to reach new populations of servicemembers and their families in need of employment services. As proposed by the administration, the Committee includes new bill language specifying that JSVG funds may be used to provide DVOP and Local Veterans' Employment Representatives [LVER] services to transitioning servicemembers early in their separation from military service; wounded warriors recuperating in military treatment facilities or transition units; and, spouses and family caregivers to help ensure the family has income to provide sufficient support.

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

The Committee recommendation includes \$41,838,000 for Federal administration costs. This funding level will support outreach to major private-sector companies to generate interest in hiring veterans and improve oversight and strengthen protection of veterans' employment rights, among other activities.

The Committee recommends \$38,185,000 for the Homeless Veterans' Reintegration Program [HVRP] to help homeless veterans attain the skills they need to gain meaningful employment. HVRP is the only Federal program that focuses exclusively on the employment of veterans who are homeless.

The Committee recommendation includes \$3,414,000 for the National Veterans' Training Service Institute [NTVI], which provides training to Federal staff and veteran service providers. At this recommended level, NTVI will be able to train an estimated 2,210 veteran service providers and meet the new training requirements of the Veterans' Benefits Act of 2010.

INFORMATION TECHNOLOGY MODERNIZATION

Appropriations, 2013 ¹	\$19,775,000
Budget estimate, 2014	20,587,000
Committee recommendation	19,775,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$19,775,000 for the IT Modernization account. Funds available in this account are used for two primary activities. The first is departmental support systems, for which \$4,898,000 is provided. These funds help align IT investments with the Department's strategic objectives. The second budget activity, for which \$14,877,000 is provided, assists the Department in consolidating and optimizing common IT infrastructure services, protecting privacy, and improving timely and efficient services to the public.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2013 ¹	\$83,520,000
Budget estimate, 2014	85,714,000
Committee recommendation	83,520,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$83,520,000 for the DOL OIG. The bill includes \$77,634,000 in general funds and authority to transfer \$5,886,000 from the Employment Security Administration account of the Unemployment Trust Fund. In addition, an amount of \$327,000 is available by transfer from the Black Lung Disability Trust Fund.

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

GENERAL PROVISIONS

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

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

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

Section 104. The bill continues a provision requiring that funds available under section 414(c) of the American Competitiveness and Workforce Improvement Act of 1998 may only be used for competitive grants for training in occupations and industries for which employers are using H-1B visas to hire foreign workers.

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

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

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

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

Section 109. The bill includes a new provision allowing the Secretary to reserve up to 3 percent of funds available under section 272(b) of the Trade Act of 1974 to conduct evaluations and provide technical assistance relating to the activities carried out under the Community College and Career Training Grant program and to allow grantees to award subgrants.

Section 110. The bill includes a new provision transferring the claims function under several Federal statutes currently performed by GAO to DOL.

Section 111. The bill includes a new provision adjusting the salary cap for the Administrator of the Wage and Hour Division from Executive Level V to Executive Level IV.

Section 112. The bill includes a new provision that provides flexibility with respect to the crossing of H-2B nonimmigrants working in the seafood industry and clarifies the Department's regulatory authority with respect to the H-2B visa program.

Section 113. The bill includes a new provision related to the H-2A program.

TITLE II

DEPARTMENT OF HEALTH AND HUMAN SERVICES

The administration request for HHS reflects a proposal to increase program evaluation transfers under section 241 of the PHS Act from 2.5 percent to 3 percent. Through these transfers, PHS agencies contribute a percentage of their budget authority to fund program evaluation activities throughout the Department. The percentage is specified in section 205 of the title II general provisions.

The Committee rejects the proposed increase to 3 percent because of the effect on PHS Act agencies that are used as a source of evaluation transfers, most notably NIH. The Committee also believes that raising the tap would reduce the transparency of its recommended funding levels.

For programs that are the source of the transfers, an increase in the evaluation tap would effectively cut their funding. With regard to NIH, the administration presents its request as an increase of approximately \$471,000,000 over the fiscal year 2012 level; the effective increase for NIH, after factoring in the proposed tap increase, would actually be approximately \$147,000,000 less. There are many other examples where the budget request touts significant increases for particular programs without noting that its tap proposal would undercut a portion of those increases. For these reasons, the Committee maintains the evaluation transfer amount at 2.5 percent, the same level as in fiscal year 2013.

This is the fourth year that the administration has proposed an increase in the section 241 tap percentage. The Committee strongly discourages a similar increase in the fiscal year 2015 request.

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

HEALTH RESOURCES AND SERVICES ADMINISTRATION

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

BUREAU OF PRIMARY HEALTH CARE

Appropriations, 2013 ¹	\$1,574,646,000
Budget estimate, 2014	1,566,932,000
Committee recommendation	1,574,646,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommendation for the activities of the Bureau of Primary Health Care is \$1,574,646,000.

Community Health Centers

The Committee provides \$1,574,606,000 in this bill for the Community Health Centers program. Combined with the \$2,200,000,000 in mandatory funding appropriated for fiscal year 2014 in the ACA, the Committee’s recommended program level totals \$3,774,606,000.

Programs supported by this funding include community health centers, migrant health centers, healthcare for the homeless, and public housing health service grants. The Committee continues to support the ongoing effort to increase the number of people who have access to medical services at health centers.

The Committee includes bill language, modified from last year, requiring the administration to award all fiscal year 2014 funds by September 30, 2014. Such awards shall include \$142,000,000 in base grant adjustments and not less than \$700,000,000 in new access point awards and expanded service awards. These levels assume that funds made available for outreach and enrollment in health exchanges in fiscal year 2013 will be awarded as base grant adjustments in fiscal year 2014.

In addition, within the amount provided, the Committee provides up to \$94,893,000 under the Federal Tort Claims Act [FTCA], available until expended. These funds are used to pay judgments and settlements, occasional witness fees and expenses, and related administrative costs. The Committee intends FTCA coverage funded through this bill to be inclusive of all providers, activities, and services included within the health centers’ federally approved scope of project.

Native Hawaiian Health Care.—The Committee includes sufficient funding in the Community Health Centers program to support healthcare activities funded under the Native Hawaiian Health Care Program, which is specifically cited in the bill. The Committee expects that not less than the fiscal year 2013 level be provided for these activities in fiscal year 2014.

Free Clinics Medical Malpractice Coverage

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

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

BUREAU OF HEALTH PROFESSIONS

Appropriations, 2013 ¹	\$731,548,000
Budget estimate, 2014	540,804,000
Committee recommendation	773,190,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommendation for the activities of the Bureau of Health Professions is \$773,190,000. In addition, the Committee

recommends transferring \$30,300,000 to the Bureau from the PPH Fund.

The total program level assumed in this bill for the Bureau is \$803,490,000.

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

The Committee notes that section 223 of this act modifies the rules governing National Health Service Corps contracts, which are administered in the Bureau of Health Professions. The authorization for this program allows contract cancellations up to 45 days prior to the end of the current fiscal year, which was intended to give HHS time to redirect those funds to new contracts before the available funding expired. NHSC now makes contracts on a rolling basis throughout the year with funds that do not expire. Under the rolling award system, Corps members who sign contracts in January have 7 months to cancel, while Corps members who sign up in September are not given the opportunity to cancel. Section 223 will allow every Corps member 60 days to cancel their contract.

Training for Diversity

Centers of Excellence

The Committee provides \$22,863,000 for the Centers of Excellence program. Institutions that are designated as centers of excellence are private institutions whose mission is to train disadvantaged minority health professionals for service in underserved areas. Funds are used for the recruitment and retention of students, faculty training, and institutional improvements.

The Committee continues to support the Centers of Excellence program and the financial stability it has provided for the schools that participate. However, the Committee is concerned by reports that recent award amounts were based in large part on the amount of funding requested by each school, resulting in large, unexpected cuts for some of the schools and large increases for others. The Committee directs HRSA to institute an award review process that focuses more fully on the merits of the requested activities. The Committee expects HRSA to report back to the Committees on Appropriations of the House of Representatives and the Senate on the implementation of this process in the fiscal year 2015 budget justification.

Health Careers Opportunity Program

The Committee provides \$14,942,000 for the Health Careers Opportunity Program [HCOP]. The purpose of this program is to create an educational pipeline to increase the number of individuals from educationally or economically disadvantaged backgrounds who enter the health and allied health professions. HCOP supports activities for disadvantaged students through formal academic and research training and student enhancement services.

The Committee encourages HRSA to refocus the program on reaching undergraduate and post-baccalaureate students.

Faculty Loan Repayment

The Committee provides \$1,253,000 for the Faculty Loan Repayment program. This program provides for the repayment of education loans for individuals from disadvantaged backgrounds who are health professions students or graduates and who have agreed to serve for at least 2 years as a faculty member of a health professions school.

Scholarships for Disadvantaged Students

The Committee provides \$47,357,000 for the Scholarships for Disadvantaged Students program. This program provides grants to health professions schools for student scholarships to individuals who are from disadvantaged backgrounds and are enrolled as full-time students in such schools.

Primary Care Training and Enhancement

The Committee provides \$50,962,000 for Primary Care Training and Enhancement programs, which support the expansion of training in internal medicine, family medicine, pediatrics, and physician assistance. Funds may be used for developing training programs or providing direct financial assistance to students and residents.

The Committee once again urges HRSA to prioritize the training of physician assistants and includes bill language allowing HRSA to increase funding for this activity.

Pediatric Loan Repayment

The Committee recommends \$5,000,000 to create a new loan repayment program for pediatric specialties, as authorized in section 775 of the PHS Act.

The Committee is concerned that shortages of child mental health providers and pediatric subspecialists are more severe than the shortages that exist for general pediatricians. Available fellowship positions are left unfilled because of the burden of student loans for specialty training. The Committee recommendation in this bill will fund 64 initial 2-year loan repayment awards for eligible providers working in underserved areas. The Committee urges HRSA to prioritize pediatric specialties aimed at mental and behavioral health services in implementing this program.

Training in Oral Health Care

The Committee recommends \$32,654,000 for Training in Oral Health Care programs. Funds may be used to expand training in general dentistry, pediatric dentistry, public health dentistry, dental hygiene, and other oral health access programs. Funds may also be used to plan and operate training programs, as well as to provide financial assistance to students and residents.

The Committee recommendation includes not less than \$8,000,000 each for general and pediatric dentistry. The Committee encourages HRSA to focus on training programs that target vulnerable populations in risk-based clinical disease management of all populations.

The Committee urges HRSA to work with CMS on the evaluation of additional models for expanding access to oral healthcare. Such models should include emergency room diversion programs and efforts under State law to deploy and evaluate new provider types.

Interdisciplinary, Community-Based Linkages

Area Health Education Centers

The Committee provides \$30,025,000 for AHECs, which link university health science centers with community health service delivery systems to provide training sites for students, faculty, and practitioners. The program supports three types of projects: core grants to plan and implement programs; special initiative funding for schools that have previously received AHEC grants; and model programs to extend AHEC programs with 50 percent Federal funding.

The Committee is pleased by HRSA's collaboration with SAMHSA to develop and replicate community health worker programs that integrate primary care and behavioral health. HRSA should include in the fiscal year 2015 budget justification a report on progress made in this initiative.

Geriatric Education

The Committee provides \$30,629,000 for Geriatric Education programs. Geriatric programs include: Geriatric Education Centers, the Geriatric Academic Career Awards program, and the Geriatric Training for Physicians, Dentists, and Behavioral and Mental Health Professionals program.

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

In addition, the Committee recommendation transfers \$5,300,000 from the PPH Fund to train health professionals on issues related to Alzheimer's disease. These funds are awarded to Geriatric Education Centers for outreach and education efforts to enhance healthcare providers' knowledge of the disease, improve detection and early intervention, and improve care for people with Alzheimer's disease and their caregivers.

Mental and Behavioral Health

The Committee provides \$3,916,000 for Mental and Behavioral Health programs. These programs provide grants to higher education institutions and accredited training programs to recruit and train professionals and faculty in the fields of social work, psychology, psychiatry, marriage and family therapy, substance abuse prevention and treatment, and other areas of mental and behavioral health.

Graduate Psychology Education.—The Committee supports the Secretary's initiative to increase the number of psychologists pursuing clinical work with high-need and high-demand populations.

These populations are defined as rural, vulnerable, and/or underserved populations, as well as veterans, military personnel, and their families. While the Committee commends the emphasis on programs targeting veteran and military personnel population centers, the Committee is concerned that many servicemembers reintegrate into civilian life in communities that are rural and far from military and veteran facilities. As such, the Committee encourages HRSA to maintain a strong commitment to underserved areas generally.

Social Work Training Program.—The Committee recognizes the importance of social workers and their contribution to family planning and maternal and child health outcomes, particularly in low-income communities. The Committee intends the increase in this program to be used to continue and expand the Leadership Training in Social Work program, formerly funded in the Maternal Child Health Bureau of HRSA. This program annually funds three centers of excellence at schools of social work to help develop the next generation of social workers and provide critical leadership, resources, and training. The Leadership Training in Social Work program has successfully recruited many qualified minority candidates for long-term training, and graduates have taken faculty positions in schools of social work, pursued careers in policy and research, and become local leaders in direct service. The Committee directs the Bureau of Health Professions to work with the Maternal Child Health Bureau to ensure a smooth transition for grantees.

Health Professions Workforce Information and Analysis

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

Public Health Workforce Development

The Committee provides \$35,177,000 for Public Health Workforce Development, including \$10,177,000 in budget authority and \$25,000,000 in transfers from the PPH Fund.

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

The Committee recommendation includes \$3,813,000 for preventive medicine residencies.

Integrative Medicine.—The Committee includes \$3,502,000 for existing programs related to integrative medicine and \$2,000,000 for a new competitive opportunity to improve residency programs in integrative medicine. The Committee intends the new funding to be used to award a national center of excellence on integrative primary care for the purpose of developing and disseminating best practices for integrative medicine training for physicians and

nurses. HRSA should select a nonprofit entity with a strong record of leadership in the field of integrative medicine curriculum development, with experience in both publishing and working with residency programs.

Nursing Workforce Development Programs

The Committee provides \$251,099,000 for Nursing Workforce Development programs. The Committee recommendation is sufficient to fund all nursing programs at the level requested in the budget, which provides an increase of \$19,672,000 for Advanced Education Nursing.

Within funds available for the Nursing Education and Retention program, the Committee intends that no less than \$5,000,000 be awarded to nurse-managed health centers.

The Committee remains concerned that waiting lists for admission to nursing school are limiting our Nation’s ability to address the nursing shortage. For that reason, the Committee continues to place a strong priority on filling vacant nursing faculty positions, the majority of which require either a Ph.D. or a doctorate of nursing practice. The Committee encourages the Division of Nursing to prioritize this level of training and create incentives for students to pursue teaching as a career.

Children’s Hospitals Graduate Medical Education

The Committee provides \$267,313,000 for the CHGME program. The program provides support for graduate medical education training programs in both ambulatory and in-patient settings within freestanding children’s teaching hospitals. CHGME payments are determined by a per-resident formula that includes an amount for direct training costs added to a payment for indirect costs. Payments support training of resident physicians as defined by Medicare in both ambulatory and inpatient settings.

National Practitioner Data Bank

The Committee provides \$28,016,000 for the National Practitioner Data Bank. As in previous years, bill language is included to ensure that user fees are collected to cover all costs of processing requests and providing such information to data bank users.

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

MATERNAL AND CHILD HEALTH BUREAU

Appropriations, 2013 ¹	\$860,252,000
Budget estimate, 2014	824,861,000
Committee recommendation	858,600,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommendation for the MCH Bureau is \$858,600,000. The President’s request includes an additional \$28,494,000 in transfers from the PPH Fund; the Committee recommendation for this account does not include any such transfers.

The mission of the Bureau is to improve the physical and mental health, safety, and well-being of the Nation's women, infants, children, adolescents, and their families. This population includes fathers and children with special healthcare needs.

Maternal and Child Health Block Grant

The Committee provides \$643,807,000 for the MCH Block Grant, which provides a flexible source of funding that allows States to target their most urgent maternal and child health needs. The program supports a broad range of activities including: providing prenatal care, well child services, and immunizations; reducing infant mortality; preventing injury and violence; expanding access to oral healthcare; addressing racial and ethnic disparities; and providing comprehensive care through clinics, home visits, and school-based health programs.

The Committee includes bill language requiring that the State grant portion of the block grant be funded at no less than \$554,890,000. The fiscal year 2013 level is \$554,171,000. The budget request is \$549,729,000.

The Committee also includes bill language identifying \$78,641,000 for the Title V SPRANS set-aside. Within that total, the Committee recommendation includes sufficient funding to fully fund the set-asides for oral health, epilepsy, sickle cell anemia, and fetal alcohol syndrome at the level requested in the budget.

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

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

Perinatal Hepatitis B.—The Committee is pleased at the progress that has been made in reducing perinatal hepatitis B transmission and commends HRSA for the ongoing review of best practices. The Committee notes that the 2010 rate of transmission was the lowest on record and well below the Healthy People 2010 goal. However, given the availability of an effective post-exposure prophylaxis protocol, the Committee believes that the elimination of all perinatal transmission is a goal worth pursuing. In view of the large number of at-risk women being seen in HRSA-funded settings, the Committee urges HRSA to move expeditiously to integrate the best practices identified in the review into routine practice. In addition, HRSA is encouraged to validate further best practices to prevent perinatal hepatitis B transmission, particularly in high-risk ethnic communities disproportionately impacted by chronic hepatitis B.

Social Work Training Program.—The Committee recognizes the importance of social workers and their contribution to family planning and maternal and child health outcomes, particularly in low-income communities. The Committee has included funding in the Bureau of Health Professions to continue and expand the Leadership Training Program in Social Work, which annually funds three centers of excellence at schools of social work to help develop the next generation of social workers and to provide critical leadership, resources, and training. The Committee directs the MCH Bureau to work with the Bureau of Health Professions to ensure a smooth transition for the program’s grantees.

Sickle Cell Anemia

The Committee provides \$4,770,000 for grants and contracts to help coordinate service delivery for individuals with sickle cell disease, including genetic counseling and testing; training of health professionals; and coordination of education, treatment, and continuity of care programs.

Traumatic Brain Injury

The Committee provides \$9,760,000 for the Traumatic Brain Injury program. The program supports implementation and planning grants to States for coordination and improvement of services to individuals and families with traumatic brain injuries. Such services can include: pre-hospital care, emergency department care, hospital care, rehabilitation, transitional services, education, employment, long-term support, and protection and advocacy services.

The Committee includes no less than the fiscal year 2013 funding level for protection and advocacy services, as authorized under section 1305 of Public Law 106–310.

Autism and Other Developmental Disorders

The Committee provides \$47,142,000 for the Autism and Other Developmental Disorders initiative. The program supports surveillance, early detection, education, and intervention activities on autism and other developmental disorders, as authorized in the Combating Autism Act of 2006.

The Committee directs HRSA to fund research on evidence-based practices for interventions for individuals with autism and other developmental disabilities, for development of guidelines for those interventions, and for information dissemination at no less than fiscal year 2013 levels.

Leadership Education in Neurodevelopmental and Related Disabilities [LEND].—The Committee directs that HRSA provide no less than the fiscal year 2013 level for LEND programs to maintain their capacity to train professionals to diagnose, treat, and provide interventions to individuals with autism spectrum disorders.

Newborn Screening for Heritable Disorders

The Committee provides \$9,913,000 in budget authority for the Newborn Heritable Disorders Screening program, as described in section 1109 of the Newborn Screening Saves Lives Act of 2008. The budget request is funded entirely through transfers from the PPH Fund.

This program provides funding to improve States' ability to provide newborn and child screening for heritable disorders. Newborn screening provides early identification and follow-up for treatment of infants affected by certain genetic, metabolic, hormonal, and/or functional conditions.

Healthy Start

The Committee provides \$103,532,000 for the Healthy Start infant mortality initiative. The primary purpose of Healthy Start is to reduce infant mortality and generally improve maternal and infant health in at-risk communities. Grants are awarded to State and local health departments and nonprofit organizations to conduct an infant mortality review, develop a package of innovative health and social services for pregnant women and infants, and evaluate these efforts.

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

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

Universal Newborn Hearing Screening and Early Intervention

The Committee provides \$18,660,000 for universal newborn hearing screening and early intervention activities. This program awards grants to 53 States and territories that support statewide systems of newborn hearing screening, audiologic diagnostic testing before 3 months of age, and enrollment in early intervention programs before the age of 6 months.

Emergency Medical Services for Children

The Committee provides \$21,116,000 for the Emergency Medical Services for Children [EMSC] program which focuses on improving the pediatric components of the emergency medical services system and improving the quality of care provided to children in the pre-hospital setting. Funding is available to every State emergency medical services office to improve the quality of emergency care for children and to pay for research and dissemination of best practices.

The Committee commends HRSA for initiating a demonstration project in fiscal year 2012 to support innovative models to increase pediatric care in rural and tribal communities. The Committee also applauds the EMSC program for its collaboration with other Federal agencies in order to achieve EMS systemwide improvements.

Finally, the Committee remains strongly supportive of the Pediatric Emergency Care Applied Research Network.

HIV/AIDS BUREAU

Appropriations, 2013 ¹	\$2,342,623,000
Budget estimate, 2014	2,412,178,000
Committee recommendation	2,393,951,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommendation includes \$2,393,951,000 for the HIV/AIDS Bureau, including \$25,000,000 in transfers under section 241 of the PHS Act.

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

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

Emergency Assistance

The Committee provides \$669,915,000 for emergency assistance grants to eligible metropolitan areas disproportionately affected by the HIV/AIDS epidemic.

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

The Committee notes that the provision requiring HRSA to transfer funds from part A to part B of the Ryan White Care Act as a result of the four transitional grant areas that changed status in fiscal year 2011 has expired. Therefore, the Committee expects HRSA to transfer no funds in fiscal year 2014 related to transitional grant areas.

Comprehensive Care Programs

The Committee provides \$1,369,327,000 for HIV healthcare and support services.

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

The Committee includes bill language providing \$943,299,000 for AIDS medications in ADAP. This funding level is sufficient to continue the activities funded through HHS transfers in the previous

2 fiscal years and provide an increase of \$11,797,000. The Committee intends that the increase provided for ADAP be awarded according to the statutory formula.

Early Intervention Services

The Committee provides \$204,765,000 for early intervention grants. These funds are awarded competitively to primary healthcare providers to enhance healthcare services available to people at risk of HIV and AIDS. Funds are used for comprehensive primary care, including counseling, testing, diagnostic, and therapeutic services.

Children, Youth, Women, and Families

The Committee provides \$77,013,000 for grants for coordinated services to women, infants, children, and youth.

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

AIDS Dental Services

The Committee provides \$13,458,000 for the AIDS Dental Services program. This program provides grants to dental schools, dental hygiene schools, and postdoctoral dental education programs to assist with the cost of providing unreimbursed oral healthcare to patients with HIV.

AIDS Education and Training Centers

The Committee provides \$34,473,000 for AIDS Education and Training Centers [AETCs]. AETCs train healthcare practitioners, faculty, and students who care for AIDS patients outside of the traditional health professions education venues and support curriculum development on the diagnosis and treatment of HIV infection for health professions schools and training organizations.

HEALTH CARE SYSTEMS BUREAU

Appropriations, 2013 ¹	\$101,299,000
Budget estimate, 2014	83,836,000
Committee recommendation	103,515,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommendation for the Health Care Systems Bureau is \$103,515,000.

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

Organ Donation and Transplantation

The Committee provides \$26,015,000 for organ donation and transplantation activities. Funds support a scientific registry of organ transplant recipients and the National Organ Procurement and Transplantation Network to match donors and potential recipients of organs. A portion of the appropriated funds may be used to

educate the public and health professionals about organ donations and transplants and to support agency staff providing clearing-house and technical assistance functions.

National Cord Blood Inventory

The Committee provides \$11,864,000 for the National Cord Blood Inventory. The purpose of this program is to provide funds to cord blood banks to build an inventory of the highest quality cord blood units for transplantation.

C.W. Bill Young Cell Transplantation Program

The Committee provides \$23,283,000 for the C.W. Bill Young Cell Transplantation Program.

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

Office of Pharmacy Affairs

The Committee provides \$4,463,000 for the Office of Pharmacy Affairs [OPA]. OPA administers the 340B drug pricing program, which requires drug manufacturers to provide discounts or rebates to a set of programs and hospitals that serve a disproportionate share of low-income patients.

The Committee remains strongly committed to OPA's plans to develop a transparent system to verify the accuracy of the 340B ceiling price. Therefore, the Committee again includes a statutory provision, requested by the administration, to allow a nominal cost recovery fee to fund the implementation of program integrity provisions recommended by the inspector general and included in the ACA. The fee will be set at 0.1 percent for covered entities and is expected to generate \$6,000,000 in fiscal year 2014. The Committee expects HRSA to report the expected and actual amounts generated by the fee in HRSA's annual budget justification.

More than simply an individual discount program, the 340B program was designed to help safety net providers maintain, improve, and expand patient access to healthcare services generally. In establishing the program in 1992, Congress explicitly stated that the 340B program was intended to "enable entities to stretch scarce Federal resources as far as possible." As OPA continues to improve and enhance oversight of the 340B program, the Committee urges OPA to implement policies that maximize the healthcare safety net and expand patient access to healthcare.

The Committee continues to note that there is currently no way for eligible entities to know if they are paying manufacturers the correct prices for 340B drugs. The ACA requires HRSA to make 340B ceiling prices available to covered entities through a secure Web site. Given that the new cost recovery fee is being paid by 340B participating entities, the Committee directs HRSA to make this Web site the first activity funded by the fee.

The Committee commends HRSA for delaying the enforcement of the group purchasing exclusion guidance promulgated on February 7, 2013, but remains concerned by HRSA's broad interpretation of the term "covered outpatient drug." The Committee urges HRSA to create an understanding of the term that is more specific to the 340B program. This would allow 340B-participating entities to use other available purchasing methods to obtain access to non-340B drugs at a lower cost.

Poison Control Centers

The Committee provides \$19,793,000 for poison control activities. The Poison Control Centers program currently supports a mix of grantees. Most serve States; a few serve multistate regions; and, in a handful of cases, more than one grantee serves a single State.

Poison control centers respond to nearly 4 million public and healthcare professional poisoning, toxic exposure, and adverse drug event emergency calls annually. It is estimated that the avoidance of these unnecessary hospitalizations save more than \$1,200,000,000 in healthcare costs annually, of which nearly \$700,000,000 of these savings accrue to the benefit of the Federal Medicare and Medicaid programs. The Committee believes these savings can be substantially increased through enhanced awareness of poison control centers by all Medicare and Medicaid participants. The Committee encourages the Secretary to engage in discussions with the Nation's poison control centers to develop a plan to achieve these possible additional Medicare and Medicaid cost savings.

National Hansen's Disease Program

The Committee includes \$16,013,000 for the National Hansen's Disease program. The program consists of inpatient, outpatient, and long-term care and training and research in Baton Rouge, Louisiana; a residential facility at Carville, Louisiana; and 11 outpatient clinic sites in the continental United States and Puerto Rico.

National Hansen's Disease Program Buildings and Facilities

The Committee provides \$128,000 for the repair and maintenance of buildings at the Gillis W. Long Hansen's Disease Center.

Payment to Hawaii for Hansen's Disease Treatment

The Committee provides \$1,956,000 for Hansen's disease services. Payments are made to the State of Hawaii for the medical care and treatment of persons with Hansen's disease in hospital and clinic facilities at Kalaupapa, Molokai, and Honolulu. Expenses above the level of appropriated funds are borne by the State of Hawaii.

RURAL HEALTH

Appropriations, 2013 ¹	\$139,288,000
Budget estimate, 2014	122,232,000
Committee recommendation	141,798,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommendation for Rural Health programs is \$141,798,000.

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

The Committee commends ORHP for its increased collaboration with the Department of Veterans Affairs and other agencies of the Federal Government. ORHP has significant experience in the areas of information technology, workforce recruitment and retention, and improved access to care. The Committee urges ORHP to continue providing its expertise across the government in ways that improve healthcare delivery in rural areas. The Committee directs the Administrator to report to Congress in the fiscal year 2015 budget justification on ORHP's efforts in this area.

Rural Health Outreach

The Committee provides \$55,442,000 for the Rural Health Outreach program.

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

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

The Committee commends HRSA on its work to develop a generalizable formula to allow rural communities to measure the economic impact of their health investment. The Committee is gratified to learn that \$1.50 is generated in the community for every \$1 invested by HRSA in rural health outreach.

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

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

Oral Health.—The Committee remains concerned about the unnecessary use of hospital emergency rooms [ERs] for relief but not resolution of oral health maladies. The 2012 report "A Costly Dental Destination" estimates that 830,590 emergency room visits were made across the country in 2009 because of preventable dental problems. The Committee is aware of several successful community-wide programs that have effectively reduced ER visits for oral health patients. The Committee urges HRSA to compile best prac-

tices related to reductions in emergency dental care and disseminate that information to small and rural hospitals. In addition, HRSA is encouraged to work with CMS and AHRQ to identify gaps in knowledge related to these prevention initiatives.

Rural Health Research

The Committee provides \$9,847,000 for the Rural Health Research program. Funds are used for rural health research centers, the National Advisory Committee on Rural Health, and a reference and information service. Supported activities focus on improving the delivery of health services to rural communities and populations.

Rural Hospital Flexibility Grants

The Committee provides \$40,958,000 for Rural Hospital Flexibility grants and the Small Hospital Improvement Program. Under these grant programs, HRSA works with States to provide support and technical assistance to critical access hospitals to focus on quality and performance improvement and to integrate emergency medical services.

The Committee recommendation rejects the proposed elimination of the Small Hospital Improvement Program.

The Committee commends HRSA for its work on telehealth and electronic health records in rural hospitals, with a focus on mental healthcare for veterans. The Committee modifies previous bill language to give HRSA flexibility to determine future needs in this area.

Rural Access to Emergency Devices

The Committee provides \$5,000,000 for the Rural Access to Emergency Devices program. Funding is used to purchase automated external defibrillators, place them in public areas where cardiac arrests are likely to occur, and train lay rescuers and first responders in their use.

The Committee intends this appropriation to fund the rural program authorized in section 413 of the PHS Act and the community access demonstration authorized in section 313. Funding will be used to buy automated external defibrillators, put them in public areas where cardiac arrests are likely to occur, and train lay rescuers and first responders in their use.

State Offices of Rural Health

The Committee provides \$10,016,000 for State Offices of Rural Health. These offices help States strengthen rural healthcare delivery systems by enabling them to coordinate care and improve support and outreach in rural areas.

Black Lung Clinics

The Committee provides \$7,125,000 for the Black Lung Clinics program. This program funds clinics that treat respiratory and pulmonary diseases of active and retired coal miners, steel mill workers, agricultural workers, and others with occupationally related respiratory and pulmonary impairments. These clinics reduce the incidence of high-cost inpatient treatment for these conditions.

Radiation and Exposure Screening and Education Program

The Committee provides \$1,931,000 for activities authorized by the Radiation Exposure Compensation Act. This program provides grants for the education, prevention, and early detection of radiogenic cancers and diseases resulting from exposure to uranium during mining and milling at nuclear test sites.

Telehealth

The Committee provides \$11,479,000 for the Office for the Advancement of Telehealth [OAT], which promotes the effective use of technologies to improve access to health services for people who are isolated from healthcare and to provide distance education for health professionals.

The Committee commends OAT for expanding adult mental health services to 204 communities and pediatric/adolescent mental health services to 239 communities where access to such services did not exist prior to receiving Federal telehealth funding. The Committee remains strongly supportive of the emphasis OAT has placed on expanding access to mental health services.

FAMILY PLANNING

Appropriations, 2013 ¹	\$296,244,000
Budget estimate, 2014	327,402,000
Committee recommendation	327,402,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee provides \$327,402,000 for the Title X Family Planning program. This program supports preventive and primary healthcare services at clinics nationwide through four key functions: (1) providing individuals with comprehensive family planning and related preventive health services, including all FDA-approved methods of contraception; (2) training for family planning clinic personnel; (3) data collection and research aimed at improving the delivery of services; and (4) information dissemination and community-based education and outreach activities.

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

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

Tiered Subgranting.—The Committee is aware that some traditional grantees of the title X program are implementing newly

tiered approaches which base subgranting decisions on criteria that are unrelated to the performance outcomes of the program. The Committee directs HRSA to give funding preference to applicants with plans that show that a wide range of providers are eligible for subgrants and that funding decisions will be made solely on the ability of a clinic to achieve the best possible outcomes for the population served.

PROGRAM MANAGEMENT

Appropriations, 2013 ¹	\$161,186,000
Budget estimate, 2014	161,794,000
Committee recommendation	161,794,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee provides \$161,794,000 for program management activities.

HEALTH EDUCATION ASSISTANCE LOANS PROGRAM

Appropriations, 2013 ¹	\$2,830,000
Budget estimate, 2014	2,807,000
Committee recommendation	2,807,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$2,807,000 for the Health Education Assistance Loan [HEAL] program.

The Committee bill includes a general provision (section 522) to transfer the administration of the HEAL program to the Department of Education, as requested by the administration.

VACCINE INJURY COMPENSATION PROGRAM TRUST FUND

Appropriations, 2013 ¹	\$241,464,000
Budget estimate, 2014	241,477,000
Committee recommendation	241,464,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee provides that \$241,464,000 be released from the Vaccine Injury Compensation Trust Fund in fiscal year 2014. Of that amount, \$6,464,000 is for administrative costs.

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

CENTERS FOR DISEASE CONTROL AND PREVENTION

The Committee recommendation provides \$6,183,769,000 in this bill for CDC, including \$371,357,000 in transfers under section 241 of the PHS Act and \$55,358,000 in mandatory funds under the terms of EEOICPA. In addition, the Committee recommends \$839,000,000 in transfers from the PPH Fund.

The total program level recommended for CDC is \$7,022,769,000.

The fiscal year 2013 program level is \$6,547,169,000 and the budget request is \$6,644,640,000. The budget request includes

\$617,664,000 in transfers under section 241 of the PHS Act and \$755,110,000 in transfers from the PPH Fund.

The activities of CDC focus on several major priorities: providing core public health functions; responding to urgent health threats; monitoring the Nation’s health using sound scientific methods; building the Nation’s health infrastructure; assuring the Nation’s preparedness for emerging infectious diseases and potential pandemics; and providing leadership in the implementation of nationwide prevention strategies that are conducive to improving and maintaining health. The Committee has deleted references to title VII of the PHS Act throughout CDC’s appropriation, as requested by the President’s budget, in recognition of the fact that activities authorized in title VII are outside the scope of CDC’s mission.

The funding levels for the fiscal year 2014 budget request are not easily comparable to the fiscal year 2013 and Committee-recommended levels. The President proposes to implement the Working Capital Fund [WCF] through each individual program line. The Committee rejects that approach and recommends implementing the WCF through a transfer of funds in the first quarter of fiscal year 2014, in accordance with statutory transfer provisions provided in the fiscal year 2013 continuing resolution and this bill. For that reason, prior year and Committee-recommended funding levels for each activity reflect the programmatic costs of such activities, and the total business service costs for CDC are appropriated separately in the CDC-wide appropriation. In contrast, the President’s request assumes business service costs are built into each funded activity at the level of that activity’s business service consumption in fiscal year 2011. In many cases, a proposed increase for an activity in the budget request simply reflects the addition of the existing business service cost.

IMMUNIZATION AND RESPIRATORY DISEASES

Appropriations, 2013 ¹	\$587,959,000
Budget estimate, 2014 ²	681,560,000
Committee recommendation	587,959,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

² Assumes a realignment of \$35,915,000 in business service funding.

The Committee recommendation for the activities of the National Center for Immunization and Respiratory Diseases is \$587,959,000; this amount includes \$12,864,000 in transfers available under section 241 of the PHS Act.

In addition, the Committee recommends transferring \$150,000,000 to the Center from the PPH Fund. The President’s budget proposed transferring \$72,460,000 from the PPH Fund; \$90,883,000 was transferred from the PPH Fund in fiscal year 2013.

The total program level recommended for the Center is \$737,959,000.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2013 appropriation ¹	Fiscal year 2014 request ²	Committee recommendation
Immunization	520,340	580,959	579,457
National Immunization Survey (non-add)	(12,864)	(12,864)	(12,864)
Influenza Planning and Response	158,502	173,061	158,502

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

² Includes \$35,915 in funds from the Working Capital Fund realignment.

Cost Estimates.—The Committee requests an updated report on Federal immunization programs no later than February 1, 2014, to reflect fiscal year 2015 cost estimates, optimum funding to support State and local operations, and a continued discussion of the evolving role of Federal programs as expanded coverage for vaccination becomes more available from private and public sources.

Exemption Rates.—The Committee urges CDC to continue working with State and local governments to ensure that the universal immunization recommendations, as defined by the Advisory Committee on Immunization Practices, are implemented. The Committee encourages CDC to work with States to track exemption rates and assess the impact that exemptions may have on vaccine-preventable disease rates. CDC should provide to State and local health officials, the provider community, and the public, scientifically accurate information on vaccines and vaccine-preventable diseases that is presented in culturally and linguistically appropriate manners.

Public Health Role.—As more individuals have access to vaccines through health insurance coverage, the Committee believes that the public health role in vaccination will shift but not diminish. The Nation's public health immunization infrastructure will be called upon to ensure the quality and safety of our vaccines, monitor increasing vaccination rates and remaining gaps, provide science-based education on vaccine risks and benefits, and respond to outbreaks. The Committee has combined the funding amounts for section 317 vaccine purchase with funding for program implementation and accountability to allow CDC maximum flexibility to increase quality and safety activities as insurance coverage rates change over time. The Committee urges CDC to use this flexibility to shift resources to better reflect the changing public health role. Specifically, the Committee recommends that CDC increase resources to: (1) modernize immunization information systems; (2) prepare public health departments for changes in the healthcare delivery system, including new billing procedures related to privately insured patients; (3) strengthen the evidence base to inform immunization policy; and (4) improve program monitoring, including vaccine-preventable disease surveillance, vaccine coverage assessment, adverse event reporting, and laboratory training. The Committee directs that intramural costs within the immunization be funded at the fiscal year 2013 level.

Vaccine Purchase Formula Change.—The Committee supports CDC's policy decision to limit the conditions under which fully insured individuals may receive vaccines purchased through section

317 funds. The Committee believes that section 317 should be the payer of last resort for vaccination. However, the Committee has some concerns about the administration's plan to change from a vaccine purchase allocation formula that is based strictly on each State's total population to a formula based on Census estimates of each State's uninsured population. The Committee notes that this change would inadvertently penalize uninsured and underinsured individuals in States that are using all available tools to insure their populace. The Committee urges CDC to develop a component in the formula that would provide an incentive to States to administer section 317-funded vaccines in a way that addresses coverage gaps which cannot be filled with other available Federal programs.

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

Appropriations, 2013 ¹	\$1,097,823,000
Budget estimate, 2014 ²	1,176,942,000
Committee recommendation	1,097,823,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

²Assumes a realignment of \$53,030,000 in business service funding.

The Committee recommendation for the activities of the National Center for HIV, Viral Hepatitis, Sexually Transmitted Diseases [STDs], and TB Prevention is \$1,097,823,000.

In addition, the Committee recommends transferring \$10,000,000 to the Center from the PPH Fund. The President's budget did not recommend transferring funds from the PPH Fund; however, the budget request did propose a transfer of \$3,000,000 under section 241 of the PHS Act.

The total program level recommended for the Center is \$1,107,823,000.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2013 comparable ¹	Fiscal year 2014 request ²	Committee recommendation
HIV Prevention by Health Department	334,422	399,744	392,636
National Programs To Identify and Reach High Risk Populations .....	.....	400,985	362,189
HIV School Health	29,778	35,395	29,778
HIV Surveillance	116,797	.....	.....
Enhanced HIV Testing Initiative	64,918	.....	.....
Improving HIV Program Effectiveness	101,649	.....	.....
National, Regional, Local, Community and Other Organizations	137,039	.....	.....
Viral Hepatitis	19,640	31,410	29,640
Sexually Transmitted Infections	153,523	161,710	153,523
Tuberculosis	140,057	147,698	140,057

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

²Includes \$53,030 in funds from the Working Capital Fund realignment.

Hepatitis C Prevention.—The Committee is concerned by increasing rates of new hepatitis C infections that are associated with the injection of prescription opioids and heroin, particularly among young people. The Committee encourages the Division of Viral Hep-

atitis to continue coordinating efforts with the Assistant Secretary for Health, SAMHSA, and NIDA to address these outbreaks by disseminating timely information on evidence-based prevention strategies and providing technical assistance to health departments and community-based organizations.

HIV Prevention.—The Committee accepts the administration proposal to realign and consolidate the various funding streams that are awarded to State health departments for the surveillance and prevention of HIV. The Committee believes this consolidation will allow needed flexibility while the public health system adapts to the expansion of preventive services brought about by the implementation of the ACA. The Committee requests that CDC provide an accurate picture of how States are using this additional flexibility in future budget justifications.

Liver Disease.—Liver diseases of all kinds have a significant impact on the health and well-being of Americans. The Committee notes that liver diseases are addressed by several Centers of CDC. For example, public health efforts around hepatitis are housed in this Center, but fatty liver disease is associated with obesity, the prevention of which is led by the Center on Chronic Diseases. The Committee encourages CDC to consider ways to coordinate public health efforts on liver diseases across Centers.

Viral Hepatitis Screening.—The Committee urges CDC to prioritize testing activities and initiatives to identify people infected with asymptomatic forms of hepatitis. The Committee further encourages CDC to conduct prevention research to identify and disseminate best practices for implementing viral hepatitis screening, including new tests and testing procedures, standards of preventive care, and prompt linkage of persons testing positive for viral hepatitis to needed medical management and treatment. CDC should investigate opportunities to make purchasing options for hepatitis testing supplies more streamlined and efficient.

EMERGING AND ZOOBOTIC INFECTIOUS DISEASES

Appropriations, 2013 ¹	\$252,043,000
Budget estimate, 2014 ²	380,664,000
Committee recommendation	283,237,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

²Assumes a realignment of \$57,917,000 in business service funding.

The Committee recommendation for the activities of the National Center for Emerging and Zoonotic Diseases is \$283,237,000. In addition, the Committee recommends transferring \$52,000,000 to the Center from the PPH Fund. The President’s budget proposed transferring \$51,750,000 from the PPH Fund; \$44,174,000 was transferred from the PPH Fund in fiscal year 2013.

The total program level recommended for the Center is \$335,237,000.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2013 appropriation ¹	Fiscal year 2014 request ²	Committee recommendation
Infectious Disease Core Funding	19,789	24,339	19,789
Vector-borne Diseases	23,044	28,326	23,044
Lyme Disease	8,702	10,701	9,702
Prion Disease	4,960	6,089	4,960
Chronic Fatigue Syndrome	4,699	5,778	4,699
Emerging Infectious Diseases	123,147	151,521	123,147
Food Safety	27,067	49,223	35,067
National HealthCare Safety Network	14,814	31,562	16,814
Quarantine	25,821	33,125	26,015
Advanced Molecular Detection .....	.....	40,000	20,000
Epidemiology and Laboratory Improvement program	32,424	40,000	40,000
Healthcare-Associated Infections	11,750	11,750	12,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

² Includes \$57,917 in funds from the Working Capital Fund realignment.

Advanced Molecular Detection.—The Committee strongly supports CDC’s mission to improve our Nation’s capability to detect and treat infectious diseases and food-borne illnesses. Therefore, the Committee recommendation includes the full amount requested for improving pathogen identification, enhancing sustainable laboratory information systems, and improving modeling and early recognition of pathogens, as the first investment in CDC’s proposed 5-year initiative. The Committee recommends that CDC use the first year of funding to begin building the science base of this initiative before funding the coordination of States. In starting this initiative, the Committee notes that this is a focused, time-limited effort on a particular genetic sequencing capability that has implications across many of CDC’s program areas. To the extent that this capability reveals a potential advance that is limited to an issue area covered by other programs and Centers of CDC, the Committee expects CDC to transition the research and implementation of that new technique to the relevant condition-specific and laboratory support programs of CDC. The Committee strongly supports ongoing innovation in all programs of CDC and intends this initiative to strengthen that commitment across the agency.

Antibiotic Resistance.—The Committee commends CDC for committing to develop the report requested in fiscal year 2013 on the available data on antibiotic consumption and resistance trends. The Committee recognizes that the report requires substantial effort and looks forward to receiving it on CDC’s proposed timetable.

Antimicrobial Resistance.—The Committee urges CDC to work with State health departments to expand the work of prevention collaboratives, which seek to interrupt and prevent the transmission of significant antibiotic-resistant pathogens across healthcare settings. CDC, with the collaboratives, should evaluate the impact of possible interventions on hospital readmissions, healthcare-associated infection rates, or other measures relevant to health or economic activity. CDC and the Prevention Epicenters are encouraged to continue evaluating interventions to prevent or limit the development of antimicrobial resistance, facilitating public health research on the prevention and control of resistant organisms, and assessing the appropriateness of current surveillance and prevention programs in healthcare and institutional settings.

Epidemiology Laboratory Capacity [ELC] Cooperative Agreement.—The Committee is aware that some confusion exists between the ELC program funding and the ELC cooperative agreement. The ELC cooperative agreement is a flexible funding mechanism that is used to award ELC program funds to States, and is also used to award funds that are appropriated for a variety of condition-specific activities in this report. To eliminate this unnecessary and unhelpful confusion, the Committee has renamed the ELC program “the Epidemiology and Laboratory Improvement program”. The Committee intends this to be a clarifying change only. CDC should maintain the prior purpose, award mechanism, and allocation of this funding.

Food Safety.—The Committee recommendation includes additional funding to maintain appropriate staffing levels and enhance laboratory capacity in States to identify food-borne illnesses and effectively confine outbreaks. Further, the Committee continues to support the integrated Food Safety Centers of Excellence. These Centers, housed within State health departments, serve a critical role in developing and disseminating best practices and tools in food safety surveillance and outbreak response.

Healthcare-Associated Infections [HAIs].—Researchers estimate that excess medical costs from HAIs in U.S. hospitals range from \$28,000,000,000 to \$33,000,000,000 every year. The Committee continues to support the monitoring, response, and prevention efforts that have led to promising reductions in HAIs in recent years. The Committee recommendation is sufficient to expand the National Healthcare Safety Network, an HAI surveillance system used by over 5,000 facilities, including hospitals in all 50 States and non-hospital settings throughout the country.

Infectious Diseases.—The core Infectious Disease program provides funding to States to identify and monitor the occurrence of known infectious diseases, identify newly emerging infectious diseases, and identify and respond to outbreaks. The Committee notes that this funding has supported the public health response in virtually every major infectious disease outbreak in recent years.

Quarantine.—The Committee recommendation includes a new provision, requested by the administration, to reimburse States for the cost of isolation and quarantine. The Committee modifies the requested statutory language to limit reimbursement to the costs States incur following a Federal quarantine order, rather than reimburse States for quarantines that originate under State laws.

Unsafe Injection Practices.—The Committee remains troubled by outbreaks of and ongoing public exposure to life-threatening infections and bacteria caused by unsafe injection practices in healthcare facilities, including the misuse of vials and syringes. Outbreaks are entirely preventable when evidence-based infection control practices are followed. CDC is encouraged to continue its injection safety activities, including provider education and awareness, detection, tracking, and response. The Committee encourages broader outreach to healthcare providers and State and local health departments to disseminate the standards-based resources and toolkits that were created through previous investments of this Committee and through the PPH Fund. The Committee is aware that CMS is collecting additional data on infection control proce-

dures of ambulatory surgical centers, beginning in fiscal year 2013, and encourages CDC to collaborate with CMS to analyze this data and use it to target prevention resources more effectively.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Appropriations, 2013 ¹	\$755,079,000
Budget estimate, 2014 ²	620,189,000
Committee recommendation	774,831,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

² Assumes a realignment of \$43,939,000 in business service funding.

The Committee recommendation for the activities of the National Center for Chronic Disease Prevention and Health Promotion is \$774,831,000. In addition, the Committee recommends transferring \$485,700,000 to the Center from the PPH Fund. The President's budget proposed transferring \$415,904,000 from the PPH Fund; \$233,033,000 was transferred from the PPH Fund in fiscal year 2013.

The total program level recommended in this bill for the Center is \$1,260,531,000.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2013 appropriation ¹	Fiscal year 2014 request ²	Committee recommendation
Tobacco	168,194	212,360	202,892
Chronic Disease State Grants:			
Heart Disease and Stroke	54,881	58,870	54,881
Diabetes	64,323	69,260	64,323
School Health	13,499	14,703	17,199
Food Allergy (non-add)	(486)		(486)
National School Food Marketing Assessment (non-add) ..			(1,700)
Nutrition, Physical Activity and Obesity	42,763	47,400	51,311
National Diabetes Prevention Program		10,000	10,000
Community Health Promotion	6,096	6,636	6,096
Glaucoma	3,313	3,591	3,313
Visual Screening Education	507	551	507
Alzheimer's Disease	1,799	1,949	1,799
Inflammatory Bowel Disease	676	733	676
Interstitial Cystitis	650	704	650
Excessive Alcohol Use	2,436	2,647	2,436
Chronic Kidney Disease	2,078	2,251	2,078
Oral Health	14,619	15,921	15,000
Safe Motherhood/Infant Health	43,727	49,322	43,727
Prevention Research Centers	24,325	25,041	27,869
Breast and Cervical Cancer	204,427	184,560	204,427
WISEWOMAN (non-add)	(20,594)	(21,413)	(20,594)
Breast Cancer Awareness for Young Women	4,872	5,067	4,872
Cancer Registries	49,928	51,915	49,928
Colorectal Cancer	42,756	40,577	42,756
Comprehensive Cancer State Grants	20,165	20,967	20,165
Johanna's Law	4,962	5,161	4,962

[In thousands of dollars]

Budget activity	Fiscal year 2013 appropriation ¹	Fiscal year 2014 request ²	Committee recommendation
Ovarian Cancer	4,873	5,068	4,873
Prostate Cancer	13,092	13,612	13,092
Skin Cancer	2,135	2,219	2,135
Cancer Survivorship Resource Center	494	514	494
Arthritis and Other Chronic Diseases	25,152	26,654	25,152
Arthritis	12,979	.....	12,979
Epilepsy	7,743	.....	7,743
National Lupus Patient Registry	4,430	.....	4,430
Racial and Ethnic Approach to Community Health	13,916	.....	53,916
Community Transformation Grants	146,340	146,340	290,000
Obesity Prevention in High-Obesity Regions .....	.....	.....	5,000
Million Hearts	4,612	5,000	5,000
Workplace Wellness .....	.....	.....	10,000
Let's Move—National Early Child Care Collaboratives	4,000	4,000	4,000
Breastfeeding Promotion and Support	2,500	2,500	15,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

² Includes \$43,939 in funds from the Working Capital Fund realignment.

Breast and Cervical Cancer Screening.—While the Committee understands that more women will have insurance in fiscal year 2014 and thus more women will have access to breast and cervical cancer screening through their coverage, this program remains vitally important for the outreach and education it provides on the need for screening. Such efforts will be critical to ensuring that newly insured women actually receive these life-saving services. For that reason, the Committee includes the provision requested by the administration to eliminate the cap on State outreach activities; however, while the administration proposed giving this needed flexibility to just 10 States, the Committee recommends that it should be provided to all States.

Cardiomyopathy.—The Committee continues to support CDC's efforts to track the rates of sudden cardiac arrest [SCA], develop evidence-based prevention strategies for SCA deaths in youth, and disseminate information to schools, coaches, and parents.

Coordinated Chronic Disease Funding.—The Committee commends CDC on the release of the February 2013 funding opportunity announcement [FOA] “State Public Health Actions to Prevention and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health.” This announcement implements an approach requested by the Committee for the past 3 years.

The Committee is aware that ensuring some level of chronic disease funding to all States, combined with the implementation of overall funding cuts in fiscal year 2013, resulted in drastic reductions for some States. The Committee recommendation includes additional funding in the Nutrition, Physical Activity, and Obesity, and School Health programs to increase the base grant component of the coordinated FOA. This investment, when combined with the \$6,000,000 CDC awarded to all States in fiscal year 2013 to align the timing of these four grants, should increase each State's annual award by an average of \$440,000. This level is sufficient to reduce by over two-thirds the number of States funded below the level they were awarded in fiscal year 2012.

The Committee believes this approach will achieve three important goals: better align the distribution of CDC funding to chronic disease rates in the States, increase the ability of State health officials to move beyond planning activities into implementation of prevention strategies, and improve health outcomes for all Americans. CDC is expected to demonstrate that funds are spent in the amounts allocated and for the purposes specified in this report.

Colorectal Cancer.—The Committee requests a report detailing CDC’s activities in each State regarding colorectal cancer.

Community Transformation Grants [CTGs].—The Committee recommendation includes an additional \$143,660,000 above the fiscal year 2013 level for CTGs. The Committee directs CDC to award this funding in another round of community grants in fiscal year 2014. The Committee directs CDC to give a priority to communities that request funding to implement “Blue Zone” goals and strategies, in particular multi-sector approaches to public health interventions in areas such as transportation, agriculture, and housing. Blue Zones implement evidence-based practices identified in groups and cultures from around the world where people live measurably longer lives. In addition, priority should be given to communities and clusters of contiguous communities that are economically disadvantaged and whose residents have disproportionately poor health outcomes.

Diabetes.—The Committee remains impressed by the implementation of the evidence-based National Diabetes Prevention Program [DPP] and includes \$10,000,000 to expand the use of this model. The Committee notes that approximately one-third of people with diabetes do not know that they have it, while another 57 million have pre-diabetes and are at high risk for developing this deadly disease. The Committee directs CDC to ensure that diabetes prevention activities are conducted by all States within the coordinated chronic disease efforts.

Diet and Nutrition.—The Committee believes that attention to the flavor of food is critical to inspiring the consumption of healthy and nutritious food. For that reason, the Committee continues to strongly support CDC’s initiatives to develop training resources for foodservice professionals and employees on the preparation of foods that are healthful, flavorful, and delivered in the most cost-effective manner. In particular, CDC is encouraged to produce and disseminate digital media instruction on best practices for delivering healthy meals in large volume settings.

Epilepsy.—The Committee applauds the CDC epilepsy program for the progress it has made in advancing a public health agenda that seeks to improve the lives of people living with this disease. The Committee encourages CDC to continue expanding collaborations and addressing the recommendations of the 2012 IOM report “Epilepsy Across the Spectrum: Promoting Health and Understanding.”

Heart Disease and Stroke.—The Committee continues to support strongly the Paul Coverdell National Acute Stroke Registry. In addition, the Committee eagerly anticipates the upcoming release of data from the NCHS heart attack follow-up study, funded with PPH funding beginning in fiscal year 2011. Through this study, CDC is reviewing past medical records of individuals who are treat-

ed for heart attack in emergency rooms, to determine if patterns exist for earlier intervention. CDC is directed to move expeditiously to incorporate any lessons learned into the State programs.

Inflammatory Bowel Disease.—The Committee continues to prioritize CDC's inflammatory bowel disease epidemiology study, and requests a report on the ongoing activities in this important area.

Interstitial Cystitis.—The Committee commends CDC's work to raise awareness of interstitial cystitis, particularly as emerging epidemiology data indicates that this condition is underdiagnosed in the male population. The Committee continues to prioritize the Interstitial Cystitis Education and Awareness Program and encourages CDC to partner with the advocacy community on this issue.

Lupus Patient Registry.—The Committee applauds the efforts of the National Lupus Patient Registry. The Committee recommendation includes funding to conduct cohort and burden of illness studies to help study long-term outcomes, socioeconomic burdens, and mortality associated with lupus. Given the complexity of and difficulty in diagnosing the disease, the Committee is concerned that individuals with lupus could be missing from the registries. To address this concern, the Committee urges CDC to develop a national campaign focused on healthcare provider education and improved public understanding of lupus. The Committee directs CDC to work with the Office of Minority Health to ensure that all provider education efforts are coordinated and not duplicative.

Maternal Mortality Reviews.—The Committee continues to support CDC's work to standardize core data sets for State-based maternal mortality reviews, which identify deaths, review associated factors, and take action to institute changes to decrease pregnancy-related and pregnancy-associated mortality. The Committee looks forward to the dissemination of the final case abstraction form in the coming year.

National Early Care and Education Collaboratives.—According to statistics published in the Journal of American Medical Association, over a quarter of children aged 2 to 5 are overweight or obese. An estimated 12 million children spend time in early care and education [ECE] settings on a regular basis. The Committee recommendation includes \$4,000,000 to continue the highly successful collaboratives, which assist ECE providers in six States adopt policies and practices related to nutrition, breastfeeding support, physical activity, and screen time.

National School Food Marketing Assessment.—The Committee continues to be concerned that more than one-third of children and adolescents in the United States are overweight or obese. The Committee commends CDC for expanding the 2014 School Health Policies and Practices Study [SHPPS] to include additional questions related to food and beverage marketing. In support of this effort, the Committee recommendation for School Health includes an additional \$1,700,000 in transfers from the PPH Fund for a SHPPS follow-up observational study related to food marketing.

The primary objective of this follow-up component to the study shall be to assess the extent and types of marketing in elementary and secondary schools and on school grounds related to food and beverages. Coupled with the 2014 SHPPS questionnaire, this com-

ponent shall assess ways through which foods and beverages are marketed to children in schools, including but not limited to brand and product logos, names, or information on educational materials, school supplies, displays, signage, equipment, buses, and other school property; educational incentive programs; label redemption programs; in-school media; free samples and coupons; branded fundraising activities; market research activities; and product displays and placements. The Committee further directs CDC to integrate the observational data into the 2014 SHPPS fact sheets and make publicly available a fact sheet on food marketing. The Committee encourages CDC to make the observational data available to external researchers to the greatest extent possible.

Obesity Outreach.—While some indicators show slight drops in obesity rates recently, the Committee remains concerned that there has been little change in the areas where the problem is worst, particularly in rural areas. The Committee recommendation includes \$5,000,000 in PPH Fund competitive funding to conduct pilot programs that focus on the use of existing extension and outreach services in the counties with the highest prevalence of obesity. All counties with an obesity prevalence of over 40 percent, as determined by CDC's latest county level data in the Behavioral Risk Factor Surveillance System, shall be eligible to participate in this extension and outreach program.

Office on Smoking and Health [OSH].—The Committee expects OSH to transfer at least the same amount it did in fiscal year 2013 to the Environmental Health Laboratory. The Committee notes that this transfer is to be provided to the lab in a manner that supplements and in no way replaces existing funding for tobacco-related activities. The Committee is pleased with the reported results of the OSH media campaign, "Tips from Former Smokers." In its first year, the Tips campaign generated more than 207,000 additional calls to State quitlines and more than 510,000 hits to www.smokefree.gov, the Government's Web site offering quit assistance. Research has shown that at least five to six smokers try to quit on their own for every one person who calls a quitline. The Committee expects OSH to commit at least the same amount in fiscal year 2014 for a media campaign and quitlines as it did in fiscal year 2013.

Oral Health.—The Committee recommendation includes funding for States to strengthen their capacities to assess the prevalence of oral diseases and to target resources and interventions, such as community prevention and school-linked sealant programs, to the underserved. The Committee is pleased with CDC's work on the new communications plan related to prevention initiatives, and includes additional funding to implement the plan. The Committee continues to support the development of an oral health literacy program in response to recommendations from the IOM.

Ovarian Cancer.—Within the funds provided for Johanna's Law, up to \$1,000,000 shall be used for a review of the state of the science on ovarian cancer. To conduct this review, CDC should engage all relevant operating divisions of HHS, as well as stakeholders and experts from the private and nonprofit sectors. The review should include: an evaluation and summary of the existing state of the science; an assessment of existing government initia-

tives; and identification of and recommendations for other public and private sector efforts that would help the Nation make progress in reducing the incidence and mortality of ovarian cancer. In addition, the Committee requests an update in the fiscal year 2015 budget justification on CDC's effort to integrate ovarian cancer into other related programs at the CDC.

Psoriasis.—The Committee commends CDC on the release of the report “Developing and Addressing the Public Health Agenda for Psoriasis and Psoriatic Arthritis,” funded under the jurisdiction of this Committee in fiscal year 2010 and released in February 2013. The Committee encourages the Center on Chronic Disease Prevention and Health Promotion to collaborate with the National Center for Health Statistics to identify survey instruments that could be used to implement this agenda.

Racial and Ethnic Approaches to Community Health [REACH].—The Committee strongly supports the REACH model of partnering with communities that are underserved and often disaffected, both to identify health disparities of concern to the community and then to implement community-based, evidence-based, and culturally competent approaches to reduce or eliminate those disparities. The Committee believes that REACH complements the CTG program by providing a more intense partnership with the leadership of communities that suffer from marked health disparities. Due to the relative lack of resources and organizing capacity, these communities need a longer engagement, with more intense community planning, smaller match requirements, and more significant technical assistance. For that reason, the Committee directs CDC to implement the model of REACH that existed prior to 2012, when CDC began supporting shorter commitments with a smaller level of funding.

Safe Motherhood Initiative.—Although nearly 50 percent of all premature births have no known cause, there are prevention strategies that work, such as reducing early elective deliveries. Funding is provided to maintain current preterm birth research and prevention initiatives.

School-Based Food Allergy Guidelines.—Deaths from anaphylactic reactions to food allergens are entirely preventable. Nevertheless, these tragedies continue to occur when epinephrine is not readily accessible for prompt administration or bystanders are not adequately prepared to respond. Many State legislatures have passed or are considering legislation to require or allow schools to stock epinephrine. The Committee recommendation includes funding to support the dissemination and implementation of the food allergy school guidelines, which CDC is expected to issue this fall. CDC is encouraged to consider making epinephrine purchase an allowable use of School Health funds, subject to terms and conditions related to storage and appropriate use.

WISEWOMAN.—The Committee is aware that CDC is undertaking an open competition for WISEWOMAN, allowing new States to apply for the first time since 2008 and requiring all 20 funded States to recompetete. WISEWOMAN helps uninsured and underinsured low-income women avoid heart disease and stroke by providing preventive health services, referrals to local healthcare pro-

viders, and lifestyle counseling and behavioral interventions tailored to particular factors.

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

Appropriations, 2013 ¹	\$137,051,000
Budget estimate, 2014 ²	67,148,000
Committee recommendation	123,483,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

² Assumes a realignment of \$11,205,000 in business service funding.

The Committee recommendation for the activities of the National Center on Birth Defects and Developmental Disabilities [NCBDDD] is \$123,483,000. The budget requests an additional \$74,796,000 in transfers from the PPH Fund.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2013 appropriation ¹	Fiscal year 2014 request ²	Committee recommendation
Birth Defects	20,157	21,798	18,352
Fetal Death (non-add)	(806)	.....	(806)
Fetal Alcohol Syndrome	9,845	10,789	9,845
Folic Acid	2,774	3,160	2,774
Infant Health	7,854	8,899	7,854
Autism	21,228	23,098	21,228
Disability, Development, and Health	17,748	18,941	17,748
Limb Loss	2,815	3,095	2,600
Tourette Syndrome	1,695	1,842	1,695
Early Hearing Detection and Intervention	10,612	11,253	10,612
Muscular Dystrophy	5,818	6,364	5,818
Paralysis Resource Center	6,689	.....	.....
Attention Deficit Hyperactivity Disorder	1,712	1,828	1,712
Fragile X	1,678	1,802	1,678
Spina Bifida	5,725	6,265	5,725
Congenital Heart Failure	1,986	2,138	2,986
Thalassemia	1,856	.....	1,856
Public Health Approach to Blood Disorders	226	20,672	4,000
Hemophilia	16,633	.....	7,000
CDC Activities .....	.....	.....	2,000
Hemophilia Treatment Centers .....	.....	.....	5,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

² Includes \$11,205 in funds from the Working Capital Fund realignment.

Congenital Heart Defects [CHDs].—CHDs continue to be the most common birth defect and leading cause of infant mortality in the United States. Even those who receive successful intervention will need lifelong, costly, specialized cardiac care. Estimates suggest there are over 2 million people alive today with CHDs. The Committee commends CDC for its increasing efforts to address the lifelong needs of this growing population, particularly in collaboration with other Federal agencies and private organizations. However, the Committee is concerned that there continues to be a lack of rig-

orous epidemiological and longitudinal data on individuals of all ages with CHDs and includes funding to continue initial efforts to compile this information. The Committee provides \$3,000,000 to collect and analyze nationally representative, population-based epidemiological and longitudinal data on infants, children, and adults, with the goal of improving estimates of CHD incidence, prevalence, and disease burden, which can be used to better assess the public health impact of this condition.

Duchenne Care Considerations.—The Committee recognizes the value the Duchenne “Care Considerations” guidelines have had in improving the standardization of care and quality of life for patients with Duchenne muscular dystrophy and in extending the lifespan of Duchenne patients. The Committee encourages CDC, in collaboration with other Federal health agencies, to issue updated care recommendations and to develop new adult care recommendations expeditiously. Further, the Committee encourages CDC to evaluate whether outcomes are improved by care that is consistent with the existing guidelines.

Fragile X and Fragile X-Associated Disorders [FXD].—The Committee continues to support CDC’s efforts to identify and define the population impacted by FXD, with the goal of understanding the public health impact of these conditions. Given the connection between fragile X syndrome and autism, the prospect of targeted treatments for both conditions, and current budgetary constraints, the Committee urges CDC to explore ways to create greater efficiency and synergy between programs addressing each condition.

Hemophilia Treatment Centers.—The Committee is disappointed that funds appropriated specifically to address hemophilia have been used to develop public health approaches to other blood disorders. The Committee recommendation for hemophilia more closely aligns to a true accounting of funds spent on hemophilia and the Committee expects no further diversion of funds. The Committee includes sufficient funding to maintain and expand the surveillance and research activities of the national network of hemophilia treatment centers and CDC’s national outreach and prevention programs on hemophilia. The CDC hemophilia programs provide critical information to better understand risk factors for complications and identify high-risk populations for prevention measures.

Limb Loss Resource Center.—The Committee is disappointed to learn that \$1,000,000 appropriated for outreach and education on limb loss has been diverted to support broad activities that may not be of benefit to individuals who have lost a limb. The Committee directs that CDC allocate the full \$2,600,000 provided herein for a limb loss resource center to that activity in fiscal year 2014.

Paralysis Resource Center.—The Committee has transferred funding for the Paralysis Resource Center program to ACL, as requested by the administration. The Committee expects CDC to work with ACL to ensure a smooth transition for grantees and those served by this program.

Public Health Approach to Blood Disorders.—The Committee includes \$4,000,000 to support broad public health approaches to blood disorders.

Spina Bifida.—The Committee recommendation includes sufficient funding to continue the patient registry on spina bifida to improve the efficacy and quality of care for people with this disease.

Tourette Syndrome.—The Committee commends CDC for its national public health education and research program on Tourette syndrome. The Committee intends that funds be used to continue to educate physicians, educators, clinicians, allied professionals, and the general public about the disorder and to improve scientific knowledge on prevalence, risk factors and co-morbidities of Tourette syndrome.

Tuberous Sclerosis Complex [TSC].— Because TSC is a leading genetic cause of more prevalent neurological disorders such as autism and epilepsy, the Committee encourages CDC to incorporate information about TSC in CDC's surveillance systems for those conditions.

PUBLIC HEALTH SCIENTIFIC SERVICES

Appropriations, 2013 ¹	\$391,495,000
Budget estimate, 2014 ²	469,305,000
Committee recommendation	391,495,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

²Assumes a realignment of \$55,721,000 in business service funding.

The Committee recommendation for Public Health Scientific Services is \$391,495,000. This amount includes \$247,769,000 in transfers available under section 241 of the PHS Act, the same amount as was transferred in fiscal year 2013. The President's budget proposed \$324,889,000 in section 241 transfers.

In addition, the Committee recommends transferring \$58,100,000 to these activities from the PPH Fund. The President's budget proposed transferring \$70,000,000 from the PPH Fund; \$51,501,000 was transferred from the PPH Fund in fiscal year 2013.

The total program level recommended in this bill for these services is \$449,595,000.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2013 appropriation ¹	Fiscal year 2014 request ²	Committee recommendation
Health Statistics	138,683	181,475	138,683
Guide to Community Preventive Services	7,378	10,000	7,400
Public Health Research .....	.....	5,000	.....
Surveillance, Epidemiology, and PH Informatics	245,459	275,799	251,945
Public Health Workforce and Career Development	51,476	67,031	51,567

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

²Includes \$55,721 in funds from the Working Capital Fund realignment.

Integrated Public Health Surveillance.—The Committee believes that significant opportunities exist to create scientific, administrative, and fiscal efficiencies in the reporting of public health surveillance data as a result of the widespread adoption of electronic health records. For that reason, the Committee directs CDC to develop a comprehensive plan for public health surveillance that includes the advantages, costs, and barriers to integrated surveillance approaches, along with specific recommendations for increasing the efficiency of State and local health reports to CDC. The Director shall work with State and local health officials to submit the report not later than 180 days after the date of enactment of this act. The report should include full consideration of information technology platforms that would allow data brokering, validation, access, analysis, and visualization tools to be shared within the public health community and that would establish an integrated approach for sharing of State and local data across CDC surveillance programs. The Committee notes that some States and local jurisdictions have invested significant resources in developing surveillance systems in advance of this effort. CDC’s plan should build off those investments and identify ways that jurisdictions can plan future modifications to those systems

Vital Statistics.—The Committee recommendation includes sufficient funding to collect 12 months of vital statistics data within the calendar year. In addition, the Committee notes that standard certificates of births and deaths were finalized 10 years ago, yet 10 States have not fully adopted the 2003 modifications. The Committee urges CDC to survey States about their reasons for and against adoption, prior to engaging in any process to update the certificates again. The Committee remains committed to expansions in the quality and timeliness of vital statistics data, which can help prevent identity theft and the fraudulent use of Federal and State benefits.

ENVIRONMENTAL HEALTH

Appropriations, 2013 ¹	\$104,819,000
Budget estimate, 2014 ²	126,126,000
Committee recommendation	113,827,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

² Assumes a realignment of \$18,235,000 in business service funding.

The Committee recommendation for the National Center for Environmental Health is \$113,827,000.

In addition, the Committee recommends transferring \$39,200,000 to the Center from the PPH Fund. The President’s budget proposed transferring \$29,000,000 from the PPH Fund; \$20,740,000 was transferred from the PPH Fund in fiscal year 2013.

The total program level recommended in the bill for this Center is \$153,027,000.

The National Center for Environmental Health addresses emerging pathogens and environmental toxins that pose significant challenges to public health. The Center conducts surveillance and data collection to determine which substances in the environment are getting into people and to what degree. The Center also determines

whether these substances are harmful to humans and at what level of exposure.

The Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2013 appropriation ¹	Fiscal year 2014 request ²	Committee recommendation
Environmental Health Laboratory	42,310	50,607	46,510
Core Operations	34,534	50,607	34,534
Newborn Screening Quality Assurance	6,813	.....	6,813
Newborn Screening for SCID	963	.....	963
Chronic Disease Biomarkers .....	.....	.....	4,200
Environmental Health Research	12,337	42,096	12,337
Safe Water	7,097	.....	7,097
ALS Registry	5,859	.....	6,859
Built Environment & Health Initiative	2,624	3,132	2,624
Climate Change	7,346	8,165	7,346
Environmental and Health Outcome Tracking Network	20,740	29,000	35,000
Asthma	25,254	28,435	25,254
Healthy Homes/Childhood Lead Poisoning	1,992	4,988	10,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

² Includes \$18,235 in funds from the Working Capital Fund realignment.

Chronic Disease Biomarkers.—Biomarkers are a uniquely powerful tool to identify high-risk individuals, diagnose disease conditions promptly and accurately, and effectively track prevention and treatment efforts. However, biomarkers can only be effective if the measurement tool can be standardized and the quality of the testing assured. For example, the Committee is aware of methods to screen for cholesterol that examine not just the type of lipid particles but the size. Researchers have demonstrated that this information can be used to better determine the risk for heart disease; however, there exists no standard to help clinicians interpret the data. As a result, patients who receive advanced cholesterol tests can receive dramatically disparate results. CDC's Environmental Health Laboratory is one of the premier institutions for the development of standards and the quality assurance of measuring for biomarkers. The Committee recommendation includes funding to begin the development of reference methods and materials for several cardiovascular disease biomarkers, including small low-density lipoprotein, apolipoprotein D, high-sensitivity C-reactive protein, and troponin. In addition, CDC is encouraged to begin development of a reference method and reference materials for measurement of estrogen. The Committee recognizes both the need for reference methods for these biomarkers and the potential return on investment in the form of cost savings for Federal healthcare programs including Medicare and Medicaid.

Healthy Homes and Lead Poisoning Prevention Program.—The Committee recommendation includes sufficient funding for national surveillance efforts that can better target HUD lead poisoning prevention efforts, technical assistance to local public health officials, and national leadership on the science of lead poisoning.

National Environmental Public Health Tracking Network.—The Committee recommendation is sufficient to continue to support the 23 States and one city that were funded through this program in fiscal year 2012. This investment allows State, local, and tribal

governments to evaluate potential linkages between disease and environmental exposures in their areas. The Committee encourages CDC to explore the feasibility of creating interoperability between the tracking network and major electronic health record systems to facilitate a more robust collection of de-identified data from which to compare health outcomes with environmental exposures.

INJURY PREVENTION AND CONTROL

Appropriations, 2013 ¹	\$137,456,000
Budget estimate, 2014 ²	181,585,000
Committee recommendation	162,456,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

² Assumes a realignment of \$8,611,000 in business service funding.

The Committee recommendation for the National Center for Injury Prevention and Control is \$162,456,000.

In addition, the Committee recommends transferring \$3,000,000 to the Center from the PPH Fund. The President’s budget included a proposed transfer of \$5,000,000 under section 241 of the PHS Act.

The total program level recommended in this bill for the Center is \$165,456,000.

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

The Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2013 appropriation ¹	Fiscal year 2014 request ²	Committee recommendation
Domestic Violence and Sexual Violence	30,989	32,611	30,989
Youth Violence Prevention	14,942	15,890	14,942
Domestic Violence Community Projects	5,402	5,738	5,402
Rape Prevention	39,320	41,729	39,320
Gun Violence Prevention Research		10,000	10,000
National Violent Death Reporting System	3,465	23,570	18,465
Injury Control Research Centers	9,957	10,220	9,957
Traumatic Brain Injury	6,016		6,016
Elderly Falls	1,955		4,955
All Other Unintentional Injury	22,942	33,794	22,942
All Other Intentional Injury	2,468	3,033	2,468

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

² Includes \$8,611 in funds from the Working Capital Fund realignment.

Falls Prevention Interventions.—The Committee includes \$3,000,000 from the PPH Fund to expand older adult falls prevention activities at CDC, in coordination with ACL. The Committee intends that CDC use the funding to conduct research to evaluate and disseminate the most effective fall prevention interventions and that ACL use the funding provided that agency to conduct outreach and demonstration programs to expand the implementation of effective interventions.

National Violent Death Reporting System [NVDRS].—The Committee recommendation includes \$18,465,000 to allow CDC to expand the NVDRS beyond the current 18 States. NVDRS is a surveillance system that pools information from State and local medical examiners, coroners, law enforcement, crime labs, and vital statistics into a single incident record which presents a more complete picture of the circumstances surrounding a violent death. An enhanced NVDRS will provide States, communities, and researchers the ability to identify the preventable characteristics of violent deaths, including both homicides and suicides, at a more localized level. The Committee encourages CDC to plan how best to disseminate the new data on the magnitude, trends, and characteristics of violent deaths to prevention researchers, practitioners, and policy-makers. The Committee intends this expansion to aid in the development, implementation, and evaluation of violence prevention strategies at the national, State, and local levels.

Sports-Related Injuries.—The Committee is concerned about the number and severity of injuries related to sports activities at every age and experience level, from professional sports to sports programs for children. While physical activity is an important part of a healthy lifestyle and should be promoted as a national public health goal, the number of injuries, particularly those related to head injury and concussion, is a matter of grave concern. The Committee believes that new developments in sports safety equipment can reduce the number of injuries to participants in sports activities. In addition, safer technologies that have already been implemented in one sport can be applied to safety equipment in other sports, yielding widespread improvements in safety and injury reduction. For example, the Committee is aware of new designs for football helmets aimed at reducing or eliminating the injuries that contribute to concussions and traumatic brain injuries. The Committee encourages CDC to test and improve these new helmet designs in cooperation with academic centers, sports sanctioning organizations, and equipment manufacturers.

TBI.—The Committee encourages CDC to consider supporting multidisciplinary approaches to early identification and treatment of TBI cases.

OCCUPATIONAL SAFETY AND HEALTH

Appropriations, 2013 ¹	\$292,275,000
Budget estimate, 2014 ²	271,911,000
Committee recommendation	292,275,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

²Assumes a realignment of \$32,693,000 in business service funding.

The Committee recommendation for National Institute for Occupational Safety and Health [NIOSH] programs is \$292,275,000; this amount includes \$110,724,000 in transfers available under section 241 of the PHS Act.

NIOSH is the only Federal agency responsible for conducting research and making recommendations for the prevention of work-related illness and injury. The NIOSH mission is implemented by conducting basic and applied scientific research and translating the

knowledge gained into products and services that impact workers in settings from corporate offices to construction sites to coal mines.

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

[In thousands of dollars]

Budget activity	Fiscal year 2013 appropriation ¹	Fiscal year 2014 request ²	Committee recommendation
National Occupational Research Agenda	111,365	98,926	111,365
Education and Research Centers	24,226	.....	24,226
Healthier Workforce Centers	5,007	5,433	5,007
Mining Research	52,273	62,374	52,273
Other Occupational Safety and Health Research	99,404	105,178	99,404
Miners Choice (non-add)	(645)	.....	(645)
National Mesothelioma Registry and Tissue Bank (non-add) ...	(1,018)	.....	(1,018)
NanoTechnology (non-add)	(9,310)	(11,150)	(9,310)

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

² Includes \$32,693 in funds from the Working Capital Fund realignment

Facilities.—The Committee is proud of the decade of investments made to implement the CDC Master Facilities Plan, which recently concluded with the opening of Building 107. One of the strategic goals of that plan was to move CDC from leased facilities into federally owned property to reduce facility-related costs to the agency. In furtherance of that goal, the Committee directs NIOSH to maximize the use of existing federally owned research facilities and property to conduct its work. In particular, the Committee is concerned that NIOSH has expanded its leasing activities while there remains unused space it owns.

Mining Research.—The Committee appreciates the mine research data submitted in the “Significant Items” section of the fiscal year 2014 congressional budget justification and requests that it be updated and included in the NIOSH section of future justifications.

Mining Research Regional Approaches.—The Committee strongly supports mine research done to prevent injury and improve conditions in metal/non-metal mines located predominantly in the western half of the country, including mines in the newly revitalized Silver Valley of Idaho, the gold mining areas of Nevada, the platinum area in Montana, the trona mines in Wyoming, and the mines of various types in Alaska. In particular, the Committee strongly supports the Catastrophic Failure Detection and Prevention, Mining Injury and Disease Prevention, and Mining and Surveillance and Statistical programs. The Committee urges NIOSH to coordinate research goals with mine operators and unions in the various regions of the country.

National Occupational Research Agenda [NORA].—The Committee includes no less than the fiscal year 2012 level for the Agriculture, Forestry and Fishing Program within NORA.

Other Occupational Safety and Health Research.—The Committee appreciates the occupational safety and health research data submitted in the “Significant Items” section of the fiscal year 2014 congressional budget justification and requests that it be updated and included in the NIOSH section of future justifications.

Skin Cancer.—The Committee directs NIOSH to conduct research on the incidence of skin cancers among occupational workers who spend a majority of their work hours in vehicles or equip-

ment operated outdoors. Such vehicles or equipment include trucks, transit vehicles, tractors and related farm equipment, and construction equipment. The Committee encourages NIOSH to identify technologies to mitigate incidences of skin cancers among this group of occupational workers by reducing worker exposure to UVA and UVB radiation.

ENERGY EMPLOYEES OCCUPATIONAL INJURY COMPENSATION ACT

Appropriations, 2013 ¹	\$55,358,000
Budget estimate, 2014	55,358,000
Committee recommendation	55,358,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

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

GLOBAL HEALTH

Appropriations, 2013 ¹	\$346,964,000
Budget estimate, 2014 ²	393,024,000
Committee recommendation	391,964,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

² Assumes a realignment of \$29,014,000 in business service funding.

The Committee recommends \$391,964,000 for global health-related activities at CDC.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2013 appropriation ¹	Fiscal year 2014 request ²	Committee recommendation
Global AIDS Program	116,883	131,942	116,883
Polio Eradication	111,094	131,053	146,094
Other Global Immunization	48,917	51,950	48,917
Global Disease Detection and Emergency Response	41,530	45,580	41,530
Parasitic Diseases and Malaria	19,334	22,231	19,334
Global Public Health Capacity Development	9,206	10,268	19,206
National Public Health Institutes (non-add)			(10,000)

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

² Includes \$29,014 in funds from the Working Capital Fund realignment

*National Public Health Institutes [NPHIs].—*In many countries around the world, public health functions are spread across varying divisions of the ministry of health. Laboratory work, surveillance, outbreak response, and budget are often disconnected and fragmented, making public health efforts less efficient and less effective. This fragmentation is a barrier to collaboration among nations on preventing the spread of infectious diseases and setting common health research goals. NPHIs are science-based organizations that administer the public health functions of a government. They use

evidence to inform health practice and policies, determine the effectiveness of health investments and practices, and provide a locus of coordination for donor resources in developing nations.

The Committee is aware that the International Association of National Public Health Institutes has begun to transfer its technical assistance functions to CDC, making CDC the global leader on building NHPI capacity around the world.

The Committee includes a new initiative to support the creation of NPHIs in developing countries. The Committee provides \$10,000,000 to be available over a 2-year period for CDC to work in at least five countries. The Committee expects CDC's engagement to be time-limited, extending from 3 to 5 years. The Committee further expects this initiative to engage countries in all regions of the world; however, the Committee understands that any participating country must show a high level of commitment to reorganize its ministry of health in this manner.

Polio Eradication.—The Committee continues to support strongly the worldwide partnership to eradicate endemic polio, which now exists in only three countries in the world. The Committee includes an increase of \$35,000,000, or 32 percent over the fiscal year 2013 level, in recognition of the difficulty involved in the final phase of eradication, including the need for enhanced security measures for vaccination workers. Including this investment, this subcommittee has provided over \$1,700,000,000 since the worldwide eradication effort began to ramp up in 1991, with additional Federal resources provided through the State and Foreign Operations subcommittee.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Appropriations, 2013 ¹	\$1,297,248,000
Budget estimate, 2014 ²	1,334,316,000
Committee recommendation	1,292,498,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.
²Assumes a realignment of \$52,338,000 in business service funding.

The Committee recommendation for the Office of Public Health Preparedness and Response [PHPR] is \$1,292,498,000.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2013 appropriation ¹	Fiscal year 2014 request ²	Committee recommendation
State and Local Preparedness and Response Capability	656,289	658,026	659,719
Public Health Emergency Preparedness Cooperative Agreement	640,570	658,026	644,000
Academic Centers for Public Health Preparedness	7,966	.....	7,966
All Other State and Local Capacity	7,753	.....	7,753
CDC Preparedness and Response Capability	138,031	166,012	137,177
Biosense	20,692	.....	20,692
Real-time Lab Reporting	8,061	.....	8,061
Core Preparedness and Response	109,278	.....	108,424

[In thousands of dollars]

Budget activity	Fiscal year 2013 appropriation ¹	Fiscal year 2014 request ²	Committee recommendation
Strategic National Stockpile	502,928	510,278	495,602

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

² Includes \$52,338 in funds from the Working Capital Fund realignment.

Public Health Emergency Preparedness Cooperative Agreement.—A critical component of protecting and securing our Nation's public health is having State, local, and territorial agencies prepared to prevent, detect, respond to, and rapidly recover from a variety of threats. The Committee notes that the level recommended is sufficient to return to a minimum State grant level of \$5,000,000 once the WCF transfer is completely made.

Coordination.—The Committee encourages CDC to continue efforts to align its preparedness grant programs with programs of the Departments of Homeland Security and Transportation that have complementary goals. As those efforts progress, the Committee encourages CDC to seek greater efficiencies in applications, reporting, and data collection for State and local grantees.

Strategic National Stockpile.—When the WCF transfer is accounted for, the Committee recommendation is the same level as the President's request for the stockpile.

CDC-WIDE ACTIVITIES

Appropriations, 2013 ¹	\$616,854,000
Budget estimate, 2014 ²	131,402,000
Committee recommendation	616,563,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

² Assumes a realignment of \$398,618,000 in business service funding.

The Committee provides \$616,563,000 for public health leadership and support activities at CDC.

In addition, the Committee includes \$41,000,000 in transfers from the PPH Fund. The President's budget proposed transferring \$41,200,000 from the PPH Fund; \$22,585,000 was transferred from the PPH Fund in fiscal year 2013.

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

[In thousands of dollars]

Budget activity	Fiscal year 2013 appropriation ¹	Fiscal year 2014 request ²	Committee recommendation
Preventive Health and Health Services Block Grant	79,409	.....	79,409
Business Services Support / Working Capital Fund	394,004	.....	394,004
Building and Facilities Improvement	24,903	14,591	24,805
Public Health Leadership and Support	118,538	116,812	118,345
National Public Health Improvement Initiative	21,663	40,200	40,000
National Prevention Strategy	922	1,000	1,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

² Includes a reduction of \$398,618 for the Working Capital Fund realignment.

The Committee is once again pleased with the progress CDC made in improving its congressional budget justification in fiscal year 2014, and continues to urge CDC to give a clear accounting of how funds are being spent in this annual budget document. In

particular, the Committee appreciates the detailed information on grant awards, staffing levels, and facility needs. In addition, the Committee finds helpful the updated statistics on the public health need that the funding is requested to address. The Committee encourages CDC to include in each future budget justification a chart on the funding level and structure of CDC's laboratories. The Committee expects progress on transparency to continue as CDC seeks additional funding flexibility.

Buildings and Facilities.—The Committee includes sufficient funding for CDC to complete the repairs and improvements identified as necessary in the fiscal year 2014 budget justification. The Committee directs CDC to continue to provide updated information in this format in all future justification documents. The Committee notes that the building and facilities funding is provided in a flexible manner with respect to time limitations, individual project budgets, and the variety of activities allowable in a given fiscal year, such as acquisition, construction, and repair. When choosing among current and prior year available funding for a specific project, the Committee encourages CDC to obligate the most restricted funding first, so as to allow maximum flexibility within the carryover funding available for the acquisition and equipping of a replacement site for the Lake Lynn laboratory. While this flexibility may result in a different source year of available funding for mine research lab replacement, the Committee expects that the total funding level reserved for this replacement effort be strictly maintained.

Preventive Health and Health Services [PHHS] Block Grant.—The PHHS Block Grant allows each State to address its most critical public health needs. The Committee notes that, in approximately one-third of all States, the PHHS Block Grant is either a significant source or the only source of funding to support emergency medical services and trauma systems.

Transfer Authority.—The Committee declines to provide the additional transfer authority that was requested in the budget for the Director of CDC. The Committee notes that section 206 of this act provides authority for transfer and reprogramming of CDC's funds within certain parameters and once certain notifications are made. In fact, CDC funds were transferred in two separate actions under similar authority in fiscal year 2013. The Director of CDC should use the authority provided in section 206 of this act to implement any transfer of funds he deems necessary.

Working Capital Fund [WCF].—The Committee is pleased with the progress CDC has made to set up the new WCF. The WCF is a revolving fund that pays for consolidated business services for CDC. The Centers of CDC will pay into the fund according to the amount of services they use. CDC is in the process of setting up an audited and transparent system, in which the Center directors participate in decisionmaking, to determine those amounts.

The Committee includes funding for the WCF in the CDC-wide appropriation along with transfer authority to implement the WCF in the first quarter of fiscal year 2014. The Committee included statutory language in both the fiscal year 2012 and 2013 appropriation laws to allow CDC to implement the WCF through a transfer early in the first quarter of fiscal year 2014. The Com-

mittee continues to direct CDC to implement the WCF in this fashion, and rejects the proposal in the President's budget to implement the WCF by adjusting each individual program, project, and activity level herein. The Committee notes that identical transfer authority was provided in Public Law 113-6 to give CDC the ability to plan in advance for this first quarter transfer. If CDC is operating under a continuing resolution in October, the Committee directs CDC to transfer the apportioned amount of the fiscal year 2014 working capital fund appropriation to each program of CDC according to the formula agreed upon for the WCF.

NATIONAL INSTITUTES OF HEALTH

The mission of NIH is to seek fundamental knowledge about the nature and behavior of living systems and then to apply that knowledge to enhance human health, lengthen life, and reduce illness and disability. No other entity in the world has performed that mission so successfully. Yet there are signs that other countries are beginning to close the gap.

While China and India are investing heavily in biomedical research, NIH funding has dropped significantly, in real terms, since the end of the 5-year doubling in fiscal year 2003. An investigator's chance of winning an NIH grant has fallen from approximately 3 in 10 a decade ago to roughly 1 in 6 today. At a time when the promise for medical advances has never been greater, the Nation cannot afford to lose any more ground in the life sciences.

The Committee provides \$30,954,976,000 for NIH activities within the jurisdiction of this bill, including \$8,200,000 in transfers available under section 241 of the PHS Act. The budget request is \$31,101,976,000, which the administration has described as approximately \$471,000,000 higher than the fiscal year 2012 level. However, this proposed increase is smaller than it appears. As explained in the introduction to the HHS title in this report, the administration also proposes to increase the program evaluation tap on PHS agencies, including NIH, from 2.5 percent to 3 percent. That would effectively cut NIH funding by approximately \$147,000,000, all of which would be redirected to other operating divisions within HHS. The Committee rejects the proposed increase in the tap. The Committee's recommended total for NIH is effectively equal to the budget request.

NATIONAL CANCER INSTITUTE

Appropriations, 2013 ¹	\$5,062,039,000
Budget estimate, 2014	5,125,951,000
Committee recommendation	5,091,885,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends an appropriation of \$5,091,885,000 for NCI. Of this amount, \$8,000,000 is available for repairs and improvements to the NCI facility in Frederick, Maryland.

Cancer Centers.—The Committee urges NCI to put a higher priority on linking its designated cancer centers with community health providers in order to better reach underserved and rural populations with state-of-the-art treatment and care. Strengthening these networks could help reduce disparities in cancer sur-

vival rates among racial, ethnic minority, and rural/non-rural groups.

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

Gastrointestinal Stromal Tumor [GIST].—Despite significant treatment advances over the past decade, metastatic GIST remains largely incurable. The Committee encourages NCI to intensify its research on GIST and explore with NCATS whether any drugs that have been approved for other uses could be repurposed to treat this disease.

Information Technology.—Certain health behaviors, including diet, exercise, and smoking, play a key role in cancer risk. As new technologies that may address behavioral risk factors are developed, the Committee urges NCI to expand research opportunities into how information technology and telecommunications can be leveraged to reduce these risks.

Liver Cancer.—The Committee continues to urge NCI to put a higher priority on liver cancer research. In particular, the Committee urges the Institute to develop sustaining models of liver cancer for therapeutic drug development as well as to continue work in the area of biomarkers and drug discovery.

Lung Cancer.—The Committee urges NCI to collaborate closely with international lung cancer experts to continue to explore ways to translate the findings from the National Lung Cancer Screening Trial into public health recommendations that will reduce the mortality and morbidity of this deadly form of cancer.

Melanoma.—The Committee continues to put a high priority on melanoma research. The Committee notes that increased translational work into wild-type BRAF melanomas, which represent 50 percent of tumors, is critical to spearhead drug development. The recent discoveries of unique mutations in uveal melanoma also warrant additional research. The Committee continues to urge research into the mechanisms and early detection of drug resistance in BRAF mutant melanoma; further mapping of melanoma genetics and epigenetics; and clinical research into immune therapy checkpoint inhibitors, including biomarker research for response and lack of response, mechanistic analyses in patient-derived samples, and the testing of combination therapies that incorporate these inhibitors. The Committee continues to urge NCI to support research directed at the biology of tumor initiation and metastasis, risk reduction, and the relative utility of novel early detection strategies. The Committee requests an update in the fiscal year 2015 congressional budget justification on NCI's melanoma research portfolio.

Metastasis.—Although 90 percent of cancer deaths are associated with metastasis, this phenomenon is not widely studied due to its complexity and corresponding requirement for the involvement of scientists representing multiple disciplines. The Committee encourages NCI to develop a consortium of institutions with expertise in

cancer metastasis and metastasis genetics to leverage the unique strengths of each institution and facilitate progress toward controlling the most deadly attribute of cancer cells.

Metastasis to Bone.—The Committee urges additional research on how to repair bone defects caused by cancer cells. Basic research is needed to understand the impact of matrix properties on cell behavior. Translational research is also needed to understand the impact of metastasis on the biomechanical properties of bone and the mechanisms by which bone marrow- and tumor-derived cells can influence metastatic growth, survival, and therapeutic resistance.

Minority Population Cancer Rates.—The Committee remains concerned by the disproportionately high cancer rates in minority populations. The Committee requests an update from NCI and NIMHD on efforts to address this disparity, including the possibility of establishing centers of excellence focused on research, treatment, prevention, and communication and outreach to minority communities for early intervention.

Neuroblastoma.—The Committee commends NCI for its leadership in convening a consensus panel to revise the international neuroblastoma response criteria. The Committee encourages NCI to expand its research portfolio on this devastating pediatric cancer with a focus on new treatment options for relapse patients.

Obesity.—Excess body weight is linked to increased risk of primary diagnosis of colon, endometrium, kidney, esophageal, and postmenopausal breast cancers. Obesity is also linked to poor prognosis once cancer develops, especially in breast cancer and likely for prostate and colon cancer, the three most prevalent cancer types. Numerous underserved and minority groups have higher than average rates of obesity and as a result they suffer from higher obesity-related morbidity and mortality from cancer compared to other groups. Despite this statistic, these groups are typically underrepresented in obesity-related cancer prevention trials. In particular, nearly 20 percent of adults in the United States reside in a rural area, representing one of the largest medically underserved populations in the Nation and among the most understudied groups of cancer patients and survivors. The Committee urges NCI to focus research efforts on the effects of obesity on cancer outcomes in these underserved groups.

Ovarian Cancer.—The Committee urges NCI to integrate expertise in cancer biology, drug discovery and development, bioinformatics, and pharmacogenomics to advance treatment options for patients with ovarian cancer. The Institute is also encouraged to collaborate with NCATS on drug repurposing efforts.

Pancreatic Cancer.—The Committee strongly supports the goals of the Recalcitrant Cancer Research Act of 2012, a law that provides NCI with the tools to develop a scientific framework for addressing the deadliest forms of cancer, including pancreatic cancer. While maintaining the integrity of the peer review system, the scientific framework will enable NCI to capitalize on the full range of its expertise, and that of extramural scientists, to assess scientific progress against the Nation's most lethal cancers, starting with pancreatic and lung cancer, and to develop a research agenda to reduce morbidity and mortality. The Committee urges the Institute to ensure that the final framework for pancreatic cancer fully ad-

dresses all aspects of the statute. The Committee also notes that the new law reinforces NCI's authority to award "exception funding" when relevant to a scientific framework.

Pediatric Cancer.—The Committee encourages NCI to put a higher priority on pediatric cancer, as cancer remains the leading cause of disease-related death in children. More effective and less toxic treatments are needed, including materials-based strategies for localized drug delivery.

Robotic Biorepositories.—To determine the genetic differences in the development, progression, and response to treatment of individuals with cancer, biospecimens must be collected and evaluated. As more are collected, NCI should consider the application of new technologies such as automated robotics to ensure an adequate supply of biospecimens and to promote better standardization of the collection process. The introduction of automated processes in biospecimen collection may also help to ensure an adequate supply of high-quality human biospecimens from multiethnic communities for research to understand and overcome cancer health disparities. NCI has established networks for biospecimen collection that can be used to assess the application of robotic technology and determine if robotics can improve the functions of the biorepository network. The Committee encourages NCI to consider a pilot robotic biorepository project to determine if this technology can enhance the goals of NIH programs.

Slow-Growing Children's Brain Tumors.—The Committee urges NCI to address the shortage of tissue samples for slow-growing children's brain tumors by incentivizing researchers to centralize and share such samples, and to support the development of pre-clinical mouse models and other nonmammalian models for pediatric brain tumors. The Committee requests an update on these issues in the fiscal year 2015 congressional budget justification.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Appropriations, 2013 ¹	\$3,072,863,000
Budget estimate, 2014	3,098,508,000
Committee recommendation	3,077,916,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommendation includes \$3,077,916,000 for NHLBI.

Cardiovascular Disease.—The costs of heart disease, stroke, and other forms of cardiovascular disease, in terms of lives lost and resources spent, remain the highest of any disease in the Nation. The Committee continues to believe that research against these devastating diseases should be a top NIH priority. The Committee recommends that NHLBI allocate resources for cardiovascular disease research according to the priority areas included in the Division of Cardiovascular Diseases Strategic Plan.

Cell-Based Regenerative Treatments.—The Committee commends the Institute for its effort to harness the potential of cell-based regenerative treatments to address lung diseases and encourages additional work in this area.

Centers for Advanced Diagnostics and Experimental Therapeutics [CADET].—The Committee applauds the Institute's efforts to accelerate the translation of basic research findings into clinical advances in respiratory diseases through the CADET program.

Chronic Obstructive Pulmonary Disease [COPD].—The Committee applauds NHLBI for leading a cross-agency effort to respond to COPD, including collaborating with CDC in releasing the first-ever, State-by-State prevalence data on this disease. The Committee encourages the Institute to move forward with this important initiative.

Congenital Heart Defects.—The Committee commends NHLBI for its increasing efforts to develop translational research activities related to congenital heart disease through programs such as Bench to Bassinet and participation in the Congenital Heart Public Health Consortium. The Committee urges NHLBI to continue its work with other Federal agencies, as well as professional and patient organizations, to expand collaborative research initiatives and other related activities targeted to the diverse life-long needs of individuals living with congenital heart disease.

Jackson Heart Study.—The Committee continues to recognize the efforts of the Jackson Heart Study to work with individuals and family members across generations in this longitudinal study of cardiovascular disease among African Americans. The Committee acknowledges the continued need for comprehensive research to address health disparities and the important implications for such research to all persons threatened by cardiovascular disease.

Lymphangioleiomyomatosis [LAM].—The Committee continues to support both intramural and extramural means of expanding research on LAM and urges NHLBI to use all available mechanisms as appropriate to stimulate a broad range of clinical and basic research on this often fatal lung disease. The Committee commends NIH for supporting the MILES trial, which has shown that sirolimus suppresses disease activity in patients with moderate LAM. Additional controlled trials are needed to determine if the disease can be arrested in early stages. The Committee also applauds NHLBI for working with the LAM patient community to organize patient populations in a manner that facilitates clinical research.

Mind-Body Interventions.—The Committee understands that mind-body interventions such as meditation have the potential to contribute to the prevention of cardiovascular disease. The Committee urges NHLBI to support multicenter, phase III randomized controlled trials, and pilot studies to prepare for such trials, of mind-body interventions that have shown promise in phase II trials to reduce cardiovascular risk factors, surrogate endpoints, and clinical events such as mortality, nonfatal myocardial infarction, and stroke.

Pediatric Cardiomyopathy.—The Committee urges NHLBI to work with private and nonprofit stakeholders to develop and disseminate to the public a research agenda and 3-year strategic plan with specific activities to address gaps in research related to the causes, screening, diagnosis, and treatment of pediatric cardiomyopathy. Emphasis should be given on children who are at the highest risk for cardiomyopathy-related mortality.

Pulmonary Fibrosis.—The Committee applauds NHLBI for convening a workshop to develop a strategic plan for pulmonary fibrosis and supports efforts to enhance research on this disease.

Scleroderma.—The Committee recognizes that pulmonary fibrosis is a complication of scleroderma and the most common cause of death in a diagnosed patient. Therefore, the Committee encourages NHLBI to expand scleroderma research related to pulmonary complications and facilitate collaboration and data sharing among scleroderma investigators.

Sleep Disorders.—The Committee continues to support the implementation of the National Sleep Disorders Research Plan, including the emphasis on cross-Institute collaborations.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

Appropriations, 2013 ¹	\$409,889,000
Budget estimate, 2014	411,515,000
Committee recommendation	409,947,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommendation includes \$409,947,000 for NIDCR.

Temporomandibular Disorders [TMD].—The Committee appreciates the advances that have been made as a result of NIDCR funding of research on TMD pain and urges the Institute to continue to lead this effort. Major findings that have emerged confirm that TMD is one of several chronic pain conditions co-occurring in some patients at odds greater than chance. The Committee strongly urges NIDCR to collaborate with other ICs to address these comorbid conditions. The Committee commends the Institute for working with NIAMS and NIBIB to organize the Temporomandibular Joint Working Group, which is charged with assessing the state of the science on the temporomandibular joint and identifying research gaps and future scientific opportunities.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

Appropriations, 2013 ¹	\$1,793,450,000
Budget estimate, 2014	1,811,786,000
Committee recommendation	1,799,745,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommendation includes \$1,799,745,000 in this bill for NIDDK.

Diabetes.—The Committee recognizes that diabetes is the leading cause of both kidney failure and adult-onset blindness. The Committee therefore urges NIDDK to fund basic research to better understand the causes of diabetic kidney and eye disease, as well as clinical studies to test potential therapies to prevent and treat these ailments.

Gestational Diabetes.—The Committee recognizes that women with gestational diabetes and their babies face long-term health consequences as a result of the disease, including an increased risk of developing type 2 diabetes. Therefore, the Committee urges NIDDK to explore additional opportunities for research on gesta-

tional diabetes, a disease affecting up to 18 percent of all pregnant women.

Functional Gastrointestinal Disorders [FGIDs].—The Committee continues to urge NIDDK to engage in multi-Institute collaborations to improve understanding of FGIDs.

Inflammatory Bowel Disease.—The Committee commends NIDDK for its continued support of the Human Microbiome Project and urges the Institute to put a high priority on using the results to advance the understanding of inflammatory bowel disease and its impact on pediatric patients. The Committee requests an update on this program in the fiscal year 2015 congressional budget justification.

Interstitial Cystitis.—The Committee commends NIDDK for its leadership in interstitial cystitis research and notes that researchers are making progress to dispel myths about this condition and identify potential therapeutic strategies. Recognizing that patients turn to a variety of treatments, from pharmaceutical to changes in diet and lifestyle, the Committee encourages NIDDK to continue its focus on interstitial cystitis research and to partner with NCCAM to study the impact of complementary therapies on this condition.

Obesity.—The Committee supports the NIH strategic plan for obesity research, which emphasizes a transdisciplinary approach to addressing the growing obesity problem in the United States. However, the Committee believes that additional efforts are needed to increase the involvement of high-risk communities in obesity studies and preventative research, particularly in rural areas, among low-income and racial minorities. The Committee urges NIH to prioritize its efforts on those areas of the country with the highest obesity rates by utilizing the existing resources of NIH-funded Nutrition Obesity Research Centers and academic schools of public health located in high-risk areas.

Pancreatitis.—The Committee encourages NIDDK to create a long-term scientific framework for pancreatitis including evaluating current efforts and making recommendations on ways to accelerate progress and improve outcomes. The Committee requests an update on this effort in the fiscal year 2015 congressional budget justification.

Pediatric Kidney Disease.—The Committee encourages NIDDK to assign a higher priority to research that explores pediatric renal disease. Because of the unique challenges of recruiting children into clinical trials, the Committee urges NIDDK to support research endeavors that include funding for infrastructure and the enhancement of collaborative and comparative multicenter, pediatric, prospective clinical/translational trials that improve patient outcomes.

Pelvic Pain.—The Committee is pleased that the Multidisciplinary Approach to the Study of Chronic Pelvic Pain [MAPP] Research Network has moved to its second phase. The Committee encourages NIDDK to continue these activities, including finding new treatment approaches, identifying risk factors, and helping to predict which patients may respond to various interventions for interstitial cystitis and other comorbid pelvic pain conditions.

Prostatitis.—The Committee urges NIDDK to continue the MAPP initiative’s support of research on the cause, cure, and prevention of prostatitis.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

Appropriations, 2013 ¹	\$1,623,113,000
Budget estimate, 2014	1,642,619,000
Committee recommendation	1,631,703,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommendation includes \$1,631,703,000 for NINDS.

Cerebral Cavernous Malformation [CCM].—The Committee urges NINDS to put a higher priority on CCM by coordinating existing research and surveillance activities as well as expanding clinical and research centers with the potential to manage a multisite clinical drug trial.

Duchenne Biomarkers.—The Committee recognizes the importance of biomarkers and related surrogate endpoints for application in clinical trials of potential therapies for Duchenne muscular dystrophy. Therefore, the Committee urges NINDS, in collaboration with the FDA, to develop a plan of action to support the development and qualification of Duchenne biomarkers and to support the regulatory science relevant to advancing new technologies to treat this disease.

Epilepsy.—The Committee commends NINDS for its leadership in sponsoring the April 2013 conference “Curing the Epilepsies 2013: Pathways Forward” and for evaluating and guiding progress toward finding cures for the epilepsies through the community’s epilepsy research benchmarks. The Committee applauds the enhanced focus of the NINDS Anticonvulsant Screening Program on developing new compounds to better address the needs of the patients for whom current therapies are not effective and to focus on prevention and disease modification. The Committee encourages the continuation of the targeted Epilepsy Centers Without Walls grants to support multidisciplinary, collaborative research in targeted areas that can advance progress in the prevention, diagnosis, and treatment of epilepsy and related comorbidities, including mortality from epilepsy. The Committee also remains supportive of Exceptional Unconventional Research Enabling Knowledge Acceleration [EUREKA] grants and research in epileptogenesis, comorbidities, translational research on epilepsies, treatment resistant epilepsy, and sudden unexplained death in epilepsy. Further, the Committee encourages the continuation of the Interagency Collaborative to Advance Research in Epilepsy [ICARE], led by NINDS, to coordinate the research efforts of Federal agencies and voluntary organizations and to identify areas for collaboration.

Headache.—The Committee commends NIH for efforts to increase its focus on headache disorders over the past several years, especially in encouraging more junior investigators to enter the field. However, NIH’s investment in this research is still not commensurate with the enormous disease burden of headache disorders. The Committee encourages intensified efforts to understand the causes, prevention, treatment, and eventual cure of headache

disorders, including migraine, cluster headache, and chronic daily headache. In particular, the Committee urges NINDS to follow through on the recommendations from the May 2010 NIH Headache Research Planning Workshop by issuing requests for applications and program announcements for fundamental and translational research on headache disorders and providing career training and transition awards specifically devoted to the investigation of headache disorders.

Inflammatory Nervous System Disorders.—The Committee urges NINDS to pursue expanded research focused on inflammatory disorders impacting the peripheral nervous system such as Guillain-Barré syndrome, chronic inflammatory demyelinating polyneuropathy, and related conditions.

Muscular Dystrophy Coordinating Committee [MDCC].—The Committee understands that the MDCC’s next meeting is planned for August 2013—more than 2 years since the last meeting—and that the Action Plan for Muscular Dystrophy has not been updated in 5 years. The MDCC’s charter stipulates that meetings of the full committee should be held not less than once each fiscal year; the Committee strongly urges MDCC to resume a more regular schedule. In addition, the Committee urges the MDCC to review and revise the action plan so that it is relevant to the full range of Duchenne patients, including adults and different racial and ethnic populations affected by muscular dystrophy, and informed by Duchenne patient, caregiver, clinician, and research stakeholders.

Network for Excellence in Neuroscience Clinical Trials.—The Committee is pleased that NINDS plans to expand its support of the Network for Excellence in Neuroscience Clinical Trials [NeuroNEXT] program. The Committee urges NINDS to increase the efficiency of clinical trials conducted through NeuroNEXT, facilitate patient recruitment and retention, and increase the quality of the neuroscience trials.

Stroke.—The Committee continues to commend the effective leadership role of NINDS in stroke research planning and prioritization and congratulates the Institute for its efforts that have culminated in the identification of nine top areas in stroke prevention, treatment, and recovery research. The Committee urges NINDS to stimulate investment in each of these areas.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Appropriations, 2013 ¹	\$4,481,730,000
Budget estimate, 2014	4,578,813,000
Committee recommendation	4,548,383,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommendation includes \$4,548,383,000 for NIAID.

Antibiotic-Resistant Infections.—The Committee remains concerned about the need to develop and approve new antibiotics. The Committee urges NIAID to facilitate, through its new antibiotic-resistant bacterial infections clinical research infrastructure, studies that lead to new endpoints for serious and life-threatening infections caused by multidrug-resistant pathogens, and in particular hospital-acquired and ventilator-associated bacterial pneumonias.

NIAID also should support research leading to a better understanding of the natural history of pneumonia and other antibiotic-resistant infections.

Autoimmune Diseases.—The Committee urges NIAID and the Autoimmune Disease Coordinating Committee to establish programs to investigate common biological pathways of autoimmune diseases and potential therapies that can broadly prevent and treat them. The Committee requests an update on NIAID’s current activities and plans for additional research in the fiscal year 2015 congressional budget justification.

Food Allergy.—The Committee is aware of the promising research on oral immunotherapy being funded by the Consortium of Food Allergy Research [CoFAR]. The Committee strongly urges NIAID to increase both the budget for and the number of institutions funded by CoFAR when the program is renewed. In addition, NIH should initiate other mechanisms of support for research and career development of investigators focused on food allergy research. The Committee also encourages NIAID to continue its public-private partnerships in support of complementary clinical immunological, immunomodulator, mechanistic, and genetic studies with private donors and foundations as components of ongoing food allergy clinical trials.

Influenza Antivirals.—The Committee encourages NIAID to invest in research on new antiviral drugs that are easy to use and effective against emerging drug-resistant influenza variants, as well as influenza diagnostics. NIAID should give special consideration to treatment for the pediatric and obstetric populations.

Microbicides.—The Committee encourages NIAID to continue coordination with USAID, the State Department, and others to advance the development of antiretroviral-based microbicides.

Tuberculosis [TB].—The Committee continues to urge NIAID to expand its research into the development of new TB diagnostic tests, drugs, and vaccines to prevent, detect, and treat TB. In particular, the Committee encourages more research on developing shorter treatments for multidrug-resistant TB.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Appropriations, 2013 ¹	\$2,425,175,000
Budget estimate, 2014	2,401,011,000
Committee recommendation	2,435,570,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommendation includes \$2,435,570,000 for NIGMS.

Critical Care.—The Committee recognizes that the burden associated with the provision of care for critically ill patients is expected to increase significantly as the population ages. The Committee encourages NIGMS, through the new Office of Emergency Care Research, to heed the recommendations of the Critical Care Societies Collaborative in developing future research directions on critical care.

Institutional Development Awards [IDeA].—The Committee continues to recognize the importance of the IDeA program and its focus on improving the necessary biomedical research infrastruc-

ture and capacity of research institutions within IDeA States. The Committee believes the IDeA program has made a significant contribution to biomedical research and efforts to create a skilled workforce in IDeA States. Therefore, the Committee rejects the President’s proposal to cut IDeA funding to \$225,438,000 and instead recommends \$275,957,000, the same as the fiscal year 2012 level, for this purpose. However, the Committee is concerned that the eligibility criteria for IDeA established when the program was created 20 years ago are no longer relevant and have led to inequities. No States have been added to or dropped from the list of States that are eligible for this funding since 1997. The same 23 States have been eligible for IDeA for the past 16 years and the same 27 States have been ineligible. In addition, the authorizing statute says a State’s eligibility for the program is to be determined by whether its research institutions have a low aggregate success rate, relative to other States, of obtaining NIH funds. But today, several IDeA States have higher success rates than those of non-IDEA States. The Committee is aware that the National Academy of Sciences [NAS] is conducting a study of the Experimental Program to Stimulate Competitive Research [EPSCoR] and related programs, such as IDeA, across the Federal Government. The Committee directs NIH to provide a report to the House and Senate Committees on Appropriations, as well as the relevant authorizing committees, that responds to the NAS analysis of IDeA and addresses whether changes to its eligibility criteria are warranted. The report, which should be delivered no later than 120 days after the release of the NAS study, should include a discussion of whether all States that are eligible for EPSCoR should be eligible for IDeA.

EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Appropriations, 2013 ¹	\$1,318,755,000
Budget estimate, 2014	1,339,360,000
Committee recommendation	1,330,459,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommendation includes \$1,330,459,000 for NICHD.

Chromosome Abnormalities.—The Committee commends NIH’s efforts to categorize genes, which are useful for the diagnosis of chromosome abnormalities. The path to treatment requires a greater understanding of gene function as it relates to abnormal gene copy number. The Committee again asks NICHD to hold a state of the science meeting focused on strategies for devising treatments for nonrecurring as well as recurring gene copy number changes. The Committee further urges new funding to support other investigators of chromosome abnormalities, particularly those involving chromosome 18.

Demographic Research.—The Committee is pleased that NICHD’s recent reorganization and Scientific Vision initiative reflect the integral role that demographic, or population, research plays in the Institute’s mission. As such, the Committee urges NICHD to include the Population Dynamics branch in all appro-

appropriate research mechanisms and programs. Further, the Committee encourages NICHD to sustain its support of large-scale, longitudinal surveys, particularly the National Longitudinal Survey of Adolescent Health and the Panel Study of Income Dynamics Child Supplement Survey.

Preterm Birth.—The Committee notes that the Institute’s new Scientific Vision highlights pregnancy and pregnancy outcomes as a priority for NICHD research. The Committee encourages NICHD to continue to emphasize its support of extramural preterm birth prevention research, the Maternal-Fetal Medicine Units Network, the Neonatal Research Network, and the intramural research program related to prematurity. The Committee also encourages NICHD to support transdisciplinary science as recommended in the Scientific Vision and to fund transdisciplinary research grants to study and identify the complex causes of prematurity.

Psychotropic Medications and Children.—The Committee understands that little is known about the short- and long-term effects of psychotropic medications on children’s physical and mental development. The Committee encourages NICHD to undertake a concerted effort to determine the safety and efficacy of these medications in children, and to explore research into the effectiveness of evidence-based psychosocial therapies used instead of, or in combination with, psychotropic medications.

Vulvodynia.—The Committee is pleased with the progress that NICHD has made to implement the major recommendations from the NIH Research Plan on Vulvodynia, particularly in convening the May 2013 workshop to develop research diagnostic criteria. The Committee urges NICHD to continue its work with the patient advocacy, medical, and scientific communities to develop these criteria, as well as common data elements to be collected across clinical studies to allow for the comparison of study populations and findings. The Committee also encourages the Institute to expand the cadre of basic and clinical investigators conducting vulvodynia research by helping interested researchers obtain greater expertise in pain research methodology and pelvic/urogenital neurobiology; encouraging NIH-funded investigators from various fields to expand their research to include vulvodynia; and reissuing a general funding opportunity with a special review panel that addresses foundational priority areas delineated in the vulvodynia research plan.

NATIONAL EYE INSTITUTE

Appropriations, 2013 ¹	\$701,307,000
Budget estimate, 2014	699,216,000
Committee recommendation	701,407,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommendation includes \$701,407,000 for NEI.

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

Marfan Syndrome.—The Committee understands the negative health effects that Marfan syndrome can have on the human eye

and vision. The Committee encourages NEI to initiate research activities in this area.

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

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Appropriations, 2013 ¹	\$684,200,000
Budget estimate, 2014	691,348,000
Committee recommendation	686,753,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommendation includes \$686,753,000 for NIEHS.

Childhood Lead Poisoning.—The Committee understands that lead poisoning remains a serious health risk for children, with life-long developmental consequences, and encourages NIEHS to prioritize research in this area.

Environmental Exposures and Reproductive Health.—Environmental exposures can have significant ramifications for reproductive health, such as infertility, sterility, and birth defects, in addition to causing other serious health conditions including osteoporosis, heart attack, and stroke. The Committee believes it is critical to examine these ramifications for both men and women. NIEHS is urged to place a greater priority on, and invest more funding in, environmental, sex-based, reproductive health research.

National Toxicology Program [NTP].—The Committee urges NTP to be highly precise when describing the results of its studies on particular extracts of an herbal species to avoid any possible confusion about the relevance of such studies to other extracts of the species. The Committee also encourages NTP to reinstitute its practice of making available on its Web site a transcript and/or recording of its public meetings.

NATIONAL INSTITUTE ON AGING

Appropriations, 2013 ¹	\$1,101,234,000
Budget estimate, 2014	1,193,370,000
Committee recommendation	1,185,439,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommendation includes \$1,185,439,000 for NIA.

Alzheimer’s Disease.—The President’s budget calls for an increase of \$80,000,000 over the fiscal year 2012 level for Alzheimer’s disease research at NIA. In keeping with longstanding practice, the Committee does not recommend a specific amount of NIH funding for this purpose, or for any other individual disease. Doing so would establish a dangerous precedent that could politicize the NIH peer review system. Nevertheless, recognizing that Alzheimer’s disease poses a unique and serious threat to the Nation’s long-term health and economic stability, the Committee expects that a significant portion of the recommended increase for NIA should be directed to research on Alzheimer’s. The exact amount should be determined by the scientific opportunity of additional research on this disease and the quality of grant applications that

are submitted for Alzheimer’s relative to those submitted for other diseases. The Committee encourages NIA to continue addressing the research goals set forth in the National Plan to Address Alzheimer’s Disease, as well as the recommendations from the Alzheimer’s Disease Research Summit 2012. In addition, the Committee continues to urge NIH to take advantage of existing well-characterized, longitudinal, population-based cohort studies to provide new insights into risk factors and protective factors related to cognitive decline and dementia. The Committee also continues to encourage additional research in minority populations that are at particularly high risk for cognitive decline and dementia.

Demographic, Economic, and Behavioral Research.—The Committee recognizes NIA for investing in large-scale longitudinal surveys, including the National Health and Aging Trends Study and the Health and Retirement Study. Further, the Committee applauds NIA for contributing to the recent National Academies report “Shorter Lives, Poorer Health,” which found that Americans live shorter lives and are in poorer health than people in other high-income countries and that behaviors and social circumstances are major contributing factors.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

Appropriations, 2013 ¹	\$534,715,000
Budget estimate, 2014	540,993,000
Committee recommendation	537,398,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommendation includes \$537,398,000 for NIAMS.

Heritable Connective Tissue Disorders.—The Committee commends NIAMS for ongoing research efforts into heritable connective tissue disorders like Marfan syndrome.

Osteogenesis Imperfecta [OI].—The Committee continues to be concerned that the impact of OI on adults is not well understood and that very few primary care physicians or specialists possess training or experience in treating adults with OI. The Committee continues to encourage NIAMS to support natural history studies of OI and subsequent clinical research activities that will facilitate the development of clinical practice guidelines for adults with OI. The Committee also urges NIAMS to partner with the relevant professional societies, the OI advocacy community, and other stakeholders to develop opportunities for primary care physicians and specialists to receive education and training on providing care to adults with OI.

Scleroderma.—The Committee notes recent advances in scleroderma research, particularly in systemic scleroderma, and encourages NIAMS to provide sustained investments in this area.

Temporomandibular Disorders [TMD].—Many people who have TMD suffer from conditions that routinely affect other joints in the body, such as trauma, arthritis, and fibromyalgia. However, researchers investigating other joints too often ignore TMD because they consider temporomandibular joints to be a subject for dental researchers only. The Committee notes that the

Temporomandibular Joint Working Group has improved collaborations among ICs that should have a role in TMD research but believes that NIAMS, as well as NIBIB, should participate more fully, so that NIDCR is not expected to carry the workload alone.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION
DISORDERS

Appropriations, 2013 ¹	\$415,440,000
Budget estimate, 2014	422,936,000
Committee recommendation	420,125,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommendation includes \$420,125,000 for NIDCD.

Central Auditory Plasticity.—The Committee continues to support research in animals and humans on changes in the functional organization of neural circuits along all of the pathways in the brain that process sound, following both temporary and permanent developmental and adult hearing loss.

Eustachian Tubes.—The Committee urges NIDCD to conduct additional studies on potential treatments for dysfunctional eustachian tubes.

Genetic Causes of Communication Disorders.—The Committee recommends additional efforts by NIDCD to identify and understand the structure, function, and regulation of genes whose mutations are responsible for congenital and age-related deficits. Research to develop high-throughput platforms for testing of individuals is also encouraged.

Hearing Aids and Cochlear Implants.—The Committee strongly urges NIDCD to support research grants that could lead to less expensive hearing aids, so such aids could become accessible and affordable to more people. The Committee also supports device research to improve users' understanding of speech through background noise. In addition, the Committee supports research that would enable users of cochlear implants to experience high-quality speech and music perception, as well as studies that would improve bilateral implants, short electrode implants, and hybrid cochlear implant/hearing aids.

Inner Ear Hair Cell Regeneration.—The Committee is aware of advances being made in the identification of cells in the inner ear that can be induced or reprogrammed to replace cells lost in deafness. Additional research to understand the processes of possible regeneration or transdifferentiation of inner ear hair cells to restore natural hearing is strongly encouraged. The Committee recommends funding to develop this therapeutic approach and move it into clinical applications.

Noise-Induced Hearing Loss.—Hearing loss resulting from noise damage represents a major form of acquired deafness. The Committee therefore recommends studies to better understand the pathogenesis of noise-induced hearing loss and encourages NIDCD to continue to promote public awareness of the importance of protecting hearing from noise, through public service announcements or other means.

Otitis Media.—The Committee encourages NIDCD to accelerate its research into susceptibility to and pathogenesis of otitis media and its consequences, and into new treatments for chronic and recurrent cases. In particular, the Committee urges studies related to genetic risk factors, bacterial biofilms, and the impact of vaccination on disease prevention.

Presbycusis.—The Committee urges NIDCD to continue to delineate the multiple physiological and neurological processes resulting in presbycusis, or age-related hearing loss.

Tinnitus.—The Committee urges NIDCD to continue basic research on the specific neural dysfunction responsible for tinnitus as well as clinical trials to translate basic science into therapies.

Vestibular Research.—The danger of injury from falls is a health hazard, especially in the elderly. Therefore, the Committee urges NIDCD to conduct further basic vestibular-system studies to understand the cellular mechanisms involved in the coding of head movements necessary to assure an individual's ability to maintain balance.

NATIONAL INSTITUTE OF NURSING RESEARCH

Appropriations, 2013 ¹	\$144,479,000
Budget estimate, 2014	146,244,000
Committee recommendation	145,272,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommendation includes \$145,272,000 for NINR.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Appropriations, 2013 ¹	\$458,600,000
Budget estimate, 2014	463,848,000
Committee recommendation	460,765,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommendation includes \$460,765,000 for NIAAA.

Functional Integration Initiative.—The Committee applauds the Trans-NIH Substance Use, Abuse, and Addiction Functional Integration initiative to help NIAAA, NIDA, NCI, and other ICs work more closely together on substance use, abuse, and addiction research.

NATIONAL INSTITUTE ON DRUG ABUSE

Appropriations, 2013 ¹	\$1,051,261,000
Budget estimate, 2014	1,071,612,000
Committee recommendation	1,064,490,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommendation includes \$1,064,490,000 for NIDA.

Drug Abuse and HIV/AIDS.—The Committee understands that drug abuse and addiction continue to fuel the spread of HIV/AIDS and that drug abuse prevention and treatment interventions can be very effective in reducing HIV risk. Research should continue to ex-

amine every aspect of this relationship. The Committee is also concerned about drug abuse and HIV/AIDS in criminal justice populations. Research efforts to empirically test and expand the “seek, test, treat, and retain” paradigm are encouraged.

Marijuana.—NIDA is encouraged to continue to fund research on preventing and treating marijuana abuse and addiction, as well as the possible health and policy implications of proposals to implement “medical marijuana” or marijuana legalization programs.

Pain Medications.—The Committee remains concerned about the continued crisis of prescription drug abuse. NIDA is strongly urged to continue its support of research on pain, including the development of pain medications with reduced abuse liability. In addition, NIDA should continue to fund research to better prevent and treat prescription drug abuse.

NIDAMed.—The Committee is pleased with NIDAMed, the Institute’s physicians outreach initiative. The Committee urges NIDA to continue its focus on providing physicians and other medical professionals with the tools and skills they need to incorporate drug abuse screening and treatment into their clinical practices.

Tobacco Addiction.—The Committee applauds the recent progress of NIDA-supported researchers toward identifying genetic factors that contribute to nicotine dependence and affect the efficacy of smoking cessation treatments. NIDA is urged to continue developing evidence-based treatments, medications, and prevention strategies to combat nicotine addiction.

NATIONAL INSTITUTE OF MENTAL HEALTH

Appropriations, 2013 ¹	\$1,477,304,000
Budget estimate, 2014	1,465,782,000
Committee recommendation	1,456,041,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommendation includes \$1,456,041,000 for NIMH. The decrease from fiscal year 2013 reflects a shift of AIDS research funding to NIAID, not a cut to core NIMH activities.

Autism.—The Committee continues to urge NIMH to focus on genetic as well as possible environmental causes of autism.

Autism and Telehealth.—The Committee is aware of the increasing use of telehealth resources in the diagnosis and treatment of autism spectrum disorders [ASD]. The NIMH has funded a small number of grants to examine whether such technologies can specifically be used to improve ASD diagnosis and treatment in underserved areas of rural States. Given the significant expansion in recent years of telehealth networks in rural States and the potential promise of such networks to significantly lower costs while expanding care, the Committee urges NIMH to expand its support of this research.

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

dress this crisis. The Committee requests an update on this topic in the fiscal year 2015 budget justification.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

Appropriations, 2013 ¹	\$511,847,000
Budget estimate, 2014	517,319,000
Committee recommendation	513,881,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommendation includes \$513,881,000 for NHGRI.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING

Appropriations, 2013 ¹	\$337,681,000
Budget estimate, 2014	338,892,000
Committee recommendation	337,728,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommendation includes \$337,728,000 for NIBIB.

NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE
MEDICINE

Appropriations, 2013 ¹	\$127,800,000
Budget estimate, 2014	129,041,000
Committee recommendation	128,183,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommendation includes \$128,183,000 for NCCAM.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES

Appropriations, 2013 ¹	\$275,887,000
Budget estimate, 2014	283,299,000
Committee recommendation	281,416,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommendation includes \$281,416,000 for NIMHD.

Diabetes in Minorities.—The Committee continues to urge NIMHD to support research and other activities with respect to pre-diabetes and diabetes, particularly type 2 diabetes, in minority populations.

Mental Health Disparities.—The lack of access to mental health services in rural areas presents unique challenges in providing services to an especially vulnerable population. Greater poverty rates in rural areas, cultural attitudes toward mental illness, and limited transportation options all contribute to isolating individuals with mental health needs from access to care. In addition, individuals with mental health problems are at greater risk of poverty so the situation becomes part of a cycle of poverty and mental illness. The use of telemedicine in cooperation with community mental health programs in rural areas presents a new and effective way of providing for diagnosis and treatment of mental health prob-

lems. The Committee encourages NIMHD to fund research efforts to find innovative ways to address mental health disparities in underserved populations, such as telepsychiatry programs, especially in designated Psychiatric Manpower Shortage Areas.

Research Centers in Minority Institutions [RCMI].—The Committee continues to recognize the critical role played by minority institutions, especially at the graduate level, in addressing the health research and training needs of minority populations. In particular, the RCMI program fosters the development of new generations of minority scientists for the Nation and provides support for crucial gaps in the biomedical workforce pipeline. The RCMI program has the capability to promote solutions to the significant gap in R01 grant funding among black and other minority researchers when compared to nonminority researchers. The Committee requests that NIH describe in the fiscal year 2015 congressional budget justification the extent to which the RCMI program is addressing R01 funding disparities.

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

Appropriations, 2013 ¹	\$69,483,000
Budget estimate, 2014	72,864,000
Committee recommendation	72,380,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommendation includes \$72,380,000 for the Fogarty International Center.

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

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES

Appropriations, 2013 ¹	\$574,216,000
Budget estimate, 2014	665,688,000
Committee recommendation	661,264,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommendation includes \$661,264,000 for NCATS. The Committee includes bill language allowing up to \$50,000,000 of this amount, the same as the budget request, to be used for the Cures Acceleration Network [CAN]. The fiscal year 2013 funding level for CAN is \$9,961,000.

Clinical and Translational Science Awards [CTSAs].—The Committee strongly endorses IOM’s recommendations in its June 2013 report, “The CTSA Program at NIH: Opportunities for Advancing Clinical and Translational Research.” In particular, the Committee agrees that NCATS should provide leadership to help the CTSAs function more as a network than as a collection of discrete centers; only then will the full potential of the program be realized. In addition, the Committee agrees with the IOM that the CTSA program should address the full spectrum of clinical and translational re-

search. This should include research on changing behaviors that impact the prevention and outcome of diseases and conditions such as obesity and type 2 diabetes.

Cures Acceleration Network.—The Committee encourages NCATS to look at existing successful public-private co-investment models and partnerships, particularly In-Q-Tel and SEMATECH, in establishing CAN’s strategic focus, operating procedures, and processes.

Drug Rescue and Repurposing.—NCATS’ drug rescue and repurposing initiatives have shown success since the Center’s establishment 2 years ago. Because rescue and repurposing builds upon previous research and development efforts, new candidate therapies could be ready for clinical trials quickly, advancing the timeframe for FDA approval and their integration into healthcare. The Committee notes with particular interest the success of The Learning Collaborative, which has had significant success employing drug repurposing strategies to rapidly advance new blood cancer therapies. The Committee encourages NCATS to pursue similar efforts for other rare diseases and unmet medical needs.

Guillain-Barré Syndrome [GBS].—The Committee notes that the causes of GBS and related inflammatory disorders which impact the nervous system remain unknown. The Committee encourages ORDR to initiate research activities in this area to improve our scientific understanding of these conditions.

Hereditary Angioedema [HAE].—The Committee continues to recognize that few treatment options are available for HAE and that they are not effective for all patients. The Committee continues to encourage the Center to convene a state of the science conference on this rare disease.

Multifocal Motor Neuropathy [MMN].—The Committee understands that ORDR will soon issue a new funding opportunity announcement for the Rare Disease Clinical Research Network. Given the importance of appropriate and early diagnosis of patients with MMN, the Committee encourages ORDR to give appropriate consideration to approving funding for a consortium for MMN that includes a registry for patients diagnosed with the disease.

Pulmonary Arterial Hypertension [PAH].—The Committee recognizes that pulmonary arterial hypertension is a rare and often fatal condition. The Committee encourages ORDR to expand research in this area by collaborating on research projects with the Pulmonary Hypertension Clinical Research Network, and the Committee encourages NCATS to consider pursuing indications for current drugs that have shown the potential to improve health outcomes for PAH patients.

NATIONAL LIBRARY OF MEDICINE

Appropriations, 2013 ¹	\$345,163,000
Budget estimate, 2014	390,452,000
Committee recommendation	387,912,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommends \$387,912,000 for NLM. This amount includes \$8,200,000 from transfers available under section 241 of the PHS Act. Of the funds provided, \$4,000,000 is for the improve-

ment of information systems, to remain available until September 30, 2015.

Communication of Research Findings.—The Committee is pleased that NLM has expanded the readership of NIH MedlinePlus magazine and the bilingual NIH MedlinePlus Salud magazine, which provide consumers and health professionals easy-to-read health information based on the latest NIH-supported research. The Committee urges NLM to continue exploring new avenues of online distribution that extends the publications' reach to the public.

OFFICE OF THE DIRECTOR

Appropriations, 2013 ¹	\$1,525,125,000
Budget estimate, 2014	1,473,398,000
Committee recommendation	1,463,606,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommendation includes \$1,463,606,000 for the Office of the Director [OD]. Within this total, \$568,151,000 is provided for the Common Fund.

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

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

The President's budget recommends eliminating the Science Education and Partnership Awards [SEPA] program within OD and consolidating it within the Education Department as part of a governmentwide reorganization of STEM education activities. The proposed consolidation would also affect the Office of Science Education within OD and several other smaller STEM programs throughout NIH. The Committee is not convinced that the quality of these programs would be maintained if they were moved to other Federal agencies. Therefore, the Committee directs NIH to continue funding these programs in fiscal year 2014. The Committee includes sufficient funding within OD to support SEPA and the Office of Science Education.

Alzheimer's Disease.—The Committee commends NIH for the recent use of its transfer authority and other means to direct additional funding to research on Alzheimer's disease within very tight budgets, with the goal of finding an effective prevention or treatment by 2025.

Amyloidosis.—The Committee encourages NIH to continue its research efforts into amyloidosis, a group of rare diseases characterized by abnormally folded protein deposits in tissues. The Committee requests an update in the fiscal year 2015 congressional budget justification on the steps taken to understand the causes of amyloidosis and efforts to improve the diagnosis and treatment.

Angiogenesis.—The Committee commends the research NIH is conducting on angiogenesis, specifically examining the need to address the lack of predictive markers for angiogenic therapies and

the prospects for dietary modifications with anti-angiogenic properties to improve cancer prevention. The Committee urges NIH to further examine angiogenic predictive markers across NCI, NHLBI, NEI, NIDDK, and NICHD and to also consider focusing on angiogenic dietary modifications to reduce cancer risks.

Basic Research.—The Committee urges the Director to maintain the NIH's current focus on the funding of basic biomedical research. The purpose of basic research is to discover the nature and mechanics of disease and identify potential therapeutic avenues likely to lead to the prevention and treatment of human disease. Without this early scientific investigation, future development of treatments and cures would be impossible.

Biomedical Research Workforce Diversity.—The Committee supports the Director's efforts to increase racial and ethnic minority researchers in the biomedical research workforce through the Building Infrastructure Leading to Diversity [BUILD] and the National Research Mentoring Network programs. The Committee encourages NIH to promote partnerships with historically black colleges, universities, medical schools, and other graduate research institutions that have demonstrated a past commitment to this goal and proven achievement in recruiting, training, and mentoring racial and ethnic minority researchers. The Committee requests an update in the fiscal year 2015 congressional budget justification on this effort.

BRAIN Initiative.—The Committee strongly commends NIH for leading the Brain Research through Application of Innovative Neurotechnologies [BRAIN] Initiative, a multi-agency effort that also involves the National Science Foundation and the Defense Advanced Research Projects Agency as well as several private sector partners. Numerous researchers are already working to accelerate the development and application of new technologies that will help explain how the brain records, processes, uses, stores, and retrieves information. The BRAIN Initiative will help catalyze and integrate these efforts. The Committee understands that this work may take decades before it results in cures or treatments, but could eventually help unlock the secrets behind diseases such as Alzheimer's and epilepsy. The President's budget requests \$40,000,000 for this initiative in fiscal year 2014, to be pooled from several ICs and the OD. The Committee supports that amount as an initial investment but awaits more detailed budget projections for future years.

Career Development Awards for Clinical Researchers.—The Committee recommends continued support for "K" awards to ensure the next generation of clinical researchers is properly trained.

Chemical Risk Assessments.—The Committee supports NIH's leadership role in the creation of a new paradigm for chemical risk assessment based on the incorporation of advanced molecular biological and computational methods in lieu of animal toxicity tests. NIH has indicated that development of this science is critical to several of its priorities, from personalized medicine to tackling specific diseases such as cancer and diabetes and including critical initiatives such as BRAIN. The Committee encourages NIH to continue to expand both its intramural and extramural support for the use of human biology-based experimental and computational approaches in health research to further define human biology, dis-

ease pathways, and toxicity and to develop tools for their integration into evaluation strategies. Extramural and intramural funding should be made available for the evaluation of the relevance and reliability of human biology-based and Tox21-related methods and prediction tools to assure readiness and utility for regulatory purposes, including pilot studies of pathway-based risk assessments. The Committee requests an update on current activities, a plan for future activities, and the fiscal year 2014 funding level for this area of research in the fiscal year 2015 congressional budget justification.

Chimpanzees.—The Committee strongly commends NIH for its recent decision to substantially reduce the use of chimpanzees in NIH-funded biomedical research and designate for retirement most of the chimpanzees it currently owns or supports. However, technical changes in NIH's legal authority are needed to retire additional chimpanzees to the Federal Sanctuary System. Therefore, the Committee includes a new general provision that will allow NIH to achieve this goal. Specifically, the Chimpanzee Health Improvement, Maintenance and Protection [CHIMP] Act limits the amount of financial resources NIH may put toward retiring chimpanzees and caring for them in the Federal Sanctuary System. The CHIMP Act does not limit the amount of funding NIH may provide for chimpanzees who are not in the Federal Sanctuary System. The general provision modifies the CHIMP Act so that NIH funds that would otherwise be used to care only for non-Federal Sanctuary System chimpanzees can also be used for sanctuary chimpanzees.

Chronic Fatigue Syndrome [CFS].—The Committee commends the Office of Disease Prevention for agreeing to review the case definition for CFS, also known as ME/CFS, as part of an evidence-based methodology workshop. NIH is urged to include experienced professionals in the ME/CFS research and clinical fields as well as patients and their advocates in this process. Further, the Committee encourages NIH to issue a special funding opportunity to spur research into ME/CFS using the clinical specimens collected under an NIAID-funded study. This resource could help speed diagnostics and better understanding of the pathophysiology of this severely disabling condition.

Congenital Diaphragmatic Hernia [CDH].—The Committee encourages NIH to put a higher priority on CDH research. In particular, the Committee urges NHLBI to investigate the pulmonary effects of this birth defect and requests NICHD to support additional research on whether the timing of surgical repair to the diaphragm can increase an infant's chances of survival. Along with ORDR, these two Institutes are also encouraged to promote greater research interest in CDH by supporting a scientific meeting on this condition.

Cystic Fibrosis [CF].—The Committee encourages new personalized approaches to CF therapeutics, including new means to identify and characterize the efficacy of multidrug therapy that addresses the mutant protein which is the underlying cause of cystic fibrosis in the majority of those with the disease. The Committee supports research into nonsense mutations of CF, which impact about 10 percent of the CF population. In addition, the Committee urges further research into live imaging modalities that are able to

characterize mucus and monitor mucociliary clearance, defense mechanisms at the heart of CF and many other respiratory diseases.

Down Syndrome.—The Committee applauds NIH for the establishment of the Down Syndrome Patient Registry. The Committee urges continued investment and development of the registry to fully realize its potential as a tool to stimulate meaningful clinical trials and research. The Committee recognizes that investing in Down syndrome-focused research has the potential to benefit many other diseases and conditions such as Alzheimer's disease. Therefore, the Committee urges NIH to seek public-private partnerships aimed at developing preventive therapies for the dementia associated with both Down syndrome and Alzheimer's disease. The Committee remains troubled by the stagnant number of investigator-driven research awards given in the area of Down syndrome and supports efforts to increase the Federal investment. The Committee requests a status update in the fiscal year 2015 congressional budget justification. The Committee urges the NIH to continue to utilize the Down Syndrome Consortium as it updates and implements the NIH Down Syndrome Research Plan.

Drug Allergy.—The Committee commends NIAID for leading a recent workshop to develop a research agenda on the diagnosis and management of patients with drug hypersensitivity. The Committee urges NCATS, NCI, NHLBI, NIAMS, and other relevant Institutes to collaborate with NIAID to support research in this area, as there is a critical need for better tools to predict patient drug allergies and for improved drug desensitization protocols. The Committee encourages NIH to consider a multi-Institute, multidisciplinary collaborative effort in this area that might include support for centers of excellence as well as the development of a patient registry.

Eosinophil-Associated Disorders.—The Committee is pleased that NIAID recently convened the Task Force on Research Needs of Eosinophil-Associated Diseases [TREAD], which produced a research agenda to improve the diagnosis and treatment of these debilitating and often painful diseases. The Committee urges NIDDK, NHLBI, NICHD, NIAMS, and NIMH to join NIAID's efforts to foster research in this area.

Fragile X-Associated Disorders [FXD].—The Committee commends NICHD for leading the effort to map the molecular, physiological, biological, and genetic connections between Fragile X (and the Fragile X protein) and autism. The Committee urges all ICs with Fragile X and autism portfolios to explore these connections with the goals of better understanding both conditions and shortening the time it will take to bring effective treatments for both conditions to market. The Committee also commends NICHD and its NIH partners for leading the effort to update the NIH Research Plan on Fragile X Syndrome and Associated Disorders, and urges NIH to fully implement the updated recommendations.

Health Disparities in Children and Adolescents.—The Committee urges NIH to put a high priority on improving the health status of children and adolescents, especially those living in poverty.

Hepatitis B.—While hepatitis B is preventable as a result of a safe and effective vaccine, this disease is not currently curable for

those who are already infected. An estimated 800,000 to 1.4 million Americans are infected with hepatitis B and most do not know it. The Committee urges NIH to move aggressively to research a cure. In particular, the Committee urges more work in antiviral drug development and continued support and use of appropriate animal models to study the disease.

Human Microbiome Project.—The Committee commends NIH for establishing the Common Fund Human Microbiome Project, which has great potential to advance scientific understanding of many important areas of human health, including the immune system, and urges NIH to continue to work to understand the basis of healthy microbiome-induced immunoregulation and how it is altered in disease.

Human Tissue Supply.—The Committee continues to urge NIH to support its nationwide human tissue and organ procurement program.

Interstitial Cystitis.—The Committee commends ORWH for its continued collaborations with NIDDK to support research on interstitial cystitis, which disproportionately affects women.

Lupus.—The Committee urges the Director to promote collaboration among NIAMS, NIAID, NHLBI, NIDDK, NIEHS, NINDS, NICHD, and NIMHD on efforts to expand and intensify genetic, clinical, and basic research on lupus. Given the complexity and impact of lupus, the Committee urges a particular focus on understanding the underlying mechanisms of the disease, gene-gene and gene-environmental interactions, its relationship to kidney disease, biomarkers, pediatric research, and factors related to the health disparities and comorbidities associated with lupus.

Lymphatic Research and Lymphatic Disease.—The Committee commends the trans-NIH Coordinating Committee for Lymphatic Research [CCLR] and, in particular, NHLBI, NIAID, and NIDDK for their efforts to advance research on the lymphatic system and medical care for lymphatic diseases. The Committee urges greater participation from other Institutes in the CCLR, particularly NIAMS, NHGRI, and NIBIB. The Committee encourages the reconvening of a trans-NIH Working Group to evaluate the implementation of the recommendations it made in 2007. Continued efforts within the ICs to create support for extramural interdisciplinary research training relevant to the lymphatic system in health and disease and within the Center for Scientific Review to incorporate reviewer expertise in lymphatic biology/disease in the pertinent study sections are also requested.

Mitochondrial Disease.—The Committee commends NIH for supporting a 2-day workshop on “Translational Research in Primary Mitochondrial Diseases,” which led to the development of a white paper that identifies barriers to progress and makes recommendations for addressing those barriers. NIH has also created a working group on mitochondrial disease research with broad participation from various Institutes and Centers. The Committee urges NIH to expand its mitochondrial research portfolio and fully implement the recommendations contained in the white paper.

Mucopolysaccharidosis [MPS].—The Committee continues to urge NIH to put a high priority on better understanding and treating MPS and related diseases. The Committee commends NIH for allo-

ating funds to discover, develop, define, and make available for research animal models of human genetic disease. The Committee also commends NIDDK for funding gene therapy efforts. Continued funding of these grants is critical to understanding these diseases and evaluating the efficacy and safety of combination therapies. The Committee encourages NINDS, NIDDK, and ORDR to continue supporting the Lysosomal Disease Network.

National Primate Research Centers [NPRCs].—The Committee continues to support NPRCs, which are essential to ensuring the availability of nonhuman primate models and the expertise needed to help researchers pursue new drugs, treatments, and vaccines.

Natural Product Collections.—The Committee continues to urge NIH to increase access to comprehensive and professionally organized natural product libraries.

Neurofibromatosis [NF].—The Committee commends NIH for its continued support of NF research and again requests an update in the fiscal year 2015 congressional budget justification of relevant activities at NCI, NHLBI, NINDS, NICHD, NIMH, NIAMS, NIDCD, and NEI.

OppNet.—The Committee commends NIH for its commitment to the Basic Behavioral and Social Science Opportunity Network [OppNet] initiative launched in 2009. Basic behavioral science research helps improve human health by contributing to our understanding of the complex factors that influence individuals. As fiscal year 2014 is the fifth year of this initiative, the Committee requests an update in the fiscal year 2015 congressional budget justification on the contributions made by the initiative along with recommendations on how best to continue the program and the OppNet mission.

Overlapping Chronic Pain Conditions.—The Committee continues to strongly support an expanded trans-NIH research effort to better understand and identify effective treatments for overlapping chronic pain conditions that disproportionately impact women, including chronic fatigue syndrome, endometriosis, fibromyalgia, interstitial cystitis, irritable bowel syndrome, chronic headache, temporomandibular disorders, and vulvodynia. The Committee urges NIH to promptly implement the recommendations from the August 2012 NIH scientific workshop on this topic. These include: developing a case definition and research diagnostic criteria for chronic overlapping pain conditions; leveraging existing patient cohorts, resources, and data repositories to achieve cost savings; conducting prospective population-based epidemiological studies to determine the natural history of and risk factors for onset and progression of disease; developing common data elements, standardized outcome measures, and methods to classify phenotypic subgroups; studying central sensitization as a theme for discovery of common mechanisms of disease, diagnostics, and treatment; and developing multidisciplinary training programs for scientists and clinicians. As no one Institute has the responsibility for addressing all overlapping chronic pain conditions, the Committee strongly urges multiple Institutes to combine their efforts through centers of excellence or other appropriate means of carrying out these recommendations.

Polycystic Kidney Disease [PKD].—The Committee continues to urge NIH to put a high priority on PKD research.

Pregnancy Health Status.—The Committee commends NIH for its work on the relationship between a woman's health status during pregnancy and her health post-pregnancy. The Committee urges NIH to prioritize the joint NICHD–NHLBI funding opportunity “Pregnancy as a Window to Future Cardiovascular Disease,” as potential life-threatening conditions such as heart disease can be prevented based on clues during a woman's pregnancy. The Committee also urges NICHD to ensure that short-term studies on lifestyle interventions and treatment for preeclampsia, as well as interventional studies that go beyond weight management to include gestational and type 2 diabetes, cardiovascular disease, and other chronic diseases, can be translated into longer-term trials that will ultimately lead to changes in obstetrical practice which result in a healthier population.

Psoriasis.—The Committee commends NIH for addressing the significant public health burden resulting from psoriasis and psoriatic arthritis, the Nation's most common autoimmune disease. In order to address the connection between these diseases and other serious, life-threatening comorbid conditions such as cardiovascular disease, diabetes, stroke, and cancer, the Committee urges NIH to further promote integrated, interdisciplinary research on the inflammatory nature of these diseases.

Rehabilitation Research.—The Committee recognizes the importance of rehabilitation research and commends the agency for its work to evaluate the performance of the National Center for Medical Rehabilitation Research. The Committee further recommends that NIH continue to implement the recommendations included in the final December 2012 report titled, “Blue Ribbon Panel on Medical Rehabilitation Research at the NIH.”

Sleep Disorders.—The Committee urges NIH to initiate new training programs in sleep and circadian sciences in all relevant Institutes and Centers, consistent with the NIH Sleep Disorders Research Plan.

Spinal Muscular Atrophy [SMA] Carrier Screening.—The Committee continues to support the development of a pan-ethnic carrier screening program for SMA. The Committee remains concerned that contradicting SMA carrier screening recommendations from professional societies persist and that this inconsistency creates confusion among health professionals and the public. The Committee encourages NHGRI, NICHD, and NINDS to collaborate with stakeholders from government, academia, professional societies, advocacy groups, and industry to resolve the discrepancy and develop unified and consistent recommendations, guidelines, and educational materials on SMA carrier screening for providers and patients.

Traumatic Brain Injury [TBI].—The Committee understands that current brain imaging technology is inadequate to accurately characterize the various degrees of TBI. The Committee urges support for the development of new brain imaging technologies to address this challenge.

Tuberous Sclerosis Complex [TSC].—The Committee continues to encourage NIH to coordinate a multi-Institute approach to finding

a cure for TSC. NINDS and NCATS should play leading roles, given the promising translational potential of new therapeutics for treating the neurological conditions of TSC, including autism and epilepsy. Other Institutes involved in this collaborative effort should include NCI, NIAMS, NHLBI, NIDDK, NINDS, NICHD, and NIBIB, as well as ORDR.

Veterinary Medicine Loan Repayment Programs.—The Committee recognizes the important role that doctors of veterinary medicine [DVMs] play in the biomedical research enterprise because of their background and training in disease processes across all animals, including cross-species virus transmission, and animal models. Like other medical professionals, a large debt load upon graduation influences their choice to pursue careers in biomedical research. The Committee was gratified that eligibility for the loan repayment programs was expanded to include DVMs and would like NIH to report to the Committee if this change increased DVM participation in these programs. Given the vital part DMVs play in clinical research, NIH is encouraged to continue to make this eligibility change more widely known to potential applicants, ICs, and reviewers.

OFFICE OF AIDS RESEARCH

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

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

The Committee includes bill language permitting OAR to use up to \$8,000,000 for construction or renovation of National Primate Research Centers. This amount is the same as the fiscal year 2013 level and the budget request.

BUILDINGS AND FACILITIES

Appropriations, 2013 ¹	\$125,093,000
Budget estimate, 2014	126,111,000
Committee recommendation	125,308,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommendation includes \$125,308,000 for NIH buildings and facilities. This funding will remain available for obli-

gation for 5 years. The budget request proposes making the funding available until expended.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

The Committee recommends \$3,529,944,000 for SAMHSA. The recommendation includes \$132,667,000 in transfers available under section 241 of the PHS Act. In addition, the Committee recommends transferring \$92,000,000 to SAMHSA from the PPH Fund. The total program level assumed in this bill for SAMHSA is \$3,621,944,000.

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

The Committee recommendation includes \$119,000,000 in new funding throughout SAMHSA to increase access to mental health services. This includes a total of \$95,000,000 for the administration's Now is the Time initiative. The Committee provides \$15,000,000 for Mental Health First Aid programs that teach individuals to identify and respond to the signs of mental illness; \$40,000,000 for Project AWARE State grants, which will focus on making schools safer and connecting young people with mental health services; and \$40,000,000 to address shortages in the behavioral health workforce, including a \$5,000,000 increase for the Minority Fellowship program. In addition, the Committee includes a new 5 percent setaside within the Community Mental Health Services Block Grant [MHBG] that will allocate \$24,187,000 to evidence-based programs addressing the needs of individuals with the early signs of serious mental illness.

The Committee is disappointed that the administration has continued to use the Substance Abuse Prevention and Treatment [SAPT] Block Grant and the MHBG as sources for program evaluation transfers pursuant to section 241 of the PHS Act. The Committee directs SAMHSA and the Department to exempt these two programs from being used as a source for PHS evaluation transfers in fiscal year 2014, as was done prior to fiscal year 2012.

The Committee does not include new bill language requested by the administration that would require States to set aside at least 3 percent of both the SAPT Block Grant and MHBG to assist providers in improving their enrollment, billing, and business practices. The Committee recognizes the challenges faced by some mental health and substance abuse providers in implementing the ACA but notes that States are at varying stages of progress in expanding insurance coverage and increasing access to behavioral health services, and therefore may not find this requirement necessary. The Committee also notes that enrollment and provider business practice activities are allowable block grant activities under current law. Rather than impose a new "one size fits all" requirement, the Committee believes that rules governing both block grants should be as flexible as possible in order to allow States the ability to address their own unique needs related to mental health, substance abuse prevention, treatment, and recovery services.

The Committee is concerned that the combined block grant application for fiscal years 2014–2015 does not make clear that, in the

absence of congressional action, using funds to improve provider enrollment and billing practices is an allowable use of funds but is not a requirement. The Committee directs SAMHSA to clarify with State mental health and substance abuse authorities which block grant activities are required and which are optional.

CENTER FOR MENTAL HEALTH SERVICES

Appropriations, 2013 ¹	\$952,260,000
Budget estimate, 2014	1,011,380,000
Committee recommendation	1,059,282,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$1,059,282,000 for mental health services. The recommendation includes \$21,039,000 in transfers available under section 241 of the PHS Act. In addition, the Committee recommends transferring \$27,000,000 to CMHS from the PPH Fund. The total program level assumed in this bill for CMHS is \$1,086,282,000. Included in the recommendation is funding for programs of regional and national significance, the MHBG, children’s mental health services, PATH, and PAIMI.

PROGRAMS OF REGIONAL AND NATIONAL SIGNIFICANCE

The Committee recommends \$357,191,000 for PRNS within CMHS. In addition, the Committee recommends that \$27,000,000 be transferred to PRNS from the PPH Fund. The total program level assumed in this bill for PRNS at CMHS is \$384,191,000. These programs address priority mental health needs through developing and applying evidence-based practices, offering training and technical assistance, providing targeted capacity expansion grants, and changing the delivery system through family, client-oriented, and consumer-run activities.

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

[In thousands of dollars]

Budget activity	Fiscal year 2013 appropriation ¹	Fiscal year 2014 request	Committee recommendation
CAPACITY:			
Seclusion and Restraint	\$2,439	\$1,149	\$1,150
Youth Violence Prevention	23,110	23,156	23,156
Project AWARE State Grants		40,000	40,000
Mental Health First Aid		15,000	15,000
Prevention and Public Health Fund (non-add)			(15,000)
Healthy Transitions		25,000	
National Child Traumatic Stress Initiative	45,622	45,714	46,000
Children and Family Programs	6,461	6,474	6,474
Consumer and Family Network Grants	6,212	4,966	4,966
MH System Transformation and Health Reform	10,582	10,603	10,582
Project LAUNCH	34,571	34,640	34,640
Primary and Behavioral Healthcare Integration	30,687	26,004	65,000
Prevention and Public Health Fund (non-add)		(26,004)	
National Strategy for Suicide Prevention		2,000	2,000
Prevention and Public Health Fund (non-add)			(2,000)
Suicide Lifeline	5,501	5,512	7,212
Prevention and Public Health Fund (non-add)			(1,700)
GLS Youth Suicide Prevention (State Grants)	29,622	29,682	35,500
Prevention and Public Health (non-add)			(5,800)
GLS Youth Suicide Prevention (Campus Grants)	4,956	4,966	6,500
Prevention and Public Health Fund (non-add)			(1,500)

[In thousands of dollars]

Budget activity	Fiscal year 2013 appropriation ¹	Fiscal year 2014 request	Committee recommendation
AI/AN Suicide Prevention Initiative	2,933	2,938	2,938
Homelessness Prevention Programs	30,710	30,772	30,772
Tribal Behavioral Grants			5,000
Minority AIDS	9,247	22,770	9,247
Criminal and Juvenile Justice Programs	6,658	4,280	4,280
Grants for Adult Trauma Screening and Brief Intervention		2,896	2,896
SCIENCE AND SERVICE:			
GLS Suicide Prevention Resource Center	4,938	4,948	6,000
Prevention and Public Health Fund (non-add)			(1,000)
Practice Improvement and Training	7,847	7,863	7,847
Primary and Behavioral Healthcare Integration T.A.	1,992	1,996	1,996
Prevention and Public Health Fund (non-add)		(1,996)	
Consumer and Consumer Support T.A. Centers	1,920	1,923	1,923
Minority Fellowship Program	5,079		8,079
Disaster Response	1,050	2,950	1,958
Homelessness	2,297	2,302	2,302
HIV/AIDS Education	771	773	773

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

Primary and Behavioral Healthcare Integration.—The Committee provides funding for this program through budget authority rather than through transfers from the PPH Fund as requested by the administration. The Committee continues to direct SAMHSA to ensure that new Integration grants awarded for fiscal year 2014 are funded under the authorities in section 520K of the PHS Act.

Psychotropic Medications and Children.—The Committee has become increasingly concerned about the safe, appropriate, and effective use of psychotropic medications and children, particularly children in foster care settings. According to a December 2012 GAO report, an alarming 18 percent of foster children are prescribed psychotropic medications, compared with 4.8 percent of privately insured children. The Committee strongly encourages SAMHSA to establish meaningful partnerships with Medicaid, the foster care program, medical specialty societies, and treatment centers to develop new strategies for treating this vulnerable population. The Committee would like an update in next year's congressional justification on the steps SAMHSA has taken to promote the most effective and appropriate treatment approaches, including the use of evidence-based psychosocial therapies instead of, or in combination with, psychotropic medications.

Suicide Prevention in Indian Populations.—In order to address the high incidence of substance abuse and suicide in American Indian/Alaska Native [AI/AN] populations, the Committee recommends \$5,000,000 for competitively awarded grants targeting tribal entities with the highest rates of suicide per capita over the past 10 years. The Committee expects funds to be used for effective and promising strategies that address the problems of substance abuse and suicide and promote mental health among AI/AN young people.

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

The Committee recommends \$483,744,000 for the MHBG. The recommendation includes \$21,039,000 in transfers available under section 241 of the PHS Act.

The MHBG distributes funds to 59 eligible States and territories through a formula based on specified economic and demographic factors. Grant applications must include an annual plan for providing comprehensive community mental health services to adults with a serious mental illness and children with a serious emotional disturbance.

The Committee does not include bill language requested by the administration requiring States to set aside 5 percent of MHBG funds for effective mental health prevention and treatment programs. The Committee is concerned that this language is too broad to target early treatment services to those who need it most: individuals with serious mental illness. Instead, the Committee bill requires States to set aside 5 percent of their MHBG funds for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders.

The Committee notes that the majority of individuals with severe mental illness experience their first symptoms during adolescence or early adulthood. Despite the existence of effective treatments, there are often long delays—years, and sometimes decades—between the first onset of symptoms and when people receive help. The consequences of delayed treatment can include loss of family and social supports, disruption of employment, substance abuse, increased hospitalizations, and reduced prospects for long-term recovery.

One promising model that seeks to address serious mental illness at an early stage is called First Episode Psychosis [FEP], currently being used in Canada, the United Kingdom, and Australia. This early treatment model may help reduce symptoms, reduce relapse rates, and prevent deterioration of cognitive function in individuals suffering from psychotic illness. The 5 percent setaside will provide \$24,817,000 to programs such as FEP. The Committee provides an increase to the block grant over the fiscal year 2013 level to help States meet this new requirement without losing funding for existing services. The Committee directs SAMHSA to collaborate with NIMH in developing guidelines to States regarding effective programs funded by this setaside.

CHILDREN'S MENTAL HEALTH SERVICES

The Committee recommends \$117,315,000 for the Children's Mental Health Services program. This program provides grants and technical assistance to support a network of community-based services for children and adolescents with serious emotional, behavioral, or mental disorders. Grantees must provide matching funds and services must be coordinated with the educational, juvenile justice, child welfare, and primary healthcare systems.

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS

The Committee recommends \$64,794,000 for PATH, which addresses the needs of individuals with serious mental illness who are experiencing homelessness or are at risk of homelessness. Funds are used to provide an array of services, such as screening and diagnostic services, emergency assistance, case management, and referrals to the most appropriate housing environment.

PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS

The Committee recommends \$36,238,000 for PAIMI. This program helps ensure that the rights of mentally ill individuals are protected while they are patients in all public and private facilities, or while they are living in the community, including in their own homes. Funds are allocated to States according to a formula based on population and relative per capita incomes.

CENTER FOR SUBSTANCE ABUSE TREATMENT

Appropriations, 2013 ¹	\$2,196,938,000
Budget estimate, 2014	2,124,650,000
Committee recommendation	2,128,307,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$2,128,307,000 for substance abuse treatment programs, including programs of regional and national significance and the substance abuse prevention and treatment block grant to the States. The recommendation includes \$81,200,000 in transfers available under section 241 of the PHS Act. In addition, the Committee recommends transferring \$50,000,000 to CSAT from the PPH Fund. The total program level assumed in this bill for CSAT in fiscal year 2014 is \$2,178,307,000.

PROGRAMS OF REGIONAL AND NATIONAL SIGNIFICANCE

The Committee recommends \$308,451,000 for PRNS within CSAT. The recommendation includes \$2,000,000 in transfers available under section 241 of the PHS Act. In addition, the Committee recommends transferring \$50,000,000 to PRNS from the PPH Fund. The total program level assumed in this bill for PRNS in fiscal year 2014 is \$358,451,000.

Programs of regional and national significance include activities to increase capacity by implementing service improvements using proven evidence-based approaches as well as science-to-services activities that promote the identification of practices thought to have potential for broad service improvement.

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

[In thousands of dollars]

Budget activity	Fiscal year 2013 appropriation ¹	Fiscal year 2014 request	Committee recommendation
CAPACITY:			
Opioid Treatment Programs/Regulatory Activities	8,868	8,746	8,746
Screening, Brief Intervention and Referral to Treatment	28,135	30,000	52,000
Section 241 transfer (non-add)	(2,000)		(2,000)
Prevention and Public Health Fund (non-add)		(30,000)	
TCE—General	27,924	13,256	13,256
Pregnant and Postpartum Women	15,938	15,970	15,970
Strengthening Treatment Access and Retention	1,668	1,000	1,668
Recovery Community Services Program	2,440	2,562	2,440
Access to Recovery	98,071	65,000	50,000
Prevention and Public Health Fund (non-add)			(50,000)
Children and Families	30,559	29,678	29,678
Treatment Systems for Homeless	41,488	41,571	41,488
Minority AIDS	65,732	52,359	65,732
Criminal Justice Activities	67,372	65,135	64,446

[In thousands of dollars]

Budget activity	Fiscal year 2013 appropriation ¹	Fiscal year 2014 request	Committee recommendation
SCIENCE AND SERVICE:			
Addiction Technology Transfer Centers	9,046	8,081	9,046
Minority Fellowship Program	545	.....	2,545
Special Initiatives/Outreach	2,262	1,436	1,436

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

Addiction Technology Transfer Centers [ATTCs].—The Committee continues to direct SAMHSA to ensure ATTCs continue to maintain a primary focus on addiction treatment and recovery services in order to strengthen the addiction workforce.

Addiction Workforce.—The Committee notes that several studies conducted over the past decade suggest that lack of information about the addiction field and the perception that addiction counselors are not viewed as a valued profession appear to be recruitment barriers for the addiction workforce. This is particularly concerning given that the demand for substance abuse services is anticipated to increase in the coming years as a result of the ACA and the Mental Health Parity and Addictions Equity Act. The Committee strongly urges SAMHSA to work with community colleges, universities, and State substance abuse agencies to develop ways to encourage individuals to enter the addiction prevention, treatment, and recovery workforce.

Drug Treatment Courts.—The Committee continues to direct SAMHSA to ensure that all funding appropriated for Drug Treatment Courts is allocated to serve people diagnosed with a substance use disorder as their primary condition. The Committee expects CSAT to ensure that non-State substance abuse agency applicants for any drug treatment court grant in its portfolio continue to demonstrate extensive evidence of working directly and extensively with the corresponding State substance abuse agency in the planning, implementation, and evaluation of the grant.

Infectious Disease Testing.—The Committee remains concerned by the high incidence of viral hepatitis and HIV among the populations that SAMHSA serves. The Committee encourages SAMHSA to continue to support hepatitis and HIV testing within its activities and to utilize rapid tests to encourage patient receipt of results. In addition, SAMHSA is encouraged to continue surveillance of these activities in order to monitor the progress of infectious diseases screening.

Minority AIDS Initiative.—The Committee rejects the administration request to move funds to CMHS from the Minority AIDS Initiative administered by CSAT. The Committee urges SAMHSA to focus its efforts on building capacity and outreach to individuals at risk for or with a primary substance use disorder and to improve efforts to identify such individuals to prevent the spread of HIV.

Screening, Brief Intervention, and Referral to Treatment [SBIRT].—The Committee provides funding for SBIRT through budget authority rather than through transfers from the PPH Fund as requested by the administration. The Committee continues to direct SAMHSA to ensure that funds provided for SBIRT are used for existing evidence-based models of providing early intervention

and treatment services to those at risk of developing substance abuse disorders.

Workforce Development.—The Committee is concerned that only 50 to 55 percent of addiction counselors hold a master’s degree. While 75 percent hold at least a bachelor’s degree, the remainder have only a high school diploma or equivalent. The Committee urges SAMHSA to work with HRSA to ensure that programs aimed at mental health and substance use disorder professionals are available to addiction professionals seeking to move from a bachelor’s level to a master’s level.

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

The Committee recommends \$1,819,856,000 for the SAPT block grant. The recommendation includes \$79,200,000 in transfers available under section 241 of the PHS Act. The block grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. Funds are allocated to States according to a formula.

Overdose Fatality Prevention.—The Committee is deeply concerned about the increasing number of unintentional overdose deaths attributable to prescription and nonprescription opioids. The Committee urges SAMHSA to take steps to encourage and support the use of SAPT Block Grant funds for opioid safety education and training, with a focus on initiatives that improve access of naloxone to public health and law enforcement professionals.

CENTER FOR SUBSTANCE ABUSE PREVENTION

Appropriations, 2013 ¹	\$185,637,000
Budget estimate, 2014	175,560,000
Committee recommendation	175,631,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommends \$175,631,000 for CSAP, the sole Federal organization with responsibility for improving accessibility and quality of substance abuse prevention services.

PROGRAMS OF REGIONAL AND NATIONAL SIGNIFICANCE

The Committee provides \$175,631,000 for PRNS within CSAP. Through these programs, CSAP supports: development of new practice knowledge on substance abuse prevention; identification of proven effective models; dissemination of science-based intervention information; State and community capacity building for implementation of proven, effective substance abuse prevention programs; and programs addressing new needs in the prevention system.

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

[In thousands of dollars]

Budget activity	Fiscal year 2013 appropriation ¹	Fiscal year 2014 request	Committee recommendation
CAPACITY:			
Strategic Prevention Framework/Partnership for Success	109,587	109,754	109,754
Mandatory Drug Testing	5,186	4,906	4,906
Minority AIDS	41,224	41,307	41,307

[In thousands of dollars]

Budget activity	Fiscal year 2013 appropriation ¹	Fiscal year 2014 request	Committee recommendation
Sober Truth on Preventing Underage Drinking (STOP Act)	6,973	7,000	7,000
SCIENCE AND SERVICE:			
Fetal Alcohol Spectrum Disorder	9,783	1,000	1,000
Center for the Application of Prevention Technologies	8,043	7,511	7,511
Science and Service Program Coordination	4,770	4,082	4,082
Minority Fellowship Program	71	.....	71

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommendation provides \$109,754,000 for the Strategic Prevention Framework State Incentive Grant [SPFSIG] and Partnerships for Success programs. The Committee intends that these two programs continue to focus exclusively on: addressing State- and community-level indicators of alcohol, tobacco, and drug use; targeting and implementing appropriate universal prevention strategies; building infrastructure and capacity; and preventing substance use and abuse. The Committee does not concur with SAMHSA's proposal to allow grantees to use funds to address trauma, as this would serve to redirect the program's purpose. In addition, the Committee intends that the specific drug and alcohol issues chosen by a grantee should be dictated by its own unique needs as reflected by an analysis of community-level epidemiological data. Grantees should emphasize prevention of underage alcohol use or prescription drug abuse only if the data support this need.

Given that youth drug use is on the rise and perceptions of harm are waning, the Committee directs that all of the money appropriated explicitly for substance abuse prevention purposes both in CSAP's PRNS lines as well as the funding from the 20 percent prevention set-aside in the SAPT Block Grant be used only for bona fide substance abuse prevention programs and strategies and not for any other purposes.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

Appropriations, 2013 ¹	\$136,109,000
Budget estimate, 2014	201,119,000
Committee recommendation	166,724,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$166,724,000 for Health Surveillance and Program Support activities. The recommendation includes \$30,428,000 in transfers available under section 241 of the PHS Act. In addition, the Committee recommends transferring \$15,000,000 to this account from the PPH Fund. The total program level assumed in this bill for health surveillance and support is \$181,724,000.

This activity supports Federal staff and the administrative functions of the agency. It also provides funding to SAMHSA's surveillance and data collection activities, including national surveys such as the National Survey on Drug Use and Health.

The Committee does not include bill language requested by the administration that would provide additional transfer authority to

the Administrator beyond that which is already provided to the Secretary.

Within the total provided for Health Surveillance and Program Support, the Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2013 appropriation ¹	Fiscal year 2014 request	Committee recommendation
Health Surveillance	\$44,153	\$47,428	\$47,428
Section 241 transfer (non-add)	(27,428)	(45,428)	(30,428)
Prevention and Public Health Fund (non-add)	(14,733)	.....	(15,000)
Program Management	76,740	72,729	72,729
Military Families	3,486	.....	.....
Public Awareness and Support	13,518	13,571	13,571
Section 241 transfer (non-add) .....	.....	(13,571)	.....
Performance and Quality Info Systems	12,945	12,996	12,996
Section 241 transfer (non-add) .....	.....	(12,996)	.....
Minority Fellowship Program .....	.....	9,395	.....
Peer Professional Workforce Development .....	.....	10,000	.....
Mental and Behavioral Education and Training Program .....	.....	35,000	35,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

Mental and Behavioral Health Education and Training.—The Committee recommendation includes \$35,000,000 for the joint effort with HRSA to increase the clinical service capacity of the behavioral health workforce through the Mental and Behavioral Health Education and Training Grant program. Eligible entities for this program shall include accredited programs that train master’s level social workers, psychologists, and marriage and family therapists; psychology doctoral interns; and paraprofessionals.

Minority Fellowships.—The Committee recommendation includes \$10,695,000 for the Minority Fellowship program, a \$5,000,000 increase above the fiscal year 2013 level. The Committee provides funding for this program within the three Centers as it has done in previous years, rather than in the Health Surveillance and Program Support account as requested by the administration. The Committee intends that the increase provided in CSAT for Minority Fellowship be used to increase the number of addiction counselors receiving Master’s level training.

National Survey on Drug Use and Health [NSDUH].—The Committee is concerned about the exclusion of American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands from NSDUH. The exclusion is especially troubling with respect to Puerto Rico and the U.S. Virgin Islands, which are designated as a high intensity drug trafficking area, because NSDUH is a leading evidence-based resource used to measure the effectiveness of Federal drug control policies and programs. The Committee encourages SAMHSA to consider fully incorporating each territory into the redesign of NSDUH.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Appropriations, 2013 ¹	\$369,053,000
Budget estimate, 2014	333,697,000
Committee recommendation	364,008,000

¹ Excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee provides \$364,008,000 for AHRQ through transfers available under section 241 of the PHS Act. In addition, the Committee recommends transferring \$7,000,000 to AHRQ from the PPH Fund. The total program level assumed in this bill for AHRQ is \$371,008,000.

AHRQ was established in 1990 to enhance the quality, appropriateness, and effectiveness of health services, as well as access to such services. AHRQ conducts, supports, and disseminates scientific and policy-relevant research on topics such as promoting high-quality care, eliminating healthcare disparities, using information technology, and evaluating the effectiveness of clinical services.

The Committee strongly supports AHRQ's unique mission within the Department to fund health services research that improves patient safety and promotes the delivery of high-quality healthcare. Whereas NIH conducts biomedical research to prevent, diagnose, and treat diseases, and CDC focuses on population health and community-based interventions, only AHRQ supports research that identifies the most effective clinical and system-level interventions, prevents medical errors, and promotes the wide-scale adoption of proven safety and quality practices throughout the healthcare system. The Committee recognizes the Comprehensive Unit-based Safety Program [CUSP] as an example of successful AHRQ-funded research aimed at preventing healthcare-associated infections [HAIs]. Within 3 months of being implemented in Michigan hospitals, this program reduced the rate of central line-related blood stream infections by two-thirds in more than 100 intensive care units, and within 18 months saved more than 1,500 lives and nearly \$200,000,000. The Committee supports AHRQ's efforts in fiscal year 2014 to expand the implementation of CUSP to include other healthcare settings and other HAIs.

HEALTH COSTS, QUALITY, AND OUTCOMES

The Committee provides \$231,384,000 for research on health costs, quality, and outcomes [HCQO]. In addition, the Committee recommends that \$7,000,000 be transferred to HCQO from the PPH Fund. The total program level assumed in this bill for HCQO is \$238,384,000. The HCQO research activity is focused upon improving clinical practice, improving the healthcare system's capacity to deliver quality care, and tracking progress toward health goals through monitoring and evaluation.

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

[In thousands of dollars]

Budget activity	Fiscal year 2013 appropriation ¹	Fiscal year 2014 request	Committee recommendation
Research on Health Costs, Quality, and Outcomes:			
Patient-Centered Health Research	\$16,600	.....	.....
Prevention/Care Management	22,369	\$20,704	\$22,904
Prevention and Public Health Fund (non-add)	(6,465)	.....	(7,000)
Value	3,730	3,252	3,252
Health Information Technology	25,572	25,572	29,572
Patient Safety	65,585	62,614	71,584

[In thousands of dollars]

Budget activity	Fiscal year 2013 appropriation ¹	Fiscal year 2014 request	Committee recommendation
Research Innovations	108,377	88,931	111,072

¹ Excludes transfers and reprogrammings allowed under Public Law 113-6.

Within the Prevention portfolio, the Committee recommends that \$7,000,000 from the PPH Fund be transferred to support the U.S. Preventive Services Trust Fund, which works to improve healthcare by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, or preventive medications.

Coordination of Health Services Research.—The Committee is concerned that the various Federal agencies conducting health services research do not sufficiently coordinate their efforts to optimize Federal investments in patient safety, especially regarding HAIs. As the lead agency for health services research, the Committee requests that AHRQ examine health services research efforts in patient safety (including HAIs) supported by Federal agencies since fiscal year 2010. In particular, AHRQ should identify research gaps, areas that could be consolidated, and emerging research priorities, and propose strategies for better coordination among Federal agencies. The Committee requests that AHRQ report on its findings no later than 1 year after the enactment of this act.

Health IT Safety.—The Committee is aware that the 2011 IOM report, “Health IT and Patient Safety: Building Safer Systems for Better Care,” found large gaps in our knowledge of how health IT impacts overall patient safety. Despite the clear potential for health IT to improve overall healthcare quality, patients can be harmed if IT systems fail, are poorly designed, or provide bad information. The Committee recommendation includes \$4,000,000 for AHRQ to research safe health IT practices specifically related to the design, implementation, usability, and safe use of these systems. The Committee hopes that this investment will generate new evidence on safe health IT practices that would ultimately be used by ONC, FDA, CMS, and others to inform certification and other policy interventions.

Healthcare Delivery Systems.—The Committee notes that identifying and disseminating improvements to the design of hospital rooms and healthcare facilities has the potential to prevent medical errors, reduce associated costs, and save lives. Within the Patient Safety portfolio, the Committee includes \$5,000,000 for research grants authorized by section 933 of the PHS Act. This funding will support grants for multidisciplinary teams, consisting of patients and their families, clinicians, technology experts, and engineers, to develop and test best practices in healthcare delivery. This is a new activity that was not funded in fiscal year 2013 or requested by the administration.

Investigator-Initiated Research.—The Committee believes that investigator-initiated research forms the backbone of AHRQ’s ability to improve healthcare with creative, groundbreaking approaches to ongoing and emerging healthcare issues. Within the Research Innovations portfolio, the Committee provides \$45,882,000 for investi-

gator-initiated research. The fiscal year 2013 level for this research is \$43,364,000 and the administration request is \$29,259,000.

Training Grants.—The Committee continues to be concerned by the reduction in training grants for health services researchers. The Committee requests an update from AHRQ in next year’s budget justification outlining the recent status of “K” and “T” awards and other training activities.

MEDICAL EXPENDITURES PANEL SURVEYS

The Committee provides \$63,811,000 for Medical Expenditure Panel Surveys [MEPS], which collect detailed information annually from households, healthcare providers, and employers regarding how Americans use and pay for healthcare. The data from MEPS are used to develop estimates of healthcare utilization, expenditures, sources of payment, and the degree of health insurance coverage of the U.S. population.

PROGRAM SUPPORT

The Committee recommends \$68,813,000 for program support. This activity funds the overall management of AHRQ, including salaries, benefits, and overhead costs such as rent.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

Appropriations, 2013	\$178,575,680,000
Budget estimate, 2014	177,872,985,000
Committee recommendation	177,872,985,000

The Committee recommends \$177,872,985,000 in mandatory funding for Grants to States for Medicaid.

The fiscal year 2014 recommendation excludes \$106,335,631,000 in fiscal year 2013 advance appropriations for fiscal year 2014. As requested by the administration, \$103,472,323,000 is provided for the first quarter of fiscal year 2015.

The Medicaid program provides medical care for eligible low-income individuals and families. It is administered by each of the 50 States, the District of Columbia, Puerto Rico, and the territories. Federal funds for medical assistance are made available to the States according to a formula that determines the appropriate Federal matching rate for State program costs. This matching rate is based on the State’s average per capita income relative to the national average and cannot be less than 50 percent.

PAYMENTS TO HEALTHCARE TRUST FUNDS

Appropriations, 2013 ¹	\$234,265,790,000
Budget estimate, 2014	255,185,000,000
Committee recommendation	255,697,000,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommends \$255,697,000,000 in mandatory funding for payments to healthcare trust funds.

This entitlement account includes the general fund subsidy to the Federal Supplementary Medical Insurance Trust Fund for Medicare part B benefits and for Medicare part D drug benefits

and administration, plus other reimbursements to the Federal Hospital Insurance Trust Fund for part A benefits and related administrative costs that have not been financed by payroll taxes or premium contributions.

The Committee provides \$194,565,000,000 for the Federal payment to the Supplementary Medical Insurance Trust Fund. This payment provides matching funds for premiums paid by Medicare part B enrollees.

The Committee further provides \$58,596,000,000 for the general fund share of benefits paid under Public Law 108–173, the Medicare Prescription Drug, Improvement and Modernization Act of 2003. As in previous years, the Committee includes bill language requested by the administration providing indefinite authority for paying the general revenue portion of the part B premium match and provides resources for the part D drug benefit program in the event that the annual appropriation is insufficient.

The Committee recommendation also includes \$373,000,000 to be transferred to the Supplementary Insurance Trust Fund as the general fund share of part D administrative expenses. The Committee recommendation includes \$640,000,000 in reimbursements to the HCFAC fund.

REDUCED COST SHARING FOR INDIVIDUALS ENROLLING IN QUALIFIED HEALTH PLANS

Appropriations, 2013 .....	.....
Budget estimate, 2014	\$3,977,893,000
Committee recommendation .....	.....

The Committee recommendation does not include a mandatory appropriation, requested by the administration, for reduced cost sharing assistance for individuals enrolling in qualified health plans purchased through the Health Insurance Marketplace, as provided for in sections 1402 and 1412 of the ACA.

This program helps eligible low- and moderate-income individuals and families afford the out-of-pocket costs associated with healthcare services.

PROGRAM MANAGEMENT

Appropriations, 2013 ¹	\$3,864,571,000
Budget estimate, 2014	5,217,357,000
Committee recommendation	5,217,357,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommends \$5,217,357,000 for CMS program management, which includes funding for research, program operations, survey and certification programs, and Federal administration.

Research, Demonstrations, and Evaluations

The Committee has consolidated the research office into program operations, as requested by the President.

Program Operations

The Committee recommends \$4,011,200,000 for the Program Operations account, which covers a broad range of activities including

claims processing and program safeguard activities performed by Medicare contractors. These contractors also provide information, guidance, and technical support to both providers and beneficiaries.

The Committee includes additional funding for program operations above the fiscal year 2013 level to support expanding workloads due to the enrollment of the baby boom generation in the Medicare program and to support the work required of CMS to implement the ACA.

Fiscal year 2014 begins on the very same day the ACA will open enrollment for new health coverage in the Health Insurance Marketplace, which will for the first time offer Americans a single place where they can compare the costs and benefits of different health insurance plans and choose the one that fits their needs. Funding in this bill will be used to oversee the operations in the first year of the Marketplace, ensuring that Americans get access to affordable health coverage and understand their rights as they begin to use that coverage. In addition, CMS will ensure compliance with the Patient's Bill of Rights and other insurance market rules, help States enforce the Medical Loss Ratio regulations, and implement additional quality measures to improve healthcare services for all Americans.

The Committee recommendation also includes funding to continue and expand data initiatives that, for the first time, give consumers information about healthcare costs and utilization. For example, in 2013, CMS released data on what hospitals charge for common procedures across the country and data on how much Medicare spends on a State-by-State and county-by-county basis. Businesses and consumers can use this detailed pricing data to make important choices about needed healthcare and health coverage. The Committee believes that this transparency will reduce and rationalize healthcare costs in the future.

Antimicrobial Stewardship.—The Committee continues to be concerned by the growing problem of antimicrobial resistance. The Committee encourages CMS to collaborate with participating healthcare institutions to develop and implement antimicrobial stewardship programs in all healthcare facilities, including hospitals, long-term care facilities, long-term acute care facilities, ambulatory surgical centers, and dialysis centers.

Community Living.—The Committee encourages CMS and ACL to continue their joint expansion and support of home- and community-based services for individuals with disabilities through the Money Follows the Person program, the Community First Choice Option, and other programs. In support of this effort, the Committee encourages CMS and ACL to provide regulatory guidance and technical assistance to States and other interested parties regarding the various Federal tools that have been created to help them expand access to home- and community-based long-term services and supports. In addition, the Committee encourages CMS and ACL to create an interagency task force on implementing the Olmstead decision.

Critical Access Hospitals.—The Committee requests a list of critical access hospitals that would be re-designated under the administration's proposal to remove critical access hospital status from facilities located less than 10 miles from another hospital. CMS is

encouraged to work with the Office of Rural Health Policy at HRSA to ensure that rural patients maintain access to necessary health services.

Dental Services.—The Committee commends CMS on its plan to clarify dental payment policy through a State Medicaid Director letter in 2013. CMS is directed to notify the Committee when the letter is issued.

Frontier Health.—The Committee notes that the Frontier Extended Stay Clinic Demonstration program reached its statutorily mandated completion in April 2013. The Committee directs CMS to submit a report on the outcomes of this demonstration no later than 90 days after enactment of this act. In addition, the Committee includes \$150,000 for the planned implementation of the Frontier Community Health Integration Demonstration program, slated to begin in fiscal year 2014.

Hepatitis C Screening.—The Committee is aware that the U.S. Preventive Services Task Force recently recommended that all Americans born between 1945 and 1965 receive one-time screening for hepatitis C. Given that this population is currently aging into Medicare, the Committee urges CMS to include this one-time screening in the Welcome to Medicare physical exam.

Immunization Payment.—The Committee strongly supports efforts to vaccinate Americans for preventable conditions. The Committee is concerned that a new coding rule for preventive services when administered in conjunction with immunization may undermine such efforts by discouraging the provision of immunizations at well baby and well child visits. The Committee urges CMS to reconsider this change. The Committee directs CMS to submit a report no later than 180 days after the implementation of the new coding rule on the impact of the change in policy on immunization rates.

Influenza Vaccine for Healthcare Workers.—The Committee supports the new requirement for acute care hospitals participating in the CMS Inpatient Prospective Payment System Hospital Inpatient Quality Reporting Program to submit summary data on influenza vaccination of healthcare personnel via CDC's National Healthcare Safety Network. The Committee encourages CMS to expand required reporting to all hospitals, skilled nursing facilities, and nursing facilities.

Infusion Pumps.—The Committee encourages CMS to conduct further research and analysis that will determine whether small volume infusion pumps could be used to improve patient care and reduce healthcare costs.

Integrative Medicine.—The Committee is aware of controlled clinical trials that have shown promising results for mind-body approaches to preventing and treating hypertension, other cardiovascular risk factors, and cardiovascular disease. Additional research is warranted to determine if integrative medicine interventions offer a unique opportunity to improve the quality of care while reducing healthcare costs from the Nation's leading causes of death. The Committee encourages CMS to test integrative health interventions to determine health outcomes and the potential for healthcare savings. In particular, the Committee is supportive of research into mind-body interventions for cardiovascular disease

that have been previously shown in peer-reviewed publications of clinical trials to reduce cardiovascular risk factors, mortality, myocardial infarction, and stroke.

Outpatient Drug Dispensing.—The Committee is strongly committed to eliminating waste in Medicare part D and believes that more should be done to reduce wasteful spending on outpatient prescription drugs in long-term care facilities. The Committee directs the Administrator of CMS to develop additional proposals designed to encourage short-cycle dispensing of outpatient prescription drugs in long-term care facilities and investigate the effects of dispensing fee changes on cost savings in the short-cycle dispensing program. These proposals should be submitted to the Committee no later than 180 days after enactment of this act.

Provider Nondiscrimination.—Section 2706 of the ACA prohibits certain types of health plans and issuers from discriminating against any healthcare provider who is acting within the scope of that provider's license or certification under applicable State law, when determining networks of care eligible for reimbursement. The goal of this provision is to ensure that patients have the right to access covered health services from the full range of providers licensed and certified in their State. The Committee is therefore concerned that the FAQ document issued by HHS, DOL, and the Department of Treasury on April 29, 2013, advises insurers that this nondiscrimination provision allows them to exclude from participation whole categories of providers operating under a State license or certification. In addition, the FAQ advises insurers that section 2706 allows discrimination in reimbursement rates based on broad "market considerations" rather than the more limited exception cited in the law for performance and quality measures. Section 2706 was intended to prohibit exactly these types of discrimination. The Committee believes that insurers should be made aware of their obligation under section 2706 before their health plans begin operating in 2014. The Committee directs HHS to work with DOL and the Department of Treasury to correct the FAQ to reflect the law and congressional intent within 30 days of enactment of this act.

Research.—The Committee strongly supports the research activities that CMS undertakes to improve the efficiency of payment, delivery, access, and quality of Medicare, Medicaid, and ACA programs. In particular, the Committee supports the proposed increase for the Chronic Conditions Data Warehouse, which makes data on chronic disease rates and health utilization trends within the beneficiary population available to researchers. In addition, the Committee recommendation includes sufficient funding to fulfill the President's request for the Medicare Current Beneficiaries Survey, the Research Data Assistance Center, public use data files, and Medicaid Analytic Data.

Treatment of Hard-to-Heal Wounds.—The Committee recommendation includes \$500,000 for CMS to initiate a pilot study on the health outcomes of new medical technologies for treating hard-to-heal wounds. This pilot study should focus on medical technologies that are not currently eligible for reimbursement in CMS programs.

State Survey and Certification

The Committee recommends \$412,353,000 for State Survey and Certification activities, which ensure that institutions and agencies providing care to Medicare and Medicaid beneficiaries meet Federal health, safety, and program standards. On-site surveys are conducted by State survey agencies, with a pool of Federal surveyors performing random monitoring surveys.

Infection Control Surveillance in Ambulatory Surgery Centers.—The Committee recommendation includes full funding of the President’s requested increase for surveying ambulatory surgical centers [ASCs], particularly in the area of infection control surveillance. In response to a July 2012 GAO report, CMS committed to collecting data using the agency’s ASC Infection Control Surveyor Worksheet. The Committee supports this effort and encourages CMS to continue collecting and analyzing the findings from this surveillance tool to inform the agency’s education and surveillance efforts moving forward. In addition, the Committee encourages CMS to make the aggregate data publicly available to build a better understanding of current and future injection practices in ASCs.

High-Risk Insurance Pools

The Committee includes \$22,004,000 for High-Risk Insurance Pools. This amount is intended to reimburse States for operational losses incurred by such pools during the first 6 months of fiscal year 2013, which allows a 3-month period for beneficiaries to make the transition to the health insurance marketplace.

Federal Administration

The Committee recommends \$771,800,000 for Federal Administration, which funds the majority of CMS’ staff and operating expenses for routine activities such as planning, implementing, evaluating, and ensuring accountability in the programs administered by CMS.

HEALTH CARE FRAUD AND ABUSE CONTROL

Appropriations, 2013 ¹	\$309,170,000
Budget estimate, 2014	311,000,000
Committee recommendation ²	640,000,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

² Includes funding available under program integrity cap adjustment provided by Public Law 112–25.

The Committee recommends \$640,000,000, to be transferred from the Medicare trust funds, for Health Care Fraud and Abuse Control [HCFAC] activities.

The Committee recommendation includes a base amount of \$311,000,000 and an additional \$329,000,000 through a budget cap adjustment authorized by section 251(b) of the Balanced Budget and Emergency Deficit Control Act of 1985.

Funding in this bill, in addition to the \$1,320,554,000 in mandatory monies for these activities, will provide a total of \$1,960,554,000 for HCFAC activities in fiscal year 2014.

Secure Medicare Card Pilot Project.—The Committee commends CMS on the completion of a Medicare smart card pilot project for

providers. When analysis of the data is complete, CMS is directed to submit a report of the findings of this project to the Committees on Appropriations. The report should include recommendations on further study of smart card use in the beneficiary context. Smart card technology may hold promise for reducing identity theft and increasing the accuracy of Medicare billing.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

Appropriations, 2013 ¹	\$2,903,752,000
Budget estimate, 2014	2,965,245,000
Committee recommendation	2,965,245,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommendation includes \$2,965,245,000 in fiscal year 2014 mandatory funds for Child Support Enforcement and Family Support programs. In addition, the Committee recommends \$1,250,000,000 in advance funding for the first quarter of fiscal year 2015.

These funds support States' efforts to promote the self-sufficiency and economic security of low-income families, including administrative expenses matching funds and incentive payments to States for child support enforcement; grants to States to help establish and administer access and visitation programs between noncustodial parents and their children; payments to territories for benefits to certain aged, blind, or disabled individuals; and temporary benefits for certain repatriated citizens.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

Appropriations, 2013 ¹	\$3,464,729,000
Budget estimate, 2014	3,020,000,000
Committee recommendation	3,614,729,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$3,614,729,000 for LIHEAP, which provides home heating and cooling assistance to low-income households, generally in the form of payments to energy vendors on behalf of the recipient. Within the total, the Committee recommendation includes up to \$2,988,000 for program integrity and oversight efforts, the same as the fiscal year 2013 level.

The Committee recommendation provides the full amount for LIHEAP under the State formula grant and does not include funding for the contingency fund. The Committee recommendation also does not include funding for new energy burden reduction grants requested by the administration.

REFUGEE AND ENTRANT ASSISTANCE

Appropriations, 2013 ¹	\$1,013,968,000
Budget estimate, 2014	1,123,432,000
Committee recommendation	1,121,432,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$1,121,432,000 for Refugee and Entrant Assistance programs. These programs provide a variety of benefits and services to refugees, asylees, Cuban and Haitian entrants, trafficking victims, and torture victims (collectively referred to below as “refugees”). The programs also fund temporary shelter and services for unaccompanied alien children apprehended by law enforcement who are in Federal custody awaiting adjudication of their immigration status.

Transitional and Medical Services

The Committee recommendation includes \$391,477,000 for Transitional and Medical Services [TAMS]. This program provides grants to States and nonprofit organizations to provide up to 8 months of cash and medical assistance to incoming refugees as well as foster care services to unaccompanied minors.

Within the total, the Committee recommendation includes not less than \$65,000,000 for the Voluntary Agencies Matching Grant program, which provides grants to resettlement agencies to support comprehensive services for arriving refugees with the goal of refugees becoming self-sufficient within their first 4 months in the United States.

Victims of Trafficking

The Committee recommendation includes \$15,775,000 for Victims of Trafficking programs. Within this amount, the Committee recommendation includes \$12,775,000 for programs serving foreign national victims and \$3,000,000 for a new program to improve services available to U.S. citizens and legal permanent residents who are victims of trafficking.

U.S. citizens and permanent residents who are victims of trafficking, or at risk of becoming victims, are likely to receive services from a number of existing programs that serve vulnerable populations, including runaway and homeless youth shelters, domestic violence programs, and organizations working within the criminal justice system. However, these programs may not have the capacity to provide for the unique needs of this particularly vulnerable population. This new funding will increase the capacity of existing programs and the availability of services to all victims of trafficking.

Social Services

The Committee recommendation includes \$153,407,000 for Social Services programs for refugees. These funds include formula and discretionary grants to States and nonprofit organizations to provide a variety of employment and support services to recently arrived refugees.

The Committee continues to strongly encourage ORR to explore the use of existing discretionary funds for case management services and emergency housing assistance for particularly vulnerable refugee populations.

Preventive Health

The Committee recommendation includes \$4,730,000 for Preventive Health services for refugees. This program funds grants to co-

ordinate and promote refugees' access to health screening, treatment, and follow-up services.

Targeted Assistance

The Committee recommendation includes \$48,401,000 for the Targeted Assistance program. This program provides additional funds to States with an influx of refugee arrivals and a high concentration of refugees facing difficulties achieving self-sufficiency.

Unaccompanied Alien Children

The Committee recommendation includes \$494,597,000 for the UAC program. The UAC program provides shelter and support services to unaccompanied alien children apprehended in the United States by the Department of Homeland Security or other law enforcement agencies. Children are taken into HHS' care pending resolution of their claims for relief under U.S. immigration law or release to an adult family member or guardian.

There has been a significant increase in the number of unaccompanied alien children arriving in the United States in recent years, from approximately 7,100 in fiscal year 2011 to an estimated 23,500 in fiscal year 2013. Many of the children placed into HHS's care are fleeing dangerous situations in their home country and are victims of severe forms of abuse, neglect, or trafficking. The Committee expects HHS to continue to provide it periodic updates on this situation. In addition, the Committee continues to be concerned about the impact of this dramatic increase in the number of children on the availability of support services, including access to pro bono legal representation, child advocates, social workers, physicians, and psychologists. Accordingly, within the total for the UAC program, the Committee recommendation includes \$13,000,000, an approximately \$3,327,000 increase over the fiscal year 2013 level, for the pro bono legal services initiative. This funding supports legal representation for both released and detained children. Given that the vast majority of children are released to a family member or sponsor pending resolution of their immigration status, the Committee directs ACF to allocate a significant portion of this increase to improve the availability of legal representation for released children. In addition, the Committee recommendation includes \$1,000,000 for the child advocate program. This program helps protect the interests and rights of the most vulnerable children while awaiting adjudication of their immigration status.

Victims of Torture

The Committee recommendation includes \$13,045,000 for the Victims of Torture program. This program provides treatment, social, and legal services to victims of torture and training to healthcare providers on treating the physical and psychological effects of torture.

PAYMENTS TO STATES FOR THE CHILD CARE AND DEVELOPMENT
BLOCK GRANT

Appropriations, 2013 ¹	\$2,323,656,000
Budget estimate, 2014	2,478,313,000
Committee recommendation	2,500,000,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$2,500,000,000 for the CCDBG, a State formula grant that provides financial assistance to low-income families to help pay for child care and to improve the quality of child care programs.

The Committee recommendation provides \$110,000,000 of the increase over the fiscal year 2013 level for formula grants to States, tribes, and territories to improve the quality of child care programs. In May 2013 the administration announced new rules to strengthen State child care standards and requirements to improve the health, safety, and school readiness of children in child care. These funds will support these and other efforts to improve the quality of child care programs across all States and settings. Funds should be used to help States raise the bar on quality, including through training, education, and other professional development for staff (including coaching, mentoring, and other on-site training and technical assistance); technical assistance to help providers become licensed and comply with licensing and regulatory requirements; scholarships for further education; compensation improvement (including rewards or bonuses) linked to increased credential or degree completion; and improving health and safety standards. States should work with their State Early Childhood Advisory Councils in coordinating these activities. States applying for these funds should provide assurances that funds will be prioritized first in areas with significant concentrations of poverty and unemployment and that lack access to high-quality early care and education programs, or for otherwise underserved populations such as children with disabilities or special needs. Additionally, any use of child assessments should conform to the recommendations of the National Research Council's reports on early childhood and assessment. Finally, these funds should be used to supplement and not to supplant Federal, State, and local funds otherwise used for these purposes.

The Committee directs the remaining \$66,344,000 increase over the fiscal year 2013 level to the base block grant. In recent years, many States have struggled to maintain key child care policies and have tightened eligibility requirements, added to waitlists, increased family copayments, and frozen reimbursement rates for providers. As a result, fewer families are receiving assistance and many that do are struggling to find quality affordable child care options. This increase will help improve low-income families' access to quality affordable child care.

The Committee recommendation also maintains several existing set-asides at their fiscal year 2013 level. This includes \$996,000 for a national toll-free referral line and Web site to provide child care consumer education information to low-income families, including information about the quality of child care programs, such as information under a State or local quality rating and improvement sys-

tem, and information to help families access available child care in their community through linkages to State and local data sources. Funds set aside for quality improvement activities within the block grant are in addition to the \$110,000,000 in new formula funds described above and the 4 percent quality improvement set-aside established in the authorizing legislation.

SOCIAL SERVICES BLOCK GRANT

Appropriations, 2013 ¹	\$1,700,000,000
Budget estimate, 2014	1,700,000,000
Committee recommendation	1,700,000,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$1,700,000,000 in mandatory funds for the SSBG, a flexible source of funding that allows States to provide a diverse array of services to low-income children and families, the disabled, and the elderly.

The Committee continues to regard the SSBG as a critical source of funding for services that protect children from neglect and abuse, including providing foster and respite care, as well as related services for children and families, persons with disabilities, and older adults. The Committee recognizes the importance of this program, especially in providing mental health and counseling services to underserved populations, and recommends continued usage and flexibility of these funds for such purposes.

CHILDREN AND FAMILY SERVICES PROGRAMS

Appropriations, 2013 ¹	\$9,927,328,000
Budget estimate, 2014	11,088,944,000
Committee recommendation	11,417,876,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$11,417,876,000 in budget authority for Children and Families Services programs, including \$5,762,000 in transfers available under section 241 of the PHS Act. These funds support a variety of programs for children, youth, and families; the developmentally disabled; Native Americans; victims of child abuse, neglect, and domestic violence; and other vulnerable populations.

Head Start

The Committee recommendation includes \$9,621,070,000 for Head Start. Head Start provides grants directly to local public and private organizations to provide comprehensive early childhood education services to low-income children and their families, from before birth to age 5.

The Committee recommendation includes bill language that restores funding for current grantees to their fiscal year 2012 funding level and then further allows for a 1.9 percent cost of living adjustment. This will help current grantees retain and recruit highly qualified staff and keep pace with rising costs to maintain high-quality services.

Within the total for Head Start, the Committee recommendation also includes \$1,430,376,000 to expand Early Head Start services

through new and existing Early Head Start providers and through new Early Head Start-Child Care Partnerships, as requested by the administration. Early Head Start, which provides services to children and their families from before birth to age 3, currently serves less than 5 percent of eligible children, yet research increasingly supports the importance and benefits of high-quality early childhood education beginning at the earliest ages, including for families before birth. This increase in funding will nearly double enrollment in Early Head Start.

Through Early Head Start-Child Care Partnerships, Early Head Start providers will partner with local center and family-based child care providers, leveraging current investments through the Child Care and Development Fund, to increase the quality of existing child care programs. Early Head Start providers will enter into contractual relationships with local child care programs to provide training, technical assistance, and funding to raise the bar on the quality of those programs to meet Early Head Start program performance standards. The Committee includes bill language specifying that partnering child care providers have 18 months to meet such standards before being subject to the requirements of the Designation Renewal System [DRS]. HHS should establish standards to ensure that the responsibilities and expectations of the Early Head Start provider and partnering child care providers, respectively, are clearly defined. The Committee recommendation also includes bill language specifying that funding for Early Head Start-Child Care Partnerships may be used to provide services for children through age 3.

In awarding Early Head Start expansion funds, the Committee urges HHS to prioritize organizations that seek to develop a unified birth-to-school-entry continuum through alignment with maternal and infant health home visiting programs, State funded pre-K programs, and other federally, State, or locally funded early childhood care and education programs. Moreover, HHS should prioritize organizations that seek to work with child care providers across settings, including center and home-based programs. The Committee also urges HHS to encourage a wide-range of organizations to apply, including States, and new and existing Early Head Start providers. Early Head Start expansion funds, including funding for Early Head Start-Child Care Partnerships, should be allocated to States proportionally based on the number of young children from families whose income is below the poverty line. Further, the Secretary shall reserve no less than 3 percent for Indian Head Start programs and no less than 4.5 percent for migrant and seasonal Head Start programs, to expand services for children and their families from before birth through age 3 in those programs.

Within the total for Head Start, the Committee recommendation also includes up to \$25,000,000, as requested by the administration, for transition-related costs associated with the Head Start DRS. Under the DRS, each year certain Head Start programs are required to re-compete for continued funding. These funds support start-up and other transition-related costs to ensure that new grantees are fully operational when an incumbent grant ends. This minimizes any disruption in services for children and families. In addition, the Committee continues to encourage HHS to consider

the unique challenges faced by Head Start providers in remote and frontier areas when reviewing grantees as part of the DRS.

Consolidated Runaway and Homeless Youth Program

The Committee recommendation includes \$99,355,000 for the Consolidated Runaway and Homeless Youth program. This program supports the Basic Centers program, which provides temporary shelter, counseling, and after-care services to runaway and homeless youth under age 18 and their families; the Transitional Living Program, which provides longer-term shelter and services for older youth; and a national toll-free runaway and homeless youth crisis hotline.

The Committee recommendation for runaway and homeless youth programs does not include funding for the “Prevalence, Needs and Characteristics of Homeless Youth” study, as requested by the administration. Instead, the Committee directs new funding provided over the fiscal year 2013 level to the core runaway and homeless youth programs. The Committee includes \$54,636,000 for the Basic Centers program and \$44,719,000 for the Transitional Living program. The fiscal year 2013 level for the Basic Centers program is \$53,429,000 and the budget request is \$53,536,000. The fiscal year 2013 level for the Transitional Living program is \$43,731,000 and the budget request is 43,819,000.

Education and Prevention Grants To Reduce Sexual Abuse of Runaway Youth

The Committee recommendation includes \$17,865,000 for Education and Prevention Grants to Reduce Sexual Abuse of Runaway and Homeless Youth. This program provides competitive grants for street-based outreach and education services for runaway and homeless youth who are subjected to or are at risk of being subjected to sexual abuse or exploitation.

Child Abuse Prevention and Treatment State Grants

The Committee recommendation includes \$26,379,000 for the Child Abuse Prevention and Treatment State Grant program. This program provides formula grants to States to improve their child protective service systems.

Child Abuse Discretionary Activities

The Committee recommendation includes \$25,693,000 for Child Abuse Discretionary Activities. This program supports discretionary grants for research, demonstration, and technical assistance to increase the knowledge base of evidence-based practices and to disseminate information to State and local child welfare programs.

Community-Based Child Abuse Prevention

The Committee recommendation includes \$41,444,000 for the Community-Based Child Abuse Prevention program. This program provides formula grants to States that then disburse funds to local, community-based organizations to improve local child abuse prevention and treatment efforts, including providing direct services

and improving the coordination between State and community-based organizations.

Abandoned Infants Assistance

The Committee recommendation includes \$11,530,000 for the Abandoned Infants Assistance program. This program provides discretionary grants to public and private community and faith-based organizations to develop, implement, and operate demonstration projects that prevent the abandonment of infants and young children impacted by substance abuse and HIV. Funds may be used to provide respite care for families and caregivers, allow abandoned infants and children to reside with their natural families or in foster care, and carry out residential care programs for abandoned infants and children who are unable to reside with their families or be placed in foster care.

Child Welfare Services

The Committee recommendation includes \$280,088,000 for Child Welfare Services. This formula grant program helps State and tribal public welfare agencies improve their child welfare services with the goal of keeping families together. These funds help States and tribes provide a continuum of services that prevent child neglect, abuse or exploitation; allow children to remain with their families, when appropriate; promote the safety and permanence of children in foster care and adoptive families; and provide training and professional development to the child welfare workforce.

Child Welfare Research, Training, and Demonstration

The Committee recommendation includes \$26,039,000 for child welfare research, training, and demonstration projects. This program provides grants to public and nonprofit organizations for demonstration projects that encourage experimental and promising types of child welfare services, as well as projects that improve education and training programs for child welfare service providers.

The Committee continues to encourage ACF to work with ACL and other HHS agencies to evaluate intergenerational approaches for improving outcomes for at-risk youth and families. The Committee strongly encourages HHS to use existing discretionary resources for such initiatives.

Adoption Opportunities

The Committee recommends \$44,100,000 for the Adoption Opportunities program. This program funds discretionary grants to help facilitate the elimination of barriers to adoption and provide technical assistance to help States increase the number of children adopted, particularly children with special needs.

Within the total, the Committee recommendation includes \$7,500,000 for discretionary grants to test intensive and exhaustive child-focused adoptive parent recruitment strategies for children in foster care. Such intensive recruitment strategies have been shown to move foster youth into permanent families at a much higher rate than traditional recruitment approaches. These programs should focus on children that are hardest to place because of age, dis-

ability, or sibling group membership. In addition, the Committee encourages HHS to provide guidance to State child welfare agencies on the use of title IV–E Foster Care and Adoption Assistance training funds for the implementation of intensive child-focused recruitment strategies and other evidence-based models that have been shown to increase the rate of placement of children in foster care, particularly older children, into adoptive families.

The Committee remains concerned about the availability of post-adoption services for children and their adoptive families and strongly encourages ACF to increase funding within this program explicitly available for such activities. The Committee also directs ACF to submit a report by July 31, 2014, on how ACF has used, and plans to use, Adoption Opportunities funding to strengthen post-adoption services.

Adoption Incentives

The Committee recommends \$39,268,000 for the Adoption Incentives program. This program provides formula-based incentive payments to States to encourage them to increase the number of adoptions of children from the foster care system, with an emphasis on children who are the hardest to place.

Social Services and Income Maintenance Research

The Committee recommends \$14,762,000 for Social Services and Income Maintenance Research, including \$5,762,000 funded through transfers available under the PHS Act. These funds support research and evaluation of cost-effective programs that increase the stability and economic independence of families and contribute to the healthy development of children and youth.

Within the total, as requested by the administration, the Committee recommendation includes \$3,000,000 for a rigorous evaluation to examine which features of early care and education programs most influence child and family outcomes, and how those features interact with other child, family, and community-level characteristics to affect such outcomes.

Within the total, the Committee recommendation also includes \$6,000,000 for the National Survey of Child and Adolescent Well-Being, as requested by the administration.

The Committee recommendation does not include funding requested by the administration for a new initiative addressing financial deterrents to marriage.

Developmental Disabilities and Voting Access for Individuals with Disabilities

In order to better align disability and aging policies and programs, in 2012 HHS moved the Administration on Developmental Disabilities from ACF to the newly established ACL. The Committee supports this administrative change and accordingly funds these programs within ACL in fiscal year 2014.

Native American Programs

The Committee recommends \$48,486,000 for Native American programs. These funds support a variety of programs to promote self-sufficiency and cultural preservation activities among Native

American, Native Hawaiian, Alaska Native, and Pacific Islander organizations and communities.

Within the total, the Committee recommendation includes \$12,000,000 for Native American language preservation activities, including no less than \$4,000,000 for language immersion programs authorized by section 803C(b)(7)(A)–(C) of the Native American Programs Act, as amended by the Esther Martinez Native American Language Preservation Act of 2006. The Committee strongly encourages ACF to give priority to grantees with rigorous immersion programs.

Community Services Block Grant

The Committee recommendation includes \$676,003,000 for the Community Services Block Grant [CSBG]. The CSBG is a formula grant to States and Indian tribes to provide a wide range of services to alleviate causes of poverty in communities and to assist low-income individuals in becoming self-sufficient. States are required to pass on at least 90 percent of these funds to local community-based organizations, the vast majority of which are community action agencies.

The Committee rejects the administration's proposed cut to the CSBG and continues to strongly support the program, which provides critical and flexible funding for local organizations that serve as a central source of assistance for low-income populations at the local level.

Community Economic Development

The Committee recommendation includes \$29,883,000 for the Community Economic Development [CED] program. This program provides grants to community development corporations to support employment and business development opportunities for low-income individuals. Within the total for the CED program, the Committee recommendation includes up to \$10,000,000 for the Healthy Foods Financing Initiative [HFFI].

The administration proposed eliminating the CED program and moving CED funding for HFFI to the Department of the Treasury, which also provides funding for HFFI through the Community Development Financial Institutions [CDFI] program. The Committee rejects this elimination and continues to allow funding for HFFI within the CED program. The Committee strongly encourages continued collaboration between HHS and Treasury but notes that HFFI projects funded under CED are distinct from those funded under CDFI.

Within the HFFI program, the Committee encourages ACF to promote the establishment of food hubs in local communities. Food hubs address challenges in both the distribution and retail of healthy foods by connecting local producers to the market. Specifically, food hubs aggregate locally grown products from a group of producers and distribute and market them to consumers, whether households, retailers, or wholesalers.

Rural Community Facilities

The Committee recommendation includes \$5,971,000 for the Rural Community Facilities program. This program provides

grants to regional nonprofit organizations to provide training and technical assistance to low-income rural communities in developing and managing safe and affordable water and wastewater treatment facilities. These funds support projects in communities that generally cannot access resources and services through similar programs at the Department of Agriculture and the Environmental Protection Agency.

Assets for Independence

The Committee recommendation includes \$20,000,000 for the Assets for Independence [AFI] program. The AFI program provides discretionary grants to organizations to support individual development accounts that encourage low-income individuals to create savings accounts for dedicated purposes, such as buying a home, paying for college, or starting a business.

In addition, the Committee recommendation includes new bill language requested by the administration that will allow HHS to recapture unused funds by grantees and reallocate them to new or existing projects. AFI grantees are required to match individual savings with equal amounts of Federal and non-Federal funds. Grantees have 5 years to expend funds but some have struggled to encourage enough savings or to provide a sufficient match to be able to expend their full grant during that time.

National Domestic Violence Hotline

The Committee recommendation includes \$4,500,000 for the National Domestic Violence Hotline. This national, toll-free hotline provides information and assistance to victims of domestic violence 24 hours a day.

Family Violence Prevention and Services

The Committee recommendation includes \$135,000,000 for Family Violence Prevention and Services programs. These funds support programs to prevent family violence and provide immediate shelter and related assistance for victims of domestic violence and their dependents. The Committee recommends an increase for this program, as well as for the National Domestic Violence Hotline, to improve the availability of services for victims of domestic violence. According to a 2012 survey, on any given day domestic violence programs must turn down over 15 percent of requests for services, the vast majority of which are for emergency shelter and housing, because of a lack of resources.

Chafee Education and Training Vouchers

The Committee recommendation includes \$45,084,000 for the Chafee Education and Training Voucher program. This program supports vouchers to foster care youth to help pay for expenses related to postsecondary education and vocational training.

Disaster Human Services Case Management

The Committee recommends \$1,988,000 for Disaster Human Services Case Management. This program assists States in establishing the capacity to provide case management services in a timely manner in the event of a disaster. It ensures that States are able

to meet social service needs during disasters by helping disaster victims prepare recovery plans, referring them to service providers and FEMA contacts in order to identify needed assistance, and providing ongoing support and monitoring through the recovery process.

Program Administration

The Committee recommendation includes \$203,368,000 for the Federal costs of administering ACF programs. This amount includes up to \$1,368,000 for the Center for Faith-Based and Neighborhood Partnerships. The Committee recommendation for ACF program administration does not include costs for administering developmental disabilities programs and the Voting Access for Individuals with Disabilities program, which have moved to ACL.

The Committee urges ACF to ensure that the interests of Hispanic children and families, as well as other underserved populations, are considered throughout their grant programs and processes, including in grant announcements, review panels, and evaluation activities. The Committee directs ACF to provide a report no later than March 31, 2014, on its current and planned efforts to meet this priority.

PROMOTING SAFE AND STABLE FAMILIES

Appropriations, 2013 ¹	\$407,938,000
Budget estimate, 2014	408,065,000
Committee recommendation	408,065,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$408,065,000 for the Promoting Safe and Stable Families program. The Committee recommendation includes \$345,000,000 in mandatory funds authorized by the Social Security Act and \$63,065,000 in discretionary appropriations.

This program supports activities that can prevent the emergence of family crises that might require the temporary or permanent removal of a child from his or her home. Grants allow States to operate coordinated programs of family preservation services, time-limited family reunification services, community-based family support services, and adoption promotion and support services.

PAYMENTS FOR FOSTER CARE AND PERMANENCY

Appropriations, 2013 ¹	\$4,817,220,000
Budget estimate, 2014	4,806,000,000
Committee recommendation	4,806,000,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$4,806,000,000 in mandatory funds for Payments for Foster Care and Permanency. In addition, the Committee recommends \$2,200,000,000 in advance mandatory funding for the first quarter of fiscal year 2015. These funds support programs that assist States with the costs of maintaining eligible children in foster care, prepare children for living on their own, assist relatives with legal guardianship of eligible children, and find and support adoptive homes for children with special needs.

ADMINISTRATION FOR COMMUNITY LIVING
AGING AND DISABILITY SERVICES PROGRAMS

Appropriations, 2013 ¹	\$1,467,974,000
Budget estimate, 2014	1,714,755,000
Committee recommendation	1,716,664,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends an appropriation of \$1,716,664,000 for ACL, which includes \$52,115,000 in Medicare trust funds. In addition, the Committee recommends that \$31,700,000 be transferred to ACL from the PPH Fund. The total program level assumed in this bill for ACL is \$1,748,364,000. Both the budget request and Committee recommendation reflect a consolidated account structure for ACL, which was established by HHS in April 2012 by combining the organizational components of AoA, the HHS Office on Disability, and the Administration on Developmental Disabilities. The fiscal year 2013 total for ACL does not reflect this reorganization, and therefore is not directly comparable to fiscal year 2014.

ACL was created with the goal of increasing access to community supports for older Americans and people with disabilities. It is charged with administering programs authorized under the Older Americans Act [OAA] and the Developmental Disabilities Act, as well as promoting community living policies throughout the Federal Government for older Americans and people with disabilities.

Home- and Community-Based Supportive Services

The Committee recommends an appropriation of \$366,916,000 for the Home- and Community-Based Supportive Services program. This program provides formula grants to States and territories to fund a wide range of social services that enable seniors to remain independent and in their homes for as long as possible. State agencies on aging award funds to designated area agencies on aging that, in turn, make awards to local service providers. This activity supports services such as transportation, adult day care, physical fitness programs, and in-home assistance such as personal care and homemaker assistance.

Preventive Health Services

The Committee recommends \$20,944,000 for Preventive Health Services. This program funds activities such as medication management and enhanced fitness and wellness programs. These programs help seniors stay healthy and avoid chronic disease, thus reducing the need for costly medical interventions. The Committee maintains bill language that requires States to use these funds to support evidence-based models that enhance the wellness of seniors.

Protection of Vulnerable Older Americans

The Committee recommends \$21,797,000 for grants to States for the Long-term Care Ombudsman program and the Prevention of Elder Abuse program. Both programs provide formula grants to States to prevent the abuse, neglect, and exploitation of older individuals. The ombudsman program focuses on the needs of residents

of nursing homes and other long-term care facilities, while the elder abuse prevention program targets the elderly community at large.

The Committee urges the Long-term Care Ombudsman program to include ombudsman training on the possible dangers of chemical and physical restraints, including portable adult bedrails, and how to safely minimize their use.

National Family Caregiver Support Program

The Committee recommends \$153,621,000 for the National Family Caregiver Support program. Funds appropriated for this activity establish a multifaceted support system in each State for family caregivers, allowing them to care for their loved ones at home for as long as possible. States may use funding to provide information to caregivers about available services, assistance to caregivers in gaining access to services, caregiver counseling and training, respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities, and limited supplemental services that fill remaining service gaps.

Native American Caregiver Support Program

The Committee recommendation includes \$6,364,000 to carry out the Native American Caregiver Support program. This program provides grants to tribes for the support of American Indian, Alaskan Native, and Native Hawaiian families caring for older relatives with chronic illness or disability, as well as for grandparents caring for grandchildren.

Congregate and Home-Delivered Nutrition Services

The Committee recommends an appropriation of \$439,070,000 for congregate nutrition services and \$216,830,000 for home-delivered meals. These programs address the nutritional needs of older individuals, thus helping them to stay healthy and reduce their risk of disability. Funded projects must make home-delivered and congregate meals available at least once a day, 5 days a week, and each meal must meet a minimum of one-third of daily dietary requirements. While States receive separate allotments of funds for congregate meals, home-delivered meals, and supportive services, they have flexibility to transfer funds between these programs.

Nutrition Services Incentives Program

The Committee recommendation includes \$160,389,000 for the Nutrition Services Incentives Program [NSIP]. NSIP augments funding for congregate and home-delivered meals provided to older adults. States and tribes may choose to receive all or part of their funding in the form of commodities from the Department of Agriculture.

Aging Grants to Indian Tribes and Native Hawaiian Organizations

The Committee recommends \$27,601,000 for grants to Native Americans. This program provides grants to eligible tribal organizations for the delivery of nutrition and supportive services to Native Americans.

Aging Network Support Activities

The Committee recommends \$7,873,000 for Aging Network Support activities. These funds support activities that expand public understanding of aging and the aging process, apply social research and analysis to improve access to and delivery of services for older individuals, test innovative ideas and programs, and provide technical assistance to agencies that administer programs authorized by the OAA.

Improving Transportation for Older Americans.—The Committee is aware of the growing need for transportation services for older Americans and urges ACL to support efforts to encourage private-public partnerships to carry out section 416 of the OAA.

Alzheimer's Disease Demonstration Grants to States

The Committee recommendation includes \$4,002,000 for Alzheimer's Disease Demonstration Grants to States. This program funds competitive grants to States to test and implement new models of care for individuals with Alzheimer's disease.

Alzheimer's Disease Initiative

The Committee recommends \$14,700,000 in mandatory funding be transferred from the PPH Fund to ACL for the Alzheimer's Disease Initiative. Of the total, \$10,500,000 is provided to expand the availability of home- and community-based dementia services and supports. The remaining \$4,200,000 is provided for a public awareness outreach campaign regarding Alzheimer's disease.

Lifespan Respite Care

The Committee recommends \$2,490,000 for the Lifespan Respite Care program. The Lifespan Respite Care program provides grants to States to expand respite care services to family caregivers, improve the local coordination of respite care resources, and improve access to and quality of respite care services, thereby reducing family caregiver strain.

Chronic Disease Self-Management Program

The Committee recommends \$10,000,000 in mandatory funding be transferred from the PPH Fund to ACL for the Chronic Disease Self-Management Program [CDSMP]. This program assists those with chronic disease with managing their conditions and improving their health status. Topics covered by the program include nutrition; appropriate use of medications; fitness; and effective communications with healthcare providers. CDSMP has been shown through multiple studies to result in significant and measurable improvements in health and quality of life, as well as reductions in hospitalizations and emergency room visits.

Elder Falls Prevention

The Committee recommends that \$7,000,000 in mandatory funding be transferred from the PPH Fund for Elder Falls Prevention activities at ACL. Preventing falls will help seniors stay independent and in their homes and avoid costly hospitalizations and hip fractures, which frequently lead to nursing home placement. The Committee intends that these funds should be used in coordi-

nation with CDC for public education about the risk of these falls, as well as implementation and dissemination of community-based strategies that have been proven to reduce the incidence of falls among seniors.

Adult Protective Services Demonstrations

The Committee recommendation includes \$8,000,000 for Adult Protective Services Demonstrations. This new program, as authorized in the Elder Justice Act, will provide competitive grants to States to test and evaluate innovative approaches to preventing and responding to elder abuse. The Committee encourages ACL to test innovative practices in local communities that develop partnerships across disciplines for the prevention, investigation, and prosecution of abuse, including financial abuse against the elderly.

Senior Medicare Patrol

The Committee recommends \$9,402,000 for the Senior Medicare Patrol program. These funds support a network of retired senior volunteers who educate older adults on preventing and identifying healthcare fraud and abuse.

Elder Rights Support Activities

The Committee recommends \$4,088,000 for Elder Rights Support activities. This activity supports programs that provide information, training, and technical assistance to legal and aging services organizations in order to prevent and detect elder abuse and neglect.

Aging and Disability Resource Centers

The Committee recommendation includes \$6,444,000 for ADRCs. These centers provide information, one-on-one counseling, and access for individuals to learn about their long-term services and support options with the goal of allowing seniors and individuals with disabilities to maintain their independence. The Committee urges ACL to improve coordination among ADRCs, area agencies on aging, and centers for independent living to ensure that there is “no wrong door” to access services.

State Health Insurance Assistance Program

The Committee recommendation includes \$52,115,000 for State Health Insurance Assistance Programs [SHIPs], which provide accurate and understandable health insurance information to Medicare beneficiaries and their families.

The Committee concurs with the administration’s proposal to transfer this grant program to ACL from CMS and includes bill language that reflects this transfer. About two-thirds of the 54 State SHIPs are already administered by State units on aging. SHIP activities are aligned with ACL’s mission to develop a comprehensive system of home- and community-based services to help seniors maintain their health and independence.

National Clearinghouse on Long-Term Care Information

The Committee recommendation includes \$3,000,000 for the National Clearinghouse on Long-Term Care Information. The Clear-

inghouse supports activities that raise awareness of public and private options available for long-term care needs.

Community Service Employment for Older Americans

The budget request proposes moving the CSEOA program to ACL. The Committee rejects that change and continues to provide funding for this program in the Department of Labor.

Paralysis Resource Center

The Committee recommendation includes \$6,700,000 for the Paralysis Resource Center [PRC], which provides comprehensive information and referral services to people living with paralysis and their families. The Committee concurs with the administration request to transfer funding and administrative responsibility for the PRC from CDC to ACL. The Committee believes the PRC will benefit from ACL's goals of maximizing the independence and well-being of people with disabilities, as well as its ties to disability networks.

Developmental Disabilities State Councils

The Committee recommendation includes \$74,774,000 for State councils on developmental disabilities. These councils work to develop, improve, and expand the system of services and supports for people with developmental disabilities at the State and local level. Councils engage in activities such as training, educating the public, building capacity, and advocating for change in State policies with the goal of furthering the inclusion and integration of individuals with developmental disabilities in all aspects of community life.

Developmental Disabilities Protection and Advocacy

The Committee recommendation includes \$40,865,000 for protection and advocacy programs for people with developmental disabilities. This formula grant program provides funds to States to establish and maintain protection and advocacy systems to protect the legal and human rights of persons with developmental disabilities who are receiving treatment, services, or rehabilitation.

Voting Access for Individuals With Disabilities

The Committee recommendation includes \$5,235,000 to improve voting access for individuals with disabilities. This program provides grants to protection and advocacy organizations to ensure that individuals with disabilities have the opportunity to participate in every step of the electoral process, including registering to vote, accessing polling places, and casting a vote.

Developmental Disabilities Projects of National Significance

The Committee recommendation includes \$9,317,000 for projects of national significance to assist persons with developmental disabilities. This program funds grants and contracts that develop new technologies and demonstrate innovative methods to support the independence, productivity, and integration into the community of persons with developmental disabilities.

Human Services Transportation.—The Committee recommendation includes \$1,000,000 for a competitive grant or contract for the

purpose of providing generally available technical assistance to local government and nonprofit transportation providers. This assistance should focus on the most cost-effective ways to provide transportation assistance to all persons of any age with disabilities. The activities should be limited to onsite technical assistance, establishment of a technical assistance Web site, a toll free hotline and preparation of technical material. In addition, because of rising fuel prices, such technical assistance should include expanding the use of accessible, fuel-efficient taxi service for persons with disabilities and those receiving dialysis.

University Centers for Excellence in Developmental Disabilities

The Committee recommendation includes \$38,792,000 for University Centers for Excellence in Developmental Disabilities [UCEDDs]. The UCEDD program supports a network of 67 university-based centers that conduct research, provide interdisciplinary education, and develop model services for children and adults with disabilities. The centers serve as the major vehicle to translate disability-related research into community practice and to train the next cohort of future professionals who will provide services and supports to an increasingly diverse population of people with disabilities.

Program Administration

The Committee recommends \$30,035,000 for program administration at ACL. These funds support salaries and related expenses for program management and oversight activities. The Committee recommendation includes the administrative costs associated with the Administration on Developmental Disabilities and the Office on Disability, which are now part of ACL. The fiscal year 2013 level does not reflect the administrative costs of these other components and therefore is not directly comparable to fiscal year 2014.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

Appropriations, 2013 ¹	\$542,585,000
Budget estimate, 2014	421,276,000
Committee recommendation	517,381,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$517,381,000 for General Departmental Management [GDM]. The recommendation includes \$70,173,000 in transfers available under section 241 of the PHS Act.

This appropriation supports activities that are associated with the Secretary’s role as policy officer and general manager of the Department. It supports health activities performed by the Office of the Assistant Secretary for Health [ASH], including the Office of the Surgeon General. GDM funds also support the Department’s centralized services carried out by several Office of the Secretary staff divisions, including personnel management, administrative and management services, information resources management,

intergovernmental relations, legal services, planning and evaluation, finance and accounting, and external affairs.

The Committee recommendation includes \$250,000 for continued support of the Advisory Council on Alzheimer's Research, Care, and Services.

Adolescent Health.—The Committee supports the efforts of the Office of Adolescent Health [OAH] to improve health and reduce risky behaviors among adolescents. The recommendation includes not less than \$1,500,000 for OAH to coordinate activities within the Department with respect to adolescent health, including program design and support, trend monitoring and analysis, research projects, the training of healthcare professionals, and demonstration projects to improve adolescent health.

Alzheimer's Disease.—The Committee strongly supports the National Plan to Address Alzheimer's Disease and its goal of preventing and effectively treating Alzheimer's disease by 2025. The Committee encourages the Department to include specific annual milestones as well as measures to assess progress within each annual report authorized by the National Alzheimer's Project Act. To ensure all appropriate Federal departments and agencies are informing the plan, the Department should consider adding representatives from NCATS and the Office of Science and Technology Policy to the Advisory Council on Alzheimer's Research, Care and Services. The Committee also encourages the Department to ensure the perspectives of patients with Alzheimer's disease are represented by establishing a patient representative position to the council.

Asthma.—The Committee is concerned that in the 6 years since the release of NIH's Expert Panel Guidelines for the Diagnosis and Management of Asthma, very few children being treated in a primary care setting are receiving in vitro testing or skin testing to manage their asthma more effectively with an increased focus on achieving and maintaining good asthma control over time. The Committee directs the Secretary to report to the Committee within 60 days of enactment of this act on the barriers to primary care adoption of standardized and reproducible allergy tests for children and adults with asthma and related conditions. The report should recommend actions to remove such barriers to testing, which is a critical component of the guidelines.

Chronic Fatigue Syndrome [CFS].—The Committee endorses the Department's continued support of the CFS Advisory Committee and urges accelerated progress to enact its recommendations to strengthen research, education, training, care, and services to better address the needs of one million Americans living with CFS.

Federal E-Health Working Group.—The Committee encourages the Secretary to convene a national working group on e-health and telemedicine to improve communication, coordination and collaboration among relevant Federal agencies regarding e-health needs, standards, Federal goals, and Federal efforts. Such a working group should seek to reduce duplication and e-health incompatibility, as well as improve health quality, effectiveness, and outcomes.

Hiring Individuals With Disabilities.—The Committee is very supportive of Executive Order 13548 and the Department's goal to

raise the representation of individuals with disabilities in its workforce from 9 percent in fiscal year 2011 to 11 percent by fiscal year 2015. However, the Committee understands that the Department is not on pace to meet this target. The Committee encourages the Department to accelerate its efforts toward achieving the goals of this important executive order.

Immunotherapy and Asthma.—The Committee notes that an AHRQ review published earlier this year concluded that allergy immunotherapy is an effective treatment for allergic rhinitis, reduces asthma symptoms, lowers the use of asthma medications, and improves patient quality of life. Studies have also shown that allergy immunotherapy is highly cost-effective and severely underutilized. The Committee encourages the Secretary to develop a multi-agency initiative involving the NIH, AHRQ, CMS, and CDC to support research that will identify patient, healthcare provider, and systems barriers to initiation and adherence to allergy immunotherapy and develop interventions to address these problems.

National Advisory Committee on Children and Disasters.—The Committee is concerned about the Nation's preparedness to meet the needs of children and pregnant women during disasters. The Committee notes that the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 requires the Secretary to establish a National Advisory Committee on Children and Disasters which would bring together Federal and non-Federal experts to provide advice and recommendations on medical and public health preparedness before, during, and after a disaster or public health emergency. The Committee requests a report from the Secretary on the status of the National Advisory Committee within 90 days of enactment of this act.

Overdose Prevention.—The Committee notes that accidental deaths from overdose, particularly from prescription drugs such as opioids, are on the rise and have become the leading cause of preventable death for individuals under the age of 65 in the United States. The Committee is concerned that many healthcare professionals, treatment providers and at-risk populations are unaware of overdose prevention and reversal strategies. The Committee urges the Secretary, in collaboration with other agencies such as SAMHSA and CDC, to raise awareness of the symptoms and risk factors of overdose, how to deploy naloxone, rescue breathing and emergency services for someone experiencing an overdose, and how to help individuals make the linkage to treatment and recovery services.

Prescriber Education.—The administration's "Prescription Drug Abuse Plan" called on the Department to work with the Department of Justice and the Office of National Drug Control Policy on ways to educate practitioners on safe and proper prescribing of opioid painkillers as a prequalification for those individuals obtaining a Drug Enforcement Administration license to prescribe and dispense controlled substances. The Committee requests an update on these efforts in next year's congressional justification.

Urban-Based Network.—The Committee continues to support the efforts of the Secretary and other agencies within the Department, such as HRSA, AHRQ, CDC, CMS, NIMHD, and the Office of Mi-

minority Health, to support a network of urban-based institutions focused on addressing recruitment and training needs of minority and urban underserved populations and reducing health disparities in these urban communities.

Teen Pregnancy Prevention

The Committee recommendation includes \$113,245,000 for the Teenage Pregnancy Prevention program. The recommendation includes \$8,455,000 in transfers available under section 241 of the PHS Act. The Committee provides \$104,790,000 in funding for this activity through budget authority, rather than through transfers from the PPH Fund as requested by the administration. This program supports competitive grants to public and private entities to replicate evidence-based teen pregnancy prevention approaches.

Office of Minority Health

The Committee recommends \$42,560,000 for OMH. This Office focuses on strategies designed to decrease health disparities and to improve the health status of racial and ethnic minority populations in the United States. OMH establishes goals and coordinates all departmental activity related to improving health outcomes for disadvantaged and minority individuals.

The Committee recommendation includes \$2,000,000 to continue the national health education program on lupus for healthcare providers, with the goal of improving diagnosis for those with lupus and reducing health disparities. The Committee continues to strongly support this program, which is intended to engage healthcare providers, educators, and schools of health professions in working together to improve lupus diagnosis and treatment through education.

Chronic Kidney Disease [CKD].—The Committee continues to encourage OMH to prioritize early detection and treatment of CKD in minority communities to improve health outcomes and eliminate these severe health disparities.

Offices of Minority Health.—The Committee continues to support the Department's implementation of the Action Plan to Reduce Racial and Ethnic Health Disparities, as well as the National Stakeholder Strategy for Achieving Health Equity. The Committee notes that the Offices of Minority Health in the Office of the Secretary, AHRQ, CDC, CMS, FDA, HRSA, and SAMHSA are charged with leading the strategy.

Abstinence Education

The Committee recommendation does not include funding for abstinence education. Instead of funding a separate program for this purpose, the Committee supports the Teen Pregnancy Prevention program, which funds evidence-based strategies to reduce teen pregnancy, including those that emphasize abstinence.

Office of Women's Health

The Committee recommends \$26,808,000 for OWH. This office develops, stimulates, and coordinates women's health research, healthcare services, and public and healthcare professional education across the Department. It advances important crosscutting

initiatives and develops public-private partnerships, providing leadership and policy direction, in order to address the disparities in women’s health.

The Committee recommendation includes \$2,300,000 to continue the violence against women’s health initiative. This initiative provides a public health response to abuse by training healthcare providers in interventions that identify, assess, and refer victims of domestic and sexual violence.

HIV/AIDS in Minority Communities

The Committee recommends \$53,891,000 to address high-priority HIV prevention and treatment needs of minority communities heavily impacted by HIV/AIDS. The Committee provides funding for this activity through budget authority, rather than through transfers available under section 241 of the PHS Act as requested by the administration. These funds are available to key operating divisions of the Department with expertise in HIV/AIDS services to assist minority communities with education, community linkages, and technical assistance.

Embryo Donation and Adoption

The Committee does not provide funding for embryo donation and adoption awareness activities. The Committee notes that this program has had a limited number of applicants since its inception and the administration has been unable to demonstrate its effectiveness.

OFFICE OF MEDICARE HEARINGS AND APPEALS

Appropriations, 2013 ¹	\$71,867,000
Budget estimate, 2014	82,381,000
Committee recommendation	82,381,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee provides \$82,381,000 for OMHA. This Office is responsible for hearing Medicare appeals at the administrative law judge level, which is the third level of Medicare claims appeals. OMHA ensures that Medicare beneficiaries who are dissatisfied with the initial decisions about their benefits or eligibility can appeal and exercise their right to a hearing in front of an administrative law judge. The Committee recommendation provides additional funding for OMHA to hire more administrative law judge teams and increase its capacity to process its rising caseload.

The Committee is concerned by both the growing backlog of cases at OMHA and the high rate of claims overturned by the Office. Over half of the cases sent to OMHA are overturned; of the remaining cases, 37 percent are overturned through the departmental appeal process. The Department is urged to work with providers at the early stages of the audit process so that only a small number of cases are ultimately appealed and the loss of provider time, energy, and resources due to incorrect audit results are limited.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION
TECHNOLOGY

Appropriations, 2013 ¹	\$61,193,000
Budget estimate, 2014	76,883,000
Committee recommendation	71,597,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee makes available \$71,597,000 to ONC, which includes \$51,307,000 in transfers available under section 241 of the PHS Act. ONC is responsible for promoting the use of electronic health records in clinical practice, coordinating Federal health information systems, and collaborating with the private sector to develop standards for a nationwide interoperable health information technology infrastructure.

The Committee includes new bill language providing ONC with the authority to collect and spend user fees authorized in a new general provision. These user fees will support its electronic health record certification and standards development activities. These activities previously were supported with funding appropriated in the American Recovery and Reinvestment Act. This appropriation will expire at the end of fiscal year 2013.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2013 ¹	\$49,983,000
Budget estimate, 2014	68,879,000
Committee recommendation	59,879,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends an appropriation of \$59,879,000 for the HHS OIG. In addition to discretionary funds provided in this act, the Health Insurance Portability and Accountability Act of 1996 provides a permanent appropriation of \$200,279,000 for OIG.

OIG conducts audits, investigations, and evaluations of the programs administered by the Department's operating and staff divisions, including the recipients of the Department's grant and contract funds. In doing so, OIG addresses issues of waste, fraud, and abuse and makes recommendations to improve the efficiency and effectiveness of the Department's programs and operations.

OFFICE FOR CIVIL RIGHTS

Appropriations, 2013 ¹	\$40,857,000
Budget estimate, 2014	42,205,000
Committee recommendation	42,205,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$42,205,000 for OCR, which is responsible for enforcing civil rights-related statutes in healthcare and human services programs. To enforce these statutes, OCR investigates complaints of discrimination, conducts program reviews to correct discriminatory practices, and implements programs to generate voluntary compliance among providers and constituency groups of health and human services. The recommendation will allow OCR to strengthen its capacity to enforce Federal standards

for health information privacy and security called for in the Health Insurance Portability and Accountability Act.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

Appropriations, 2013	\$527,151,000
Budget estimate, 2014	550,372,000
Committee recommendation	550,372,000

The Committee provides an estimated \$550,372,000 in mandatory funds for Retirement Pay and Medical Benefits for Commissioned Officers of the U.S. Public Health Service [PHS]. This account provides for retirement payments to PHS officers who are retired due to age, disability, or length of service; payments to survivors of deceased officers; and medical care to Active Duty and retired officers, as well as their dependents.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

Appropriations, 2013 ^{1 2}	\$1,799,207,000
Budget estimate, 2014	1,289,530,000
Committee recommendation	1,304,400,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

²Includes emergency funding of \$800,000,000 in the Disaster Relief Appropriations Act, 2013 (division A of Public Law 113–2).

The Committee recommends \$1,304,400,000 for the Public Health and Social Services Emergency Fund [PHSSEF]. This appropriation supports the activities of ASPR and other components within the Office of the Secretary to prepare for the health consequences of bioterrorism and other public health emergencies, including pandemic influenza. It also provides funding for the Department's cybersecurity efforts.

Office of the Assistant Secretary for Preparedness and Response

The Committee recommendation includes \$1,065,817,000 for activities administered by ASPR. This Office was created by the Pandemic and All-Hazards Preparedness Act to lead the Department's activities regarding preventing, preparing for, and responding to public health emergencies, including disasters and acts of terrorism.

Public Health Emergency Research.—The Committee recognizes that important infectious diseases research often must be conducted during a public health emergency and that the lack of clear Federal guidelines in this area presents barriers to researchers. The Committee encourages ASPR to consult with the Office for Human Research Protections and other HHS offices and agencies about establishing a public health emergency research review board. ASPR also should work to coordinate and strengthen research capacities between CDC, NIH, FDA, DOD, the VA, and the academic medical community.

Virtual Training.—The Committee continues to note the need for realistic virtual reality simulation training technologies at the local community level that will help prepare medical responders and hospitals for public health emergencies. The Committee encourages ASPR to develop core competencies and standardized curricula for

virtual training using state-of-the-art, simulation medical response technology.

Hospital Preparedness Program

The Committee's recommendation includes \$254,555,000 for the Hospital Preparedness Program. This program provides grants to States to build healthcare coalitions that enhance regional and local hospital preparedness and improve overall surge capacity in public health emergencies.

Emergency System for Advance Registration of Volunteer Health Professionals [ESAR VHP]

The Committee recommendation includes \$505,000 for the ESAR VHP program, which has established a national network of health professionals who provide assistance during an emergency. Funding will provide technical support to States to continue the program's mission.

Biomedical Advanced Research and Development

The Committee recommendation includes \$415,000,000 for advanced research and development. The Committee provides funding for BARDA through budget authority rather than through transfers from the Project BioShield Special Reserve Fund [SRF] advance appropriation, as it has done in previous years. BioShield SRF balances will expire at the end of fiscal year 2013.

Anthrax Vaccine.—While the Committee remains concerned about the Nation's preparedness against biological threats, it recognizes that BARDA has made strides in developing and acquiring products to combat anthrax, including a next-generation recombinant anthrax vaccine. The Committee encourages the continuation of these targeted efforts toward a clinically advanced and affordable vaccine.

Antimicrobial Development.—The Committee is aware that CDC recently reported a four-fold increase in multidrug-resistant bacteria over the last 10 years. Unfortunately, existing treatment options are limited and few new drugs are likely to become available to address these bacterial threats in the near term. The Committee strongly encourages BARDA to prioritize its Broad Spectrum Antimicrobial program.

Strategic Investor

The Committee recommendation includes \$15,000,000 to create the Strategic Investor program. This program will provide financial support and business expertise to emerging biodefense companies that develop medical countermeasures for the Federal stockpile.

Medical Countermeasure Dispensing

The Committee recommendation includes \$5,000,000 for the Medical Countermeasure Dispensing program. Funding provided by the Committee will support the continued implementation of the National Postal Model, which provides for the delivery of medical countermeasures through the U.S. Postal Service during a bioterrorist attack.

Project BioShield Special Reserve Fund

The Committee recommendation includes \$250,000,000 for the Project BioShield SRF. The Committee strongly supports the mission of Project BioShield and intends to continue providing support for the procurement of medical countermeasures [MCMs] in future fiscal years. The Committee includes a new general provision requested by the administration allowing BARDA to enter into incrementally funded, multiyear contracts for up to 10 years rather than the standard limit of 5 years. The new provision also modifies existing multiyear contracting authority by allowing BARDA to repurpose unused termination costs to pay contract invoices in subsequent years. These modifications will allow BARDA to use multiyear authority to engage in long-term contracts with companies that develop medical countermeasures.

The Committee directs BARDA to utilize this new multiyear contracting authority, providing for termination as appropriate in the event that funds are not made available in future fiscal years, to meet the known current and future national need for particular MCMs. The Committee believes that the multiyear contracts will provide a clear indicator to industry of the Federal Government's future support for medical countermeasure development, while at the same time promoting economy in the administration, performance, and operation of BARDA. The Committee requests that BARDA provide a 5-year spend plan for fiscal years 2014–2018, which shall be made public, detailing the funding amounts required to support advanced development contracts for these products.

Other Activities

The Committee recommendation includes the following amounts for the following activities within ASPR:

- Operations*.—\$33,213,000;
- Preparedness and Emergency Operations*.—\$24,789,000;
- National Disaster Medical System*.—\$52,502,000; and
- Policy and Planning*.—\$15,253,000.

Office of the Assistant Secretary for Administration

The Committee recommends \$41,125,000 for information technology cybersecurity in the Office of the Assistant Secretary for Administration. These funds provide for continuous monitoring and security incident response coordination for the Department's computer systems and networks.

Office of the Assistant Secretary for Health

The Committee recommendation includes \$8,979,000 for the Medical Reserve Corps program in ASH. This program is a national network of local volunteers who work to strengthen the public health infrastructure and preparedness capabilities of their communities.

Office of the Secretary

The Committee recommendation includes \$188,479,000 for activities within the Office of the Secretary.

Pandemic Influenza Preparedness

The Committee recommendation includes \$140,009,000 for Pandemic Influenza Preparedness. Of the total, \$32,009,000 is provided in annual funding and \$108,000,000 in no-year funding. Since fiscal year 2012 the Department's pandemic flu activities have been funded from existing balances from prior supplemental appropriations. However, HHS anticipates spending all of these balances by the end of fiscal year 2013. The Committee recommendation will support the goals defined in the HHS Pandemic Influenza Plan, which includes maintaining the Department's egg supply program, developing new methods for extending the life of vaccines in the Strategic National Stockpile, maintaining a fill-finish manufacturing network, and supporting the advancement of vaccine capability in other countries.

Lease Replacement

The Committee recommendation includes \$41,000,000 for space consolidation for several HHS agencies, as well as fit-out costs for lease replacement.

Office of Security and Strategic Information

The Committee includes \$7,470,000 for the Office of Security and Strategic Information to maintain the security of the Department's personnel, systems, and critical infrastructure.

PREVENTION AND PUBLIC HEALTH FUND

The PPH Fund was created in the ACA and provides \$13,500,000,000 in mandatory funds over the next 10 years to supplement investments in public health and prevention. The Committee strongly believes that additional resources for prevention will improve people's health and reduce healthcare costs over the long term. Recognizing the Committee's responsibility to determine funding levels for community-based prevention and public health programs, the ACA specifically gives the Committee authority to transfer funds into Federal programs that support the goal of making America healthier.

In fiscal year 2014, the level appropriated for the fund is \$1,000,000,000, the same as the fiscal year 2013 level. The Committee includes bill language in section 220 of this act that requires that funds be transferred within 45 days of enactment of this act to the following accounts, for the following activities, and in the following amounts:

Agency	Account	Program	Committee recommendation
HRSA	Health Workforce	Alzheimer's Disease Education and Outreach.	\$5,300,000
HRSA	Health Workforce	Public Health Training Centers	25,000,000
CDC	Immunization and Respiratory Diseases ...	Immunization program	150,000,000
CDC	HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.	Viral Hepatitis screening and prevention ...	10,000,000
CDC	Emerging and Zoonotic Infectious Diseases	Epidemiology and Laboratory Improvement program.	40,000,000
CDC	Emerging and Zoonotic Infectious Diseases	Healthcare-Associated Infections	12,000,000
CDC	Chronic Disease Prevention, Health Promotion, and Genomics.	Breastfeeding Promotion and Support program.	15,000,000

Agency	Account	Program	Committee recommendation
CDC	Chronic Disease Prevention, Health Promotion, and Genomics.	Community Transformation Grants	280,000,000
CDC	Chronic Disease Prevention, Health Promotion, and Genomics.	Diabetes Prevention Program	10,000,000
CDC	Chronic Disease Prevention, Health Promotion, and Genomics.	High-Obesity Regions	5,000,000
CDC	Chronic Disease Prevention, Health Promotion, and Genomics.	Let's Move (National Early Care and Education Collaboratives).	4,000,000
CDC	Chronic Disease Prevention, Health Promotion, and Genomics.	Million Hearts	5,000,000
CDC	Chronic Disease Prevention, Health Promotion, and Genomics.	National School Food Marketing Assessment.	1,700,000
CDC	Chronic Disease Prevention, Health Promotion, and Genomics.	Nutrition, Physical Activity, Obesity Grants.	10,000,000
CDC	Chronic Disease Prevention, Health Promotion, and Genomics.	Office of Smoking and Health	95,000,000
CDC	Chronic Disease Prevention, Health Promotion, and Genomics.	Prevention Research Centers	10,000,000
CDC	Chronic Disease Prevention, Health Promotion, and Genomics.	Racial and Ethnic Approaches to Community Health.	40,000,000
CDC	Chronic Disease Prevention, Health Promotion, and Genomics.	Workplace Wellness grants	10,000,000
CDC	Public Health Scientific Services	Guide to Community Preventive Services	7,400,000
CDC	Public Health Scientific Services	National Center for Health Statistics	35,000,000
CDC	Environmental Health	Chronic Disease Biomarkers	4,200,000
CDC	Environmental Health	Environmental and Health Outcome Tracking Network.	35,000,000
CDC	Injury Prevention and Control	Falls Prevention activities	3,000,000
CDC	CDC-Wide Activities	National Prevention, Health Promotion and Public Health Council.	1,000,000
CDC	CDC-Wide Activities	Public Health Infrastructure grants	40,000,000
CDC	CDC-Wide Activities	Public Health Workforce	15,700,000
SAMHSA	Mental Health	Mental Health First Aid	15,000,000
SAMHSA	Mental Health	Suicide Prevention	12,000,000
SAMHSA	Substance Abuse Treatment	Access to Recovery	50,000,000
SAMHSA	Health Surveillance and Program Support.	Surveillance activities	15,000,000
AHRQ	Health Costs, Quality, and Outcomes	U.S. Preventive Services Task Force	7,000,000
ACL	Aging and Disability Services Programs	Alzheimer's Disease Self-Management	14,700,000
ACL	Aging and Disability Services Programs	Chronic Disease Self-Management	10,000,000
ACL	Aging and Disability Services Programs	Falls Prevention	7,000,000

GENERAL PROVISIONS

Section 201. The bill continues a provision placing a \$50,000 ceiling on official representation expenses.

Section 202. The bill continues a provision that limits the assignment of certain public health personnel.

Section 203. The bill continues a provision limiting the use of certain grant funds to pay individuals more than an annual rate of executive level II.

Section 204. The Committee recommendation continues a provision restricting the Secretary's use of taps for program evaluation activities unless a report is submitted to the Appropriations Committees of the House and Senate on the proposed use of funds.

Section 205. The Committee recommendation continues a provision authorizing the transfer of up to 2.5 percent of PHS Act funds for evaluation activities.

Section 206. The Committee recommendation continues a provision restricting transfers of appropriated funds and requires a 15-

day notification to both the House and Senate Appropriations Committees.

Section 207. The Committee recommendation continues a provision permitting the transfer of up to 3 percent of AIDS funds among ICs by the Director of NIH and the Director of the Office of AIDS Research at NIH.

Section 208. The Committee recommendation retains language which requires that the use of AIDS research funds be determined jointly by the Director of NIH and the Director of the Office of AIDS Research and that those funds be allocated directly to the Office of AIDS Research for distribution to the Institutes and Centers consistent with the AIDS research plan.

Section 209. The Committee recommendation continues a provision regarding requirements for family planning applicants.

Section 210. The Committee recommendation retains language which states that no provider services under title X of the PHS Act may be exempt from State laws regarding child abuse.

Section 211. The Committee recommendation retains language which restricts the use of funds to carry out the Medicare Advantage Program if the Secretary denies participation to an otherwise eligible entity.

Section 212. The Committee recommendation modifies a provision which facilitates the expenditure of funds for international health activities.

Section 213. The Committee recommendation continues a provision authorizing the Director of NIH to enter into certain transactions to carry out research in support of the NIH Common Fund.

Section 214. The Committee continues a provision that permits CDC and the Agency for Toxic Substances and Disease Registry to transfer funds that are available for Individual Learning Accounts.

Section 215. The Committee recommendation continues a provision permitting NIH to use up to \$3,500,000 per project for improvements and repairs of facilities.

Section 216. The Committee recommendation includes a provision that transfers funds from NIH to HRSA and AHRQ, to be used for National Research Service Awards.

Section 217. The Committee recommendation includes a new provision allowing continued funding of the Sanctuary System for Surplus Chimpanzees.

Section 218. The bill continues a provision prohibiting the use of funds for lobbying activities related to gun control.

Section 219. The Committee recommendation modifies a provision requiring a publicly available Web site that details expenditures from the PPH Fund.

Section 220. The Committee recommendation includes a new provision transferring mandatory funds from section 4002 of the Patient Protection and Affordable Care Act to accounts within the Department for activities outlined under the heading "Prevention and Public Health Fund" in this report.

Section 221. The Committee recommendation includes a new provision authorizing user fee collections to the Office of the National Coordinator for Health Information Technology to support certification and standards activities.

Section 222. The Committee recommendation includes a new provision that provides BARDA with authority to enter into a multiyear contract for up to 10 years and to repurpose unused termination costs to pay contract invoices.

Section 223. The Committee recommendation includes a new provision requiring fiscal year 2015 budget justifications to include certain FTE information with respect to ACA.

Section 224. The bill includes a new general provision allowing National Health Service Corps contracts to be canceled up to 60 days after award.

Section 225. The Committee recommendation includes a new general provision that ensures that NIH has the contracting flexibility it needs to efficiently manage the federally Funded Research and Development Center it sponsors while also ensuring that all financial obligations incurred in fiscal year 2014 are fully funded with fiscal year 2014 appropriations.

Section 226. The bill includes a new provision expressing the sense of the Senate on income verification for ACA exchange plans.

Section 227. The bill includes a new provision related to ACA exchange funding transparency.

TITLE III
DEPARTMENT OF EDUCATION
EDUCATION FOR THE DISADVANTAGED

Appropriations, 2013 ¹	\$15,710,221,000
Budget estimate, 2014	15,655,002,000
Committee recommendation	15,875,231,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommends an appropriation of \$15,875,231,000 for education for the disadvantaged.

The President’s budget was based on the administration’s proposal to reauthorize the ESEA, but no such bill has passed the Senate. As a result, the Committee bill is based on current law for programs authorized under the ESEA.

The programs in the Education for the Disadvantaged account help ensure that poor and low-achieving children are not left behind in the Nation’s effort to raise the academic performance of all children and youth. Funds appropriated in this account primarily support activities in the 2014–2015 school year.

Grants to Local Educational Agencies

Title I Grants to LEAs provide supplemental education funding, especially in high-poverty areas, for local programs that provide extra academic support to help raise the achievement of eligible students or, in the case of schoolwide programs, help all students in high-poverty schools meet challenging State academic standards. Title I Grants are distributed through four formulas: basic, concentration, targeted, and education finance incentive grant.

The Committee recommends \$14,612,425,000 for the Title I Grants to LEAs program. Of the funds available for Title I Grants to LEAs, up to \$4,000,000 shall be available on October 1, 2013, and may be transferred to the Census Bureau for poverty updates; \$3,767,248,000 will become available on July 1, 2014; and \$10,841,177,000 will become available on October 1, 2014. The funds that become available on July 1, 2014, and October 1, 2014, will remain available for obligation through September 30, 2015.

The Committee notes that the biggest barrier for homeless children and youth attempting to enroll in and attend school regularly is the lack of transportation. The Committee bill includes a new provision clarifying that title I funds may be used to address this transportation issue, as well as support homeless liaisons.

School Improvement Grants

The Committee recommendation includes \$567,485,000 for the SIG program.

The Committee continues authority provided by prior appropriations acts that addresses several issues. First, it continues the expansion of the number of schools that may receive funds through the program. This language allows schools to be eligible for SIG if they are eligible for title I and have not made adequate yearly progress for at least 2 years or are in the State's lowest quintile of performance based on proficiency rates. Second, States may make subgrants of not more than \$2,000,000 to each participating school. And, a set-aside of up to 5 percent of the SIG appropriation may be used for national activities.

The Committee notes that Federal and non-Federal investments in school turnaround and comprehensive school reform have identified, developed, or supported research-proven, replicable models for struggling schools. Such schools now have a growing number of options to match their needs. Therefore, the Committee bill includes new language that will allow schools that receive SIG funds the flexibility to choose and implement a research-proven, whole-school reform model.

The bill also provides new flexibility to LEAs that are eligible to receive services under the Rural Education Achievement Program to modify not more than one element required under a school improvement model. The bill also includes new language allowing SEAs, with the approval of the Secretary, the ability to establish an alternative State-determined school improvement strategy that may be used by LEAs under the SIG program. The purpose of this alternative strategy is to allow SEAs to develop their own flexible models that can be implemented by LEAs that receive SIG funds.

The Committee expects that any approach taken with SIG funds should address schoolwide factors, whole school culture, the individual needs of the students, and the use of data to inform instruction and provide continuous improvement; ensure that the needs of the students are met through the organization of the school, curriculum and instruction, and social and emotional support services; and improve teacher and leader effectiveness, including through training and support for teachers and school leaders in school improvement efforts and in the needs of students.

The Committee bill also includes new language that extends the availability of SIG funds in order to provide LEAs and schools with the time needed to implement effective, sustainable turnaround efforts. The Committee believes that this flexibility should be used to provide schools with the opportunity to receive performance-based grant extensions.

Striving Readers Comprehensive Literacy Program

The Committee recommends \$164,378,000 to continue the Striving Readers Comprehensive Literacy program.

The Committee bill includes language that continues the competitive portion of the program as it was established in the fiscal year 2010 appropriations act. Striving Readers is a birth-through-12th grade comprehensive initiative focused on data and assessment, systemic interventions, professional development, and explicit literacy instruction. To strengthen State grantees' ability to improve students' literacy skills, the Committee directs the Secretary to provide it with a report within 60 days of enactment of

this act on the Department's policies and procedures for providing timely, evidence-based, and effective technical assistance and support, particularly with regard to State grantees' evaluation activities. In addition, the program offers an important opportunity to test, learn, and share effective policies and practices to strengthen student literacy. Therefore, the Committee directs the Secretary to utilize the 5 percent set-aside for national activities to implement a national evaluation of the Striving Readers program.

Migrant Education Program

The Committee recommends \$392,450,000 for the title I Migrant Education program.

This funding supports grants to SEAs for programs to meet the special educational needs of the children of migrant agricultural workers and fishermen. Funding also supports activities to improve interstate and intrastate coordination of migrant education programs, as well as identify and improve services to the migrant student population.

Neglected and Delinquent

The Committee recommends \$50,130,000 for the title I Neglected and Delinquent program.

This program provides financial assistance to SEAs for education services to neglected and delinquent children and youth in State-run institutions and for juveniles in adult correctional institutions. States are authorized to set aside at least 15 percent, but not more than 30 percent, of their Neglected and Delinquent funds to help students in State-operated institutions make the transition into locally operated programs and to support the successful reentry of youth offenders who are age 20 or younger and have received a secondary school diploma or its recognized equivalent.

Evaluation

The Committee recommends \$3,028,000 for evaluation of title I programs.

Evaluation funds are used to support large-scale national surveys that examine how the title I program is contributing to student academic achievement. Funds also are used to evaluate State assessment and accountability systems and analyze the effectiveness of educational programs supported with title I funds.

The Committee bill also includes a new general provision in this title that clarifies the Department's authority to reserve up to 0.5 percent of each ESEA appropriation in the bill, except for titles I and III of the ESEA, for evaluation of ESEA programs funded in this act. The Department is required to provide the Senate Committees on Appropriations and HELP an operating plan describing the proposed uses of this new evaluation authority as well as the source appropriation for such activities. In addition, not later than 45 days prior to the submission of the required operating plan, the Department shall brief the Senate Committees on Appropriations and HELP on the programs and activities being considered for inclusion in the plan. Further, the Committee expects the Department to include in future congressional budget justifications a discussion of its planned use of this new authority.

High School Graduation Initiative

The Committee recommends \$48,809,000 for the High School Graduation Initiative under title I, part H of the ESEA.

The High School Graduation Initiative provides competitive grants to LEAs or SEAs to implement effective high school graduation and reentry strategies in schools and districts that serve students in grades 6 through 12 and have annual school dropout rates that are above their State’s average. Funds also are used for certain national activities, including evaluation, technical assistance, and dissemination of information on effective programs and best practices.

Special Programs for Migrant Students

The Committee recommends \$36,526,000 for Special Programs for Migrant Students, which consist of HEP and CAMP.

HEP projects are 5-year grants to institutions of higher education and other nonprofit organizations to recruit migrant students ages 16 and older and provide the academic and support services needed to help them obtain a high school equivalency certificate and subsequently gain employment, attain admission to a postsecondary institution or a job training program, or join the military.

CAMP projects are 5-year grants to institutions of higher education and nonprofit organizations to provide tutoring, counseling, and financial assistance to migrant students during their first year of postsecondary education.

SCHOOL READINESS

Appropriations, 2013	
Budget estimate, 2014	\$750,000,000
Committee recommendation	750,000,000

The Committee recommends \$750,000,000 to create a new Preschool Development Grants program.

This program will award competitive grants to States to support their efforts to expand or create high-quality preschool systems for 4-year-olds from low- and moderate-income families, including children with disabilities. Preschool Development Grants will complement the administration’s Preschool for All proposal, which will provide matching mandatory funds to States for improving access to such high-quality preschool systems. The Department will award two types of grants, one to low-capacity States with small or no State-funded preschool programs and another to high-capacity States that have a larger State-funded preschool program. These grants will help States address fundamental needs including workforce development, quality improvement efforts, and the scale-up of proven preschool models. The bill allows States to subgrant funds to LEAs and to LEAs in partnership with other early learning providers. The Committee directs the Department to require any use of child assessments to conform to the recommendations and cautions of reports by the National Research Council on assessments of children.

This new program, combined with investments in programs administered by HHS, will help improve the quality of early learning

and development programs for ages birth through 5 and help close the achievement gap for children from low-income families.

IMPACT AID

Appropriations, 2013 ¹	\$1,288,603,000
Budget estimate, 2014	1,224,239,000
Committee recommendation	1,290,945,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$1,290,945,000 for the Impact Aid program.

Impact aid provides financial assistance to school districts for the costs of educating children when enrollments and the availability of revenues from local sources have been adversely affected by the presence of Federal activities.

Children who reside on Federal or Indian lands generally constitute a financial burden on local school systems because these lands do not generate property taxes—a major revenue source for elementary and secondary education in most communities. In addition, realignments of U.S. military forces at bases across the country often lead to influxes of children into school districts without producing the new revenues required to maintain an appropriate level of education.

The Committee bill retains language that provides for continued eligibility for students affected by the deployment or death of their military parent, as long as these children still attend schools in the same school district.

Basic Support Payments.—The Committee recommends \$1,153,540,000 for the Basic Support Payments program. Under this statutory formula, payments are made on behalf of all categories of federally connected children, with a priority placed on making payments first to heavily impacted school districts and providing any remaining funds for regular basic support payments.

The Committee bill also includes new language that would continue heavily impacted payments through 2014 for LEAs that received such payments in 2009.

Payments for Children With Disabilities.—The Committee bill includes \$48,316,000 for Payments for Children With Disabilities. Under this program, additional payments are made for certain federally connected children eligible for services under IDEA.

Facilities Maintenance.—The Committee recommends \$4,835,000 for Facilities Maintenance. This activity provides funding for emergency repairs and comprehensive capital improvements to certain school facilities owned by the Department and used by LEAs to serve federally connected military dependent students. Funds appropriated for this purpose are available until expended.

Construction.—The Committee recommends \$17,441,000 for eligible LEAs for emergency repairs and modernization of school facilities.

The Committee recommendation includes bill language allowing these funds to be awarded entirely through the authorized formula. The budget request proposes to award funds on a competitive basis. Fiscal year 2012 and 2013 funds were available for distribution only under the competitive portion of the program.

Payments for Federal Property.—The Committee recommends \$66,813,000 for Payments for Federal Property. These payments compensate LEAs in part for revenue lost due to the removal of Federal property from local tax rolls.

The Committee bill includes new language allowing a district to carry its section 8002 eligibility to a new school district that was formed as a result of district consolidation.

SCHOOL IMPROVEMENT PROGRAMS

Appropriations, 2013 ¹	\$4,535,506,000
Budget estimate, 2014	2,028,313,000
Committee recommendation	4,621,862,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommendation includes \$4,621,862,000 for the School Improvement Programs account.

The President’s budget was based on the administration’s proposal to reauthorize the ESEA, but no such bill has passed the Senate. As a result, programs in this account are based generally on current law, as authorized under the ESEA.

State Grants for Improving Teacher Quality

The Committee recommends \$2,461,634,000 for State Grants for Improving Teacher Quality.

The appropriation for this program primarily supports activities associated with the 2014–2015 academic year. Of the funds provided, \$780,193,000 will become available on July 1, 2014, and \$1,681,441,000 will become available on October 1, 2014. These funds will remain available for obligation through September 30, 2015.

States and LEAs may use funds for a range of activities related to the certification, recruitment, professional development, and support of teachers and administrators. Activities may include reforming teacher certification and licensure requirements, addressing alternative routes to State certification of teachers, recruiting teachers and principals, and implementing teacher mentoring systems, teacher testing, merit pay, and merit-based performance systems. These funds may also be used by districts to hire teachers to reduce class sizes.

The Committee bill modifies a set-aside for the Supporting Effective Educator Development program, which provides competitive awards to national not-for-profit organizations for recruiting, training, or providing professional enhancement activities for teachers and school leaders, particularly for high-need schools most likely to face shortages in these areas. These funds may be used to support such activities in civic learning. The Committee recommends that up to 5.5 percent of funds available for State Grants for Improving Teacher Quality shall be used for this purpose; in fiscal year 2013, the set-aside was 1.5 percent. The bill language also differs slightly from prior years by allowing up to 10 percent of the set-aside funds to be used for related research, development, evaluation, dissemination, and technical assistance.

Mathematics and Science Partnerships

The Committee recommends \$149,417,000 for the Mathematics and Science Partnerships program.

At the recommended funding level, the ESEA requires the Department to award grants by formula to States for competitive awards to eligible partnerships, which must include an engineering, math, or science department of an institution of higher education and a high-need LEA. Partnerships will seek to improve the performance of students in the areas of math and science, including engineering, by bringing math and science teachers in elementary and secondary schools together with scientists, mathematicians, and engineers to increase the teachers' subject-matter knowledge and improve their teaching skills.

Supplemental Education Grants

The Committee recommendation includes \$17,583,000 for supplemental education grants to the Republic of Marshall Islands [RMI] and the Federated States of Micronesia [FSM].

This grant program was authorized by the Compact of Free Association Amendments Act of 2003. These funds will be transferred from the Department to the Secretary of the Interior for grants to these entities. The Committee bill continues language that allows up to 5 percent to be used by FSM and RMI to purchase oversight and technical assistance, which may include reimbursement to the Departments of Labor, HHS, and Education for such services.

21st Century Community Learning Centers

The Committee recommends an appropriation of \$1,200,000,000 for the 21st Century Community Learning Centers [21st CCLC] program.

Funds are allocated to States by formula, which in turn, award at least 95 percent of their allocations to LEAs, community-based organizations, and other public and private entities. Grantees use these resources to establish or expand community learning centers that provide activities offering significant extended learning opportunities, such as before- and after-school programs, recreational activities, drug and violence prevention, and family literacy programs for students and related services to their families. Centers must target their services to students who attend schools that are eligible to operate a schoolwide program under title I of the ESEA or serve high percentages of students from low-income families.

The Committee is aware of a growing interest in extending the school day and/or school year as a means of providing additional educational opportunities to students. Therefore, the Committee includes new bill language that will give LEAs the option of using 21st CCLC subgrants for extended learning time programs. LEAs will continue to be able to use the funding for high-quality, after-school, before school, and summer learning programs if they choose.

The Committee believes that SEAs should award grants to high-quality programs that address individual student learning needs and student well-being. Funded programs should deliver services through a variety of high-quality and effective strategies for boosting learning and enrichment including afterschool, before school,

summer school, or expanded day, week, or year opportunities; align with and complement, rather than replicate, the regular school day, by offering a range of activities that capture student interest and support student engagement to promote higher class attendance, reduce risk for retention or dropping out, and foster good health; integrate academics, enrichment, and skill development through hands-on experiences that make learning relevant and engaging; and actively address the specific learning needs and interests of all types of students, especially those who may benefit from approaches and experiences not offered in the traditional classroom setting. The Committee directs the Department to refrain from giving priority to, showing preference for, or providing direction about whether communities should use these funds for afterschool, before school, summer school, or expanded school day programs, unless specifically requested by SEAs or LEAs.

The Committee urges the Department to provide guidance and technical assistance to States, schools, and community partners on how to develop and maintain strong community-school partnerships, particularly in data-sharing arrangements; implement continuous quality improvement processes; and ensure that programs meet the needs of individual students. The Committee also urges the Department to consult with experts in the field, including State and local intermediaries, in creating and providing such guidance and technical assistance. The Committee also believes SEAs should ensure that local communities receiving 21st CCLC program funds identify strategies for students to engage in programs and services during the afternoon and early evening hours while most parents or guardians are at work.

The Committee is aware that many States already have the option of using 21st CCLC funding for extended learning time through the ESEA–No Child Left Behind waiver process. The Committee directs the Secretary to provide it with a report on the impact of the flexibility provided to SEAs under waiver option 11 on the 21st CCLC program. The Department should report on the number of children served and the centers/sites offering expanded learning in the 3 years preceding the waiver approval and the 3 years following waiver approval, as well as the number of hours of and diversity of programming available to students through such grants at each site and the average cost of the programs (per student and per site) before and after waiver approval. All data should be provided at the State level.

State Assessments and Enhanced Assessment Instruments

The Committee recommends \$408,436,000 for the State Assessments and Enhanced Assessment Instruments program.

This program has two components. The first provides formula grants to States to pay the cost of developing and implementing standards and assessments required by the ESEA. The Committee provides not less than \$398,436,000 for this purpose.

Under the second component—grants for enhanced assessment instruments—appropriations in excess of the State assessment program are used for a competitive grant program designed to support efforts by States to improve the quality and reliability of their as-

assessment systems. The Committee recommendation for the second component is up to \$10,000,000.

Javits Gifted and Talented Education

The Committee recommends \$15,000,000 for the Javits Gifted and Talented Students Education program. Funds will be used for awards to State and local educational agencies, institutions of higher education, and other public and private agencies for research, demonstration, and training activities designed to enhance the capability of elementary and secondary schools to meet the special educational needs of gifted and talented students, including those from disadvantaged and underrepresented populations.

Within these funds, the Committee also directs the Department to support a National Research Center on the Gifted and Talented.

Education for Homeless Children and Youth

For carrying out education activities authorized by title VII, subtitle B of the Stewart B. McKinney Homeless Assistance Act, the Committee recommends \$65,173,000.

This program provides assistance to each State to support an office of the coordinator of education for homeless children and youth, to develop and implement State plans for educating homeless children, and to make subgrants to LEAs to support the education of those children. Grants are made to States based on the total that each State receives in title I grants to LEAs.

Under the McKinney-Vento Homeless Children and Youth Program, SEAs must ensure that homeless children and youth have equal access to the same free public education, including a public preschool education, as is provided to other children and youth.

The Committee bill also includes language under the Education for the Disadvantaged account clarifying the availability of title I funds for services to homeless children and youths.

Training and Advisory Services

For Training and Advisory Services authorized by title IV of the Civil Rights Act, the Committee recommends \$6,947,000.

The funds provided will support awards to operate the 10 regional equity assistance centers [EACs]. Each EAC provides services to school districts upon request. Activities include disseminating information on successful practices and legal requirements related to nondiscrimination on the basis of race, color, sex, or national origin in education programs.

Education for Native Hawaiians

For programs for the education of Native Hawaiians, the Committee recommends \$34,181,000.

The Committee bill continues a provision that allows funding provided by this program to be used for construction.

Alaska Native Educational Equity

The Committee recommends \$33,185,000 for the Alaska Native Educational Equity Assistance program.

These funds address the severe educational handicaps of Alaska Native schoolchildren. Funds are used for the development of sup-

plemental educational programs to benefit Alaska Natives. The Committee bill continues language that allows funding provided by this program to be used for construction. The Committee bill also includes language overriding the authorizing statute's requirement to make noncompetitive awards to certain organizations.

The Committee is concerned that the fiscal year 2012 competition for this program did not sufficiently recognize the statutory provisions related to applications from Alaska Native regional nonprofit organizations or from consortia that include at least one Alaska Native regional nonprofit organization. The Committee notes that two competitive preference points were awarded for applications from such organizations, and nine points were awarded for non-statutory priorities established by the Department. The Committee finds this unacceptable and directs the Department to more appropriately adhere to sections 7304(c) and 7305(b) of the ESEA in all future funding decisions and grant competitions and ensure that all grantees have meaningful plans for consultation with Alaska Native leaders.

The Committee also directs the Department to prepare and submit a report, within 180 days of the enactment of this act, on how the Department will work to improve consultation with and promote the maximum participation of Alaska Native organizations, Alaska Native regional nonprofit organizations, and consortia that include at least one Alaska Native regional nonprofit organization in the program. The report should also outline steps the Department will take to ensure that all current grantees have meaningful plans for consultation with Alaska Native organizations.

Rural Education

The Committee recommends \$179,193,000 for rural education programs.

The Committee expects that rural education funding will be equally divided between the Small, Rural School Achievement Program, which provides funds to LEAs that serve a small number of students, and the Rural and Low-Income School Program, which provides funds to LEAs that serve concentrations of poor students, regardless of the number of students served.

The Committee notes that almost one-third of the Nation's schools are in rural areas. The GAO and others have noted the unique challenges faced by these schools, including recruiting and retaining highly qualified teachers; offering access to advanced coursework, such as Advanced Placement courses; meeting transportation costs that diminish resources available for academic and enrichment programs; and writing successful applications for grant competitions given their more limited administrative capacity. The Committee is very concerned that the Department has generally failed to recognize these challenges over the past 4 years, particularly in some of its grant competitions. The Investing in Innovation program offers a welcome departure from this pattern, as the Department altered its competition to provide an absolute priority for rural applicants, instead of the competitive preference priority it established in the initial competition. The Committee directs the Department to immediately take action to improve its record in the area of rural education. The Committee requests a report not later

than 30 days after enactment of this act describing the actions the Department has taken and will take to ensure that the needs of students in rural schools are effectively met by the programs it administers. The report should specifically address how the Department organizes or will organize itself to ensure rural expertise is available to program staff throughout the Department, and strategies the Department is taking or will take to ensure that students in rural LEAs are able to benefit from competitive grant opportunities and other resources available through Department's discretionary appropriations.

Comprehensive Centers

The Committee recommends \$51,113,000 for the Comprehensive Centers program.

These funds provide support to a network of comprehensive centers that are operated by research organizations, agencies, institutions of higher education, or partnerships thereof, and provide training and technical assistance on various issues to States, LEAs, and schools as identified through needs assessments undertaken in each region. The system currently includes 15 regional centers, which are charged with providing intensive technical assistance to SEAs to increase their capacity to assist LEAs and schools with meeting the goals of the ESEA, and 7 content centers, which are organized by topic area.

The Committee strongly supports the mission of the centers, particularly with regard to their role in helping develop State capacity to meet the needs of LEAs and schools. The Committee also believes that the centers play an important part in the Department's system of technical assistance and appreciates the steps the Department has taken to align and coordinate its various technical assistance activities. The Committee encourages the Department to continue its efforts in coordinating its technical assistance activities and requests that the Department describe these efforts and future plans in the fiscal year 2015 congressional budget justification.

INDIAN EDUCATION

Appropriations, 2013 ¹	\$130,318,000
Budget estimate, 2014	130,779,000
Committee recommendation	130,318,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$130,318,000 for Indian education programs.

Grants to Local Educational Agencies

For grants to LEAs, the Committee recommends \$105,710,000. These funds provide financial support to elementary and secondary school programs that serve Indian students, including preschool children. Funds are awarded on a formula basis to LEAs, schools supported and operated by the Department of the Interior/Bureau of Indian Education, and in some cases directly to Indian tribes.

Special Programs for Indian Children

The Committee recommends \$18,948,000 for special programs for Indian children.

Funds are used for demonstration grants to improve Indian student achievement through early childhood education and college preparation programs, and for professional development grants for training Indians who are preparing to begin careers in teaching and school administration.

National Activities

The Committee recommends \$5,660,000 for national activities.

Funds will be used to expand efforts to improve research, evaluation, and data collection on the status and effectiveness of Indian education programs, and to continue grants to tribal educational departments for education administration and planning.

INNOVATION AND IMPROVEMENT

Appropriations, 2013 ¹	\$1,524,482,000
Budget estimate, 2014	5,699,092,000
Committee recommendation	1,331,598,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$1,331,598,000 for programs within the innovation and improvement account.

The President's budget was based on the administration's proposal to reauthorize the ESEA, but no such bill has passed the Senate. As a result, programs in this account are based generally on current law.

Race to the Top

The Committee recommendation includes \$250,000,000 to create a new Race to the Top for College Affordability and Completion [RTT-CAC] initiative to incentivize State-level postsecondary education reform. State investments in postsecondary education have declined over the past several years, shifting the cost burden to students and families through higher tuition and fees. At the same time, total student loan debt has crossed the \$1,000,000,000,000 mark and average student loan debt has topped nearly \$27,000.

Given that public colleges and universities educate about three-quarters of all students, States are in a critical position to reform policies that will improve student outcomes and lead to lower costs. The RTT-CAC initiative will reward and incentivize States that undertake reforms, including: modernizing funding policies that incentivize completion and maintaining fiscal support for education; supporting innovative methods of student learning; empowering consumer choice through increased transparency; and, improving the transition from secondary into postsecondary education and between institutions of higher education. The majority of funding will flow through States to institutions of higher education and support innovative practices that increase productivity and reduce costs. The Committee directs the Secretary to prioritize applications that will specifically address college affordability and comple-

tion issues facing low-income, minority, and nontraditional students and students with disabilities.

Investing in Innovation

The Committee recommends \$170,000,000 for the Investing in Innovation program.

Investing in Innovation, which was established in ARRA, provides funding for replicating education programs that meet the highest level of evidence; expanding those with significant levels of evidence; and supporting promising practices for which there is some level of appropriate research. The Committee supports this three-tier evidentiary model and believes that this feature of the program should continue to guide future funding opportunities and decisions. The Committee also appreciates the absolute priority given to rural applicants in previous competitions and believes that this priority should continue to be used in the fiscal year 2014 competition. The Committee expects the Department to distribute grants equally among the absolute priority categories unless there are an insufficient number of qualified grants for a particular category.

The Committee bill continues language from last year's bill providing up to 5 percent of the appropriation for this program to be used for evaluation and technical assistance. The Committee expects to be notified in advance of the proposed uses of these funds.

The bill also includes new language providing that funds for this program are available until expended. This authority will ensure that funds can be used to effectively implement and evaluate program models being tested under this program.

Effective Teachers and Leaders

The Committee recommends no funding to create the Effective Teachers and Leaders State Grant program.

The Committee has provided \$2,461,634,000 for State Grants for Improving Teacher Quality within the School Improvement Programs account. These funds may be used for purposes that are similar to those under this proposed program.

Effective Teaching and Learning: Literacy

The Committee recommends no funds for the proposed Effective Teaching and Learning: Literacy program. Activities supported under this proposed program are instead funded under current law.

The Effective Teaching and Learning: Literacy program would provide competitive grants to SEAs, or SEAs in partnership with appropriate outside entities, to support development and implementation of comprehensive, evidence-based State and local efforts to provide high-quality literacy programs aligned with college- and career-ready English language standards.

Effective Teaching and Learning for a Well-Rounded Education

The Committee recommends no funds for the proposed Effective Teaching and Learning for a Well-Rounded Education program. Activities supported under this proposed program are instead funded under current law.

The Effective Teaching and Learning for a Well-Rounded Education program would provide competitive grants to high-need LEAs, SEAs, and institutions of higher education or nonprofit organizations in partnership with one or more high-need LEAs to support the development and expansion of innovative practices to improve teaching and learning across a well-rounded curriculum that includes the arts, health education, physical education, foreign languages, civics and government, history, geography, environmental education, economics and financial literacy, and other subjects.

College Pathways and Accelerated Learning

The Committee recommends no funds for the proposed College Pathways and Accelerated Learning program. Activities supported under this proposed program are instead funded under current law.

The College Pathways and Accelerated Learning program would support efforts to increase high school graduation rates and preparation for college matriculation and success by providing college-level and other accelerated courses and instruction in middle and high schools with concentrations of students from low-income families and in high schools with low graduation rates.

Science, Technology, Engineering, and Mathematics [STEM] Innovation

The Committee does not recommend creating a new STEM Innovation program, a collection of STEM activities requested by the administration. Instead, the bill provides funding for some of the same proposed activities through existing programs, including \$55,000,000 within FIE for STEM Innovation Networks.

The proposed STEM Innovation initiative is comprised of STEM Innovation Networks, STEM Teacher Pathways, the STEM Master Teacher Corps, and the Effective Teaching and Learning: STEM program. These programs are intended to develop, validate, and scale up effective practices in pre-K–12 STEM instruction; increase student engagement in STEM subjects; and recruit, prepare, and further develop highly effective STEM educators.

High School Redesign

The Committee recommends no funds for the proposed High School Redesign program because of budget constraints.

This program would promote the whole school redesign of the high school experience in order to provide students with challenging and relevant academic and career-related learning experiences that prepare them for postsecondary education and careers.

Expanding Educational Options

The Committee recommends no funding to create the Expanding Educational Options program. The program would generally support competitive grants to SEAs, LEAs, charter school authorizers, charter management organizations, and other nonprofit organizations to start or expand high-performing charter schools and other autonomous public schools.

The Committee provides resources under current law programs that may be used for purposes that are similar to those proposed under this new program.

Transition to Teaching

The Committee recommends no funds for the Transition to Teaching program.

This program has provided grants to help support efforts to recruit, train, and place nontraditional teaching candidates into teaching positions and to support them during their first years in the classroom.

School Leadership

The Committee recommends \$64,049,000 for the School Leadership program.

The program provides competitive grants to assist high-need LEAs to recruit and train principals and assistant principals through activities such as professional development and training programs. The Committee continues to recognize the critical role that district and school leaders and managers play in creating an environment that fosters effective teaching and high academic achievement for students. The Committee bill includes new language allowing grant funds to be awarded directly to not-for-profit organizations and to be used to train district leaders and managers, in addition to school leaders. The Committee bill also includes new language that allows the Secretary to further define eligibility as a high-need LEA.

Charter Schools

The Committee recommends a total of \$254,326,000 for the support of charter schools.

The Committee allocates the recommended funding as follows: \$175,326,000 for Charter School Grants, up to \$11,000,000 for State Facilities incentives, not less than \$12,000,000 for the Credit Enhancement for Charter Schools Facilities program, and up to \$11,000,000 for national activities designed to support local, State, and national efforts to increase the number of high-quality charter schools.

Charter Schools Grants support the planning, development, and initial implementation of charter schools. SEAs that have authority under State law to approve charter schools are eligible to compete for grants. If an eligible SEA does not participate, charter schools from the State may apply directly to the Secretary.

Under the State facilities program, the Department awards 5-year competitive grants to States that operate per-pupil facilities aid programs for charters schools. Federal funds are used to match State-funded programs in order to provide charter schools with additional resources for charter school facilities financing.

The credit enhancement program provides assistance to help charter schools meet their facility needs. Funds are provided on a competitive basis to public and nonprofit entities to leverage non-Federal funds that help charter schools obtain school facilities through purchase, lease, renovation, and construction.

The Committee continues bill language that allows the Secretary to reserve a portion of the charter school grant funds to make multiple awards to charter management organizations and other entities for the replication and expansion of successful charter school models that have a track record of success. In addition, this year's

bill requires that not less than \$45,000,000 of funds available for charter school grants shall be used for this purpose.

The Committee urges the Department to continue using a portion of the funds available for national activities to address issues related to services to students with disabilities enrolled in or interested in enrolling in charter schools, as well as efforts to strengthen charter authorizing practices that will result in a greater share of high-quality charter schools.

The Committee bill also includes new language that allows charter school funds to be used for preschool programs in charter schools.

Magnet Schools Assistance

The Committee recommends \$99,611,000 for the Magnet Schools Assistance program.

This program supports grants to LEAs to establish and operate magnet schools that are part of a court-ordered or federally approved voluntary desegregation plan. Magnet schools are designed to attract substantial numbers of students from different social, economic, ethnic, and racial backgrounds. Grantees may use funds for planning and promotional materials, salaries of instructional staff, and the purchase of technology, educational materials, and equipment.

Fund for the Improvement of Education

The Committee recommends an appropriation of \$137,644,000 for FIE.

Within programs of national significance, the Committee includes \$29,000,000 to continue an initiative of competitive awards to national not-for-profit organizations or school libraries for providing books and childhood literacy activities to children and families living in high-need communities. The Committee expects no less than 50 percent of these funds to be awarded to school libraries proposing high-quality projects for increasing access to a wide range of print and electronic resources that provide learning opportunities to all students, but particularly those less likely to have access to such materials at home.

The bill also includes \$55,000,000 for grants to support STEM Innovation Networks. These funds will be used to make competitive awards to LEAs or groups of LEAs, in partnership with institutions of higher education, not-for-profit organizations, museums, and businesses, to transform STEM teaching and learning, particularly for high-need students and underrepresented populations, as well as support a virtual learning network for STEM educators. The goal of the networks is to increase the number of students interested in and prepared for postsecondary education and STEM careers. The Committee is particularly interested in approaches that will engage students in the early grades.

The Committee urges the Department to put a priority on reaching underrepresented populations, such as girls and minorities, and using nontraditional STEM teaching activities, including robotics competitions, as a means of further engaging and inspiring students to pursue further study or careers in STEM education.

The Committee recommendation also includes \$17,000,000 for the Improving Mathematics Achievement and Transition to College from High School [IMATCH] program. These funds will be used jointly with funds provided to NSF for a program using a tiered-evidence model, similar to the Investing in Innovation program, that seeks to develop, evaluate, and scale up proven practices that can help improve teaching and learning in mathematics in the last 2 years of high school and first 2 years of college.

The Committee is particularly interested in available funds being used to encourage, engage, inspire, and motivate students to enter and succeed in the STEM fields.

The Committee is aware of specialized teacher preparation programs at university-based schools of education that prepare teachers to work in urban school districts and support hands-on science and math curriculum in middle schools. These programs provide tuition assistance and specialized coursework to teacher candidates and partner with local school districts to support co-teaching by master teachers, mentorships, and field placements. The Committee supports high-quality programs that focus on meeting the needs of children in urban school systems.

Within programs of national significance, the Committee also recommends \$2,024,000, combined with funds available through the Department's new Disability Innovation Fund and the Department of Labor, to support interagency strategies to strengthen re-engagement activities and outcomes of Federal programs serving disconnected youth including through performance partnership pilots, \$5,344,000 to continue awards for full-service community schools, \$1,176,000 for data quality and evaluation initiatives, and \$100,000 for peer review. It also includes \$1,000,000 to continue the education facilities clearinghouse, which will provide information on planning, designing, financing, building, maintaining, and operating safe, healthy, high-performance educational facilities, including early learning centers.

Within the amount for FIE, the Committee also includes \$27,000,000 for the Arts in Education program. The budget request includes funds for similar activities under its proposed Effective Teaching and Learning for a Well-Rounded Education program, but no funds specifically for arts in education. The funding is used for competitive awards for national nonprofit organizations engaged in arts education, professional development activities, and model arts education programs. Funds also are used for evaluation and dissemination activities, as well as to support a partnership with the National Endowment for the Arts.

Teacher Incentive Fund

The Committee recommendation includes \$298,834,000 for TIF.

The goals of TIF are to improve student achievement by increasing teacher and principal effectiveness; reform compensation systems to reward gains in student achievement; increase the number of effective teachers teaching low-income, minority, and disadvantaged students, and students in hard-to-staff subjects; and other activities designed to increase the effectiveness of teachers, principals, and other personnel in high-need schools.

The Committee is concerned that TIF's focus has been diverted away from its intended purpose, as first authorized by the Department of Education Appropriations Act, 2006, which is specifically to develop and implement performance-based teacher and principal compensation systems in high-need schools. However, the Department's final priorities, requirements, definitions, and selection criteria for TIF competitions in fiscal year 2012 greatly expanded what Congress intended in creating this program. Therefore, the Committee directs the Secretary to restore the original focus of TIF by limiting awards to eligible entities in support of innovative approaches at the State and local level to design, implement, and improve performance-based compensation systems for teachers and principals in high-need schools.

Effective Teachers and Leaders Innovation Fund

The Committee recommends no funding to create the Effective Teachers and Leaders Innovation Fund proposed in the budget request.

The Committee provides \$298,834,000 for the Teacher Incentive Fund and additional funds for other current law programs that may be used for similar purposes as those proposed under this program.

Ready-To-Learn Television

The Committee recommendation includes \$27,139,000 for the Ready-to-Learn Television program.

This program is intended to use the power and reach of public television to help prepare children, especially disadvantaged children, enter and succeed in school. The ESEA requires that all programming and digital content created under Ready-to-Learn be specifically designed for nationwide distribution over public television stations' digital broadcasting channels and the Internet. The act also requires funds to be made available to public telecommunications entities to ensure that these programs and related educational materials are disseminated and distributed to the widest possible audience and are made accessible to all Americans.

Advanced Placement

The Committee recommends \$29,995,000 for AP programs.

Funds have supported two programs: the AP Test Fee program and the AP Incentive [API] program. The purpose of both is to aid State and local efforts to increase access to AP and International Baccalaureate [IB] classes and tests for low-income students. Under the test fee program, the Department makes awards to SEAs to enable them to cover part or all of the cost of test fees of low-income students who are enrolled in an AP or IB class and plan to take an AP or IB test. Under the API program, the Department makes 3-year competitive awards to SEAs, LEAs, or national nonprofit educational entities to expand access for low-income individuals to AP programs through activities including teacher training; development of pre-advanced placement courses; coordination and articulation between grade levels to prepare students for academic achievement in AP or IB courses; books and supplies; and participation in online AP or IB courses. Under the authorizing

statute, the Department must give priority to funding the test fee program.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

Appropriations, 2013 ¹	\$255,241,000
Budget estimate, 2014	580,000,000
Committee recommendation	330,481,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends a total of \$330,481,000 for activities to promote safe schools, healthy students, and citizenship education.

The President's budget was based on the administration's proposal to reauthorize the ESEA, but no such bill has passed the Senate. As a result, the Committee bill is based on current law for programs authorized under the ESEA.

Promise Neighborhoods

The Committee recommends \$56,754,000 for the Promise Neighborhoods program.

Funds are available for obligation through December 31, 2014. By providing an extra quarter to obligate these funds, the Committee gives planning grantees sufficient time to develop implementation plans that could be funded by this bill and provides the Department ample time to evaluate whether prior-year implementation grantees are making significant progress required to justify the receipt of continuation awards.

Competitive grants are awarded to not-for-profit, community-based organizations for the development of comprehensive neighborhood programs designed to combat the effects of poverty and improve educational and life outcomes for children and youth, from birth through college. Each Promise Neighborhood grantee serves a high-poverty urban neighborhood or rural community.

Two types of awards are made under this program: 1-year planning grants and implementation grants. Funds for planning grants are used by communities to develop a plan for providing a continuum of services and supports for the children and youth in a particular neighborhood. Implementation grants are awarded to organizations with feasible plans for achieving the goals of the program.

Successful, Safe, and Healthy Students

The Committee recommends no funds for this proposed program, which is based on the administration's reauthorization plan. The Committee has allocated funds for related current law programs, as described under the individual headings in this account.

Under this program, the Department would award grants to SEAs, title I-eligible LEAs, and their partners for programs designed to improve the school culture and climate; improve students' physical health and well-being; and improve students' mental health and well-being.

Safe and Drug-Free National Activities

The Committee recommendation includes \$143,000,000 for the national activities portion of the Safe and Drug-Free Schools and Communities program. This funding, part of the Committee's violence prevention initiative, will help schools address the consequences of their students witnessing or being the victim of violence and other root causes of unhealthy school climates.

From the amount available for national activities, the Committee recommends \$71,500,000 to help schools create positive learning environments, including \$50,000,000 for a new School Climate Transformation Grants program, which will train school staff to implement evidence-based strategies, such as positive behavioral interventions and supports, to improve school climate. The Committee recommendation also provides \$25,000,000 for grants to SEAs to help LEAs develop, implement, and improve their emergency management plans; \$25,000,000 for Project Prevent, which will award grants to LEAs to help schools in troubled communities break the cycle of violence; up to \$8,000,000, to remain available until expended, for Project SERV, which offers education-related services following violent or traumatic events; \$10,000,000 for other national activities; and \$3,500,000 for continuation costs related to technical assistance contracts awarded in prior years.

Elementary and Secondary School Counseling

The Committee recommends \$52,191,000 to establish or expand counseling programs in elementary and secondary schools. As authorized, at least \$40,000,000 must be used to support elementary school counseling programs.

Carol M. White Physical Education for Progress Program

The Committee recommendation includes \$78,536,000 to help LEAs and community-based organizations initiate, expand, and improve physical education programs for students in grades K–12. This funding will help schools and communities improve their structured physical education programs for students and help children develop healthy lifestyles to combat the national epidemic of obesity.

ENGLISH LANGUAGE ACQUISITION

Appropriations, 2013 ¹	\$730,680,000
Budget estimate, 2014	732,144,000
Committee recommendation	730,680,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommends an appropriation of \$730,680,000 for the English Language Acquisition program.

The President's budget was based on the administration's proposal to reauthorize the ESEA, but no such bill has passed the Senate. As a result, the Committee bill is based on current law for programs authorized under the ESEA.

The Department makes formula grants to States based on each State's share of the Nation's limited-English-proficient and recent immigrant student population. The program is designed to increase

the capacity of States and school districts to address the needs of these students. The authorizing statute requires that 6.5 percent of the appropriation be used to support national activities, which include professional development activities designed to increase the number of highly qualified teachers serving limited-English-proficient students; a National Clearinghouse for English Language Acquisition and Language Instructional Programs; and evaluation activities. National activities funds shall be available for 2 years.

The Committee bill continues language that requires the Secretary to use a 3-year average of the most recent data available from the American Community Survey for calculating allocations to all States under this program.

SPECIAL EDUCATION

Appropriations, 2013 ¹	\$12,615,427,000
Budget estimate, 2014	12,657,307,000
Committee recommendation	12,803,387,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommends an appropriation of \$12,803,387,000 for special education programs.

Grants to States

This program provides formula grants to assist States, outlying areas, and other entities in meeting the costs of providing special education and related services for children with disabilities. States pass along most of these funds to LEAs, but may reserve some for program monitoring, enforcement, technical assistance, and other activities.

The appropriation for this program primarily supports activities associated with the 2014–2015 academic year. Of the funds available for this program, \$2,439,563,000 will become available on July 1, 2014, and \$9,283,383,000 will become available on October 1, 2014. These funds will remain available for obligation through September 30, 2015.

As requested by the administration, the Committee continues bill language capping the Department of the Interior set-aside at the prior year level, adjusted by the lower of the increase in inflation or the change in the appropriation for grants to States. This provision also would prevent a decrease in the amount to be transferred in case the funding for this program decreases or does not change.

The bill also continues language clarifying provisions of the IDEA. The first provision clarifies that penalties for violating the State maintenance of effort [MOE] under part B of the IDEA shall be reallocated to States by formula to those States that did not violate those requirements. The language further clarifies that both the reduced State allocations due to penalties paid and increased amounts under the reallocation shall not be considered in the current or future years for allocations under the statutory formula. These provisions are included in the administration’s budget request.

The bill also includes new language clarifying that the level of effort under part B that an LEA must meet in the year after it fails to maintain its fiscal effort is the most recent fiscal year for which

the LEA met the MOE compliance standard. This language clarifies congressional intent and is consistent with OSEP's April 4, 2012, informal guidance letter on the issue. Finally, the bill includes language clarifying that funds reserved under section 611(c) of the IDEA may be used to help improve State capacity to meet data collection requirements under the IDEA and improve data collection, quality, and use under the act.

Preschool Grants

The Committee recommends \$372,646,000 for Preschool Grants. This program provides formula grants to States to assist them in making available special education and related services for children with disabilities aged 3 through 5. States distribute the bulk of the funds to LEAs. States must serve all eligible children with disabilities aged 3 through 5 and have an approved application under the IDEA.

Grants for Infants and Families

The Committee recommends \$462,710,000 for the Grants for Infants and Families program under part C of the IDEA. Part C of the IDEA authorizes formula grants to States, outlying areas, and other entities to implement statewide systems for providing early intervention services to all children with disabilities, ages 2 and younger, and their families. The IDEA also gives States the option of extending eligibility for part C services to children 3 and older if they were previously served under part C and will continue to be served until entrance to kindergarten.

As requested by the administration, the Committee bill includes new language allowing the Department to use up to \$2,710,000 for incentive grants to States that choose to serve children 3 years old until entrance into elementary school. The IDEA currently allows up to 15 percent of the amount above \$460,000,000 to be used for this purpose, which would be too small under the level of the Committee recommendation to effectively serve potentially interested States.

State Personnel Development

The Committee recommends \$43,829,000 for the State Personnel Development program. Ninety percent of funds must be used for professional development activities. The program supports grants to SEAs to help them reform and improve their personnel preparation and professional development related to early intervention, educational, and transition services that improve outcomes for students with disabilities. The bill includes language proposed in the budget request that allows funds under the program to be used for program evaluation.

Technical Assistance and Dissemination

The Committee recommends \$46,688,000 for Technical Assistance and Dissemination. This program supports awards for technical assistance, model demonstration projects, the dissemination of useful information, and other activities. Funding supports activities that are designed to improve the services provided under the IDEA.

Personnel Preparation

The Committee recommends \$88,122,000 for the Personnel Preparation program.

Funds support competitive awards to help address State-identified needs for personnel who are qualified to work with children with disabilities, including special education teachers and related services personnel. The program is required to fund several other broad areas, including training leadership personnel and personnel who work with children with low-incidence disabilities, and providing enhanced support for beginning special educators.

Parent Information Centers

The Committee recommends \$28,917,000 for Parent Information Centers.

This program makes awards to parent organizations to support parent training and information centers, including community parent resource centers. These centers provide training and information to meet the needs of parents of children with disabilities living in the areas served by the centers, particularly underserved parents, and parents of children who may be inappropriately identified.

Technology and Media Services

The Committee recommends \$29,529,000 for Technology and Media Services. This program makes competitive awards to support the development, demonstration, and use of technology and educational media activities of value to children with disabilities.

PROMISE: Promoting Readiness of Minors in SSI

As proposed in the budget, the Committee does not continue funding for PROMISE in OSEP. Instead, the bill continues support for this program by means of unclaimed VR State Grant funds and funds provided to SSA.

The goal of PROMISE is to improve outcomes, such as employment and completion of postsecondary education, of children who receive SSI, as well as their families.

Special Olympics

The Committee recommendation includes \$8,000,000 for Special Olympics education activities. Under the Special Olympics Sport and Empowerment Act of 2004, the Secretary is authorized to provide financial assistance to Special Olympics for activities that promote its expansion and for the design and implementation of education activities that can be integrated into classroom instruction and are consistent with academic content standards.

Consistent with the President's budget request, the Committee bill clarifies that funds made available under the Special Olympics Sport and Empowerment Act of 2004 may be used to support expenses associated with the Special Olympics National and World Games hosted in the United States. This language was not included in last year's bill, but has been included in bills from prior years.

The Committee notes that the Special Olympics National Games are held only once every 4 years in the United States and that the

next National Games are to be held in 2014. Through the spirit of sport, the National Games showcase and celebrate the abilities of athletes with intellectual disabilities and promote inclusion and acceptance of all people, most especially those with intellectual disabilities. The Committee expresses its support for the National Games and recognizes the significant contribution that the Special Olympics organization has made to children and adults with intellectual disabilities across America. The Committee intends that up to \$2,000,000 available under this act be used to support the Games.

REHABILITATION SERVICES AND DISABILITY RESEARCH

Appropriations, 2013 ¹	\$3,619,762,000
Budget estimate, 2014	3,655,577,000
Committee recommendation	3,698,174,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

Vocational Rehabilitation State Grants

The Committee recommends \$3,302,053,000 for VR State Grants. The Committee recommends the full amount authorized by the Rehabilitation Act of 1973 for this mandatory funding stream.

Basic State Grants assist States in providing a range of services to help persons with physical and mental disabilities prepare for and engage in meaningful employment.

The Rehabilitation Act requires that not less than 1 percent and not more than 1.5 percent of the appropriation in fiscal year 2014 for VR State Grants be set aside for Grants for American Indians.

The Committee bill includes language, as requested by the administration, allowing unmatched funds in excess of any funds requested during the reallocation process to support a new Disability Innovation Fund [DIF] that will support activities aimed at improving outcomes for individuals with disabilities as defined in section 7(20)(B) of the Rehabilitation Act, including activities under the PROMISE program. Such funds used for these activities will remain available for obligation through September 30, 2015.

PROMISE was created in fiscal year 2012 with the goal of improving outcomes, such as employment and completion of postsecondary education, of children who receive SSI, as well as their families. Competitive grants will be awarded in the fall of 2013 to a small number of States for a period of 5 years. States will use funds to improve outcomes, enhance coordination, and increase the use of existing services for which children receiving SSI and their families are already eligible.

After covering the costs of PROMISE, the administration requests and the Committee recommends new authority through the DIF to provide \$5,000,000 to support a new cross-agency initiative aimed at improving the educational and employment outcomes for disconnected youth with disabilities and providing targeted technical assistance to support performance partnership pilots. The Committee expects the initiative to serve youth with disabilities between the ages of 14 and 24 who are homeless, in foster care, involved in the justice system, or are neither employed nor enrolled in an educational institution.

As requested by the administration, the Committee bill also includes new bill language that allows the DIF to support Pay for Success pilots, which will provide performance-based awards to States or local governments and not-for-profit organizations providing or arranging services that improve education, employment, and other key outcomes for youth with disabilities. The Committee expects to be notified prior to the issuance of any notice related to Pay for Success activity.

The DIF will also support a joint SSA–ED demonstration targeted at individuals who are likely to be eligible for services under the VR State Grant program and at risk of becoming future SSI or SSDI beneficiaries. The Committee intends for SSA and ED to incentivize State efforts and use various State and Federal programs and funding streams, which could include the VR State Grant program, to provide early intervention services aimed at preserving the well-being and work ability of the nonbeneficiaries most at risk of becoming severely impaired. The Committee strongly supports demonstrations that are focused on college to career pathways.

The amount of unused VR State Grant funding will not be determined until the end of fiscal year 2014. If an excess amount of funds are available after supporting PROMISE and the disconnected youth and SSA–ED initiatives, the Committee expects the DIF to support the development of effective, evidence-based strategies to improve the long-term outcomes for people with disabilities. The Committee should be notified in advance of announcements related to any additional activities.

Client Assistance State Grants

The Committee recommends \$12,215,000 in discretionary funds for Client Assistance State Grants.

This program funds State formula grants to help VR clients or client applicants understand the benefits available to them and work with service providers. States must operate client assistance programs in order to receive VR State Grant funds.

Training

The Committee recommends \$35,444,000 for training rehabilitation personnel. The budget request provides \$30,188,000 and proposes to eliminate funding for the In-Service Training program. The Committee maintains funding for this program.

Funding for training is intended to ensure that skilled personnel are available to serve the rehabilitation needs of individuals with disabilities. It supports training, traineeships, and related activities designed to increase the numbers of qualified personnel providing rehabilitation services. The program awards grants and contracts to States and public or not-for-profit agencies and organizations, including institutions of higher education, to pay all or part of the cost of conducting training programs.

Demonstration and Training Programs

The Committee recommends \$6,514,000 for demonstration and training programs.

This program awards grants to States and not-for-profit agencies and organizations to develop innovative methods and comprehensive services to help individuals with disabilities achieve satisfactory vocational outcomes. Demonstration programs support projects for individuals with a wide array of disabilities.

The Committee recommendation includes \$425,000 for new technical assistance activities designed to promote promising and evidence-based practices to improve postsecondary and employment outcomes for youth with disabilities. The technical assistance will include practices developed and implemented by RSA's Transition Model Demonstration projects that ended in September 2012.

The Committee recommendation also includes \$750,000 to support a new competition for parent information and training centers, which provide information and training on transition planning, the adult service system, and strategies that prepare youth for successful employment, postsecondary education, and independent living outcomes. The Committee expects RSA to coordinate with OSEP in carrying out this activity.

Migrant and Seasonal Farmworkers

The Committee recommends \$1,259,000 for the Migrant and Seasonal Farmworkers program. The budget request proposes to eliminate this program and to pay continuation costs for fiscal year 2014 out of funding for the VR State Grant program.

This program provides grants for comprehensive rehabilitation services to migrant and seasonal farmworkers with disabilities and their families.

Protection and Advocacy of Individual Rights

The Committee recommends \$17,995,000 for the Protection and Advocacy of Individual Rights program.

This program provides grants to agencies to protect and advocate for the legal and human rights of persons with disabilities who are ineligible for protection and advocacy services available through the Developmental Disabilities Assistance and Bill of Rights Act or the Protection and Advocacy for Individuals with Mental Illness Act.

Supported Employment State Grants

The Committee recommends \$29,010,000 for the Supported Employment State Grant program. The budget request does not include funding for this program.

Supported Employment State Grants provide assistance to the most severely disabled individuals by providing ongoing support needed to obtain competitive employment.

Independent Living State Grants

The Committee recommends \$23,312,000 for Independent Living State Grants.

This program provides formula grants to States to improve independent living services, support the operation of centers for independent living, conduct studies and analysis, and provide training and outreach.

Centers for Independent Living

The Committee recommends \$79,794,000 for Centers for Independent Living.

These funds support consumer-controlled, cross-disability, non-residential, community-based centers that are designed and operated within local communities by individuals with disabilities. These centers provide an array of independent living services.

Independent Living Services for Older Individuals Who Are Blind

The Committee provides \$33,951,000 for the Independent Living Services for Older Individuals Who Are Blind program.

Through this program, assistance is provided to persons aged 55 or older to adjust to their blindness, continue living independently, and avoid societal costs associated with dependent care. Services most commonly provided by this program are daily living skills training, counseling, community integration, information and referral, the provision of low-vision devices and communication devices, and low-vision screening.

Helen Keller National Center

The Committee recommends \$9,127,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults.

The Helen Keller National Center consists of a national headquarters in Sands Point, New York, with a residential training and rehabilitation facility where deaf-blind persons receive intensive specialized services; a network of 11 regional field offices that provide referral and counseling assistance to deaf-blind persons; and an affiliate network of agencies.

National Institute on Disability and Rehabilitation Research

The Committee recommends \$110,000,000 for NIDRR. This funding level includes \$1,200,000, as requested by the administration, to support research activities that focus on improving employment outcomes for people with disabilities.

NIDRR develops and implements a comprehensive and coordinated approach to the conduct of research, demonstration projects, and related activities that enable persons with disabilities to better function at work and in the community, including the training of persons who provide rehabilitation services or conduct rehabilitation research. The Institute awards competitive grants to support research in federally designated priority areas, including rehabilitation research and training centers, rehabilitation engineering research centers, research and demonstration projects, and dissemination and utilization projects. NIDRR also supports field-initiated research projects, research training, and fellowships.

Assistive Technology

The Committee recommends \$37,500,000 for the Assistive Technology program.

This program is designed to improve occupational and educational opportunities and the quality of life for people of all ages with disabilities through increased access to assistive technology services and devices. The program supports various activities that help States develop comprehensive, consumer-responsive statewide

programs that increase access to, and the availability of, assistive technology devices and services.

The Committee recommendation will ensure all 50 statewide assistive technology programs, the District of Columbia, and outlying areas will receive the minimum grant provided under statute for the first time.

The Committee recommendation includes \$31,000,000 for State grant activities authorized under section 4 of the Rehabilitation Act of 1973, \$5,500,000 for protection and advocacy systems authorized by section 5, and \$1,000,000 for technical assistance activities authorized under section 6.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

AMERICAN PRINTING HOUSE FOR THE BLIND

Appropriations, 2013 ¹	\$24,456,000
Budget estimate, 2014	24,505,000
Committee recommendation	24,456,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$24,456,000 to help support APH.

APH provides educational materials to students who are legally blind and enrolled in programs below the college level. The Federal subsidy provides approximately 70 percent of APH's total sales income. Materials are distributed free of charge to schools and States through per capita allotments based on the total number of students who are blind. Materials provided include textbooks and other educational aids in Braille, large type, recorded form, and computer applications. Appropriated funds may be used for staff salaries and expenses, as well as equipment purchases and other acquisitions consistent with the purpose of the Act to Promote the Education of the Blind.

The Committee notes that APH has established a digital data action plan that explores new technologies, and is supportive of APH's efforts to improve Braille translation and tactile graphics through digital data software.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Appropriations, 2013 ¹	\$65,291,000
Budget estimate, 2014	65,422,000
Committee recommendation	66,422,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$66,422,000 for NTID.

The Committee recommendation for NTID consolidates funds into the operations line for NTID and does not include funding for construction. The Committee will consider funding for construction in the future as needs may warrant.

NTID, located on the campus of the Rochester Institute of Technology in Rochester, New York, was created by Congress in 1965 to provide a residential facility for postsecondary technical training and education for persons who are deaf. NTID also provides support services for students who are deaf, trains professionals in the field of deafness, and conducts applied research.

GALLAUDET UNIVERSITY

Appropriations, 2013 ¹	\$125,265,000
Budget estimate, 2014	117,541,000
Committee recommendation	118,541,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$118,541,000 for Gallaudet University.

Gallaudet University is a private, not-for-profit institution offering undergraduate and continuing education programs for students who are deaf, as well as graduate programs in fields related to deafness for students who are hearing and deaf. The university conducts basic and applied research related to hearing impairments and provides public service programs for the deaf community.

Federal funding also supports the Model Secondary School for the Deaf, which serves as a laboratory for educational experimentation and development; disseminates curricula, materials, and models of instruction for students who are deaf; and prepares adolescents who are deaf for postsecondary academic or vocational education or the workplace. The university's Kendall Demonstration Elementary School develops and provides instruction for children from infancy through age 15.

The Committee recommendation increases operations funding over the fiscal year 2013 level by \$1,235,000 but does not include funding for construction. Congress appropriated a total of \$15,934,000 in fiscal years 2012 and 2013 to support construction. This funding, combined with approximately \$13,000,000 available from prior fiscal years, is covering the costs of constructing a new 200-bed dormitory to house all residential students at the Model Secondary School for the Deaf.

CAREER, TECHNICAL, AND ADULT EDUCATION

Appropriations, 2013 ¹	\$1,733,680,000
Budget estimate, 2014	1,750,154,000
Committee recommendation	1,743,949,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

Career and Technical Education

The Committee recommends \$1,135,844,000 for the Career and Technical Education [CTE] account.

State Grants.—The Committee recommends \$1,123,030,000 for CTE State grants.

Funds provided under the State grant program assist States, localities, and outlying areas to expand and improve their CTE program and help ensure equal access to CTE for populations with special needs. Persons assisted range from secondary students in prevocational courses through adults who need retraining to adapt to changing technological and labor market conditions. Funds are distributed according to a formula based on State population and State per capita income.

Under the Indian and Hawaiian Natives programs, competitive grants are awarded to federally recognized Indian tribes or tribal

organizations and to organizations primarily serving and representing Hawaiian Natives for services that are additional to what these groups receive under other provisions of the Perkins Act.

Of the funds available for this program, \$332,030,000 will become available July 1, 2014, and \$791,000,000 will become available on October 1, 2014. These funds will remain available for obligation until September 30, 2015.

National Programs.—The Committee recommends \$12,814,000 for national research programs and other national activities, including \$5,000,000 for a new dual enrollment initiative that supports CTE career pathways and targets local workforce needs. The Committee adds new bill language allowing adult education providers as eligible partners and adult education students as eligible participants as well as requiring grantees to use funding to supplement and not supplant other Federal, State, or local public funds used for adult education and literacy activities.

Dual enrollment programs enable high school students and adults without a high school equivalency credential to pursue post-secondary education and earn course credit that can be applied to a college degree or credential. Research shows dual enrollment programs are associated with gains in college enrollment and credit accumulation and higher grades. The Department will make competitive awards that help establish or expand dual enrollment programs through partnerships among institutions of higher education, LEAs that operate high-need public schools or adult education providers, and State and local agencies responsible for secondary and adult education and workforce training. This funding will provide students with support services, including tutoring, assistance completing financial aid applications and selecting courses, mentoring, career counseling, and assistance transferring from 2-year to 4-year institutions of higher education. Funds will also support activities designed for students with limited proficiency in English or from groups traditionally underrepresented in postsecondary education, individuals with disabilities, students who are homeless or in foster care, or disconnected youth.

The Committee recommendation includes additional funding for this dual enrollment initiative in the Government Performance and Results Act [GPRA] Data/HEA Program Evaluation program.

Adult Education

The Committee recommends \$608,105,000 for Adult Education programs.

Adult Education State Grants.—For adult basic and literacy education State grants, the Committee recommends \$593,803,000.

Funds are used by States for programs to enable 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.

The Committee recommendation continues the English literacy and civics education State grants set-aside within the adult education State grants appropriation. Within the total, \$74,559,000 is available to help States or localities affected significantly by immigration and large limited-English populations to implement programs that help immigrants acquire English literacy skills, gain

knowledge about the rights and responsibilities of citizenship, and develop skills that will enable them to navigate key institutions of American life.

National Leadership Activities.—The Committee recommends \$14,302,000 for national leadership activities, including \$3,000,000 to support new awards for prisoner reentry education models that build on the success of the Promoting Reentry Success through Continuity of Education Opportunities [PRSCEO] competition. PRSCEO was funded in fiscal year 2013 with funds transferred from the Department of Justice under an interagency agreement.

The Committee recommendation will support projects that develop evidence of reentry education’s effectiveness and align with the model described in “A Reentry Education Model: Supporting Education and Career Advancement for Low-Skill Individuals in Corrections,” published by the Department in August 2012.

STUDENT FINANCIAL ASSISTANCE

Appropriations, 2013 ¹	\$24,486,210,000
Budget estimate, 2014	24,685,281,000
Committee recommendation	24,536,210,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommends an appropriation of \$24,536,210,000 for programs under the Student Financial Assistance account.

Student Complaint System.—The Committee commends the Department for working with the Department of Veterans Affairs [VA], DOD, and the Federal Trade Commission to develop a uniform student complaint system for students receiving Federal education benefits from the VA, DOD, and the Department pursuant to Executive Order 13607. The Committee is aware that the Department intends to publicize information on its StudentAid.gov Web site on how to submit complaints regarding institutional issues by the end of fiscal year 2013. While this is a positive step, the complaint system would address Federal education benefits alone, and only students who receive such benefits would be likely to view the Web site. The complaint system would not address other types of deceptive and misleading conduct by institutions. The Committee directs the Department to broaden the scope of the complaint system and make it more accessible to all students attending institutions of higher education, regardless of their receipt of Federal education benefits. The Committee on HELP’s recent investigation into the practices of proprietary institutions of higher education demonstrated that students in all sectors of postsecondary education lack a clear understanding of how or where to lodge complaints regarding deceptive and misleading conduct and other problematic practices, including but not limited to problems with accessibility of course materials and the physical plant on college campuses. This kind of a complaint system would be particularly valuable as online postsecondary education programs expand, as students in such programs may have no State-specific resource for consumer protection. The Committee directs the Department to post information on its main Web site about its uniform complaint system no later than 6 months after enactment of this act.

Foster Youth.—The Committee is very concerned that many foster youth who are eligible for postsecondary education and training financial aid programs outside of support offered through the Department, including HHS's John H. Chafee Foster Care Independence Program and the Education and Training Vouchers Program for Youths Aging Out of Foster Care, are unaware that this assistance is available to them. The Committee urges the Department to inform foster youth, to the extent practicable, of their potential eligibility for additional Federal financial assistance, and post information about these programs on its Web site. The Committee directs the Secretary to submit a report no later than 120 days after enactment of this act detailing its outreach efforts to foster youth who may be eligible for additional Federal financial aid programs and ways in which modifications to the Free Application for Federal Student Aid could assist in these efforts.

Federal Pell Grant Program

The Committee recommends \$22,778,352,000 in discretionary funding for the Pell grant program. This amount will support an increase in the maximum Pell grant award from \$5,645 in academic year 2013–2014 to a projected level of \$5,785 in academic year 2014–2015.

Pell grants provide need-based financial assistance that helps undergraduate students and their families defray a portion of the costs of postsecondary education and vocational training. Awards are determined according to a statutory need-analysis formula that takes into account a student's family income and assets, household size, and the number of family members, excluding parents, attending postsecondary institutions.

More than 9.3 million students are expected to receive a Pell grant during the 2014–2015 academic year. Of the 9.4 million students who relied on Pell grants during the 2011–2012 award year, 74 percent had incomes or came from families with incomes less than or equal to \$30,000.

The Pell grant program is funded partly through the discretionary appropriations process and partly through mandatory funding. The HCERA included additional mandatory money for the program to increase the maximum grant by the Consumer Price Index [CPI] beginning in academic year 2013–2014 as long as the discretionary portion of the funding is sufficient to support \$4,860 of the maximum award. The Committee recommendation for fiscal year 2014 meets that requirement, so it will trigger enough mandatory funding to add an estimated \$925 (\$140 more than in fiscal year 2013) to the discretionary portion of the award, for a projected total maximum award of \$5,785. The Department will rely on CPI data available at the end of the 2013 calendar year to determine the exact increase for academic year 2014–2015.

Taking into account mandatory funding provided in the fiscal year 2012 Consolidated Appropriations Act, plus \$9,797,000,000 in cumulative surplus budget authority from previous fiscal years, the fiscal year 2014 funding level will provide an estimated \$4,889,000,000 more than is needed to support the discretionary base award of \$4,860 and trigger the mandatory increase in the

maximum award. In fiscal year 2015, however, the program will face a funding gap of \$793,000,000 under current projections.

Protecting Financial Aid for Students and Taxpayers

The Committee is disturbed by recent findings that some colleges and universities are using Federal student financial assistance funding for aggressive marketing, recruitment, and advertising rather than for the programs' intended purpose—to help low- and middle-income students access and successfully complete a postsecondary education.

At a time when Federal resources are scarce and students and families across the Nation are struggling to afford a college education, this practice should not be tolerated.

To that end, the Committee includes a new general provision that prohibits all colleges and universities receiving funding through the HEA from spending Federal educational program dollars on advertising, marketing, and recruitment. Colleges and universities will continue to be free to spend however much they want on these activities; this provision simply stipulates that they cannot use Federal tax dollars intended for education to do so. This reform will target Federal resources at educating students, as opposed to online advertisements and aggressive recruiting strategies, and help ensure that both taxpayers and students receive a good return on their investment.

On a related matter, the Committee is aware that some students are wasting their Federal financial aid and going into debt to earn occupation-related degrees that they cannot use. While postsecondary education institutions as a whole must be accredited in order to participate in the Department's financial aid programs, there are no accreditation or licensure requirements for specific programs. Some students are paying to attend a program only to learn that they cannot take the licensing exam required for entry into the workforce because the program is not accredited or licensed.

To address this problem, the Committee bill includes a new provision requiring postsecondary education programs that prepare students for gainful employment in occupations requiring licensing or other credentials to meet State licensure requirements and programmatic accreditation in order to be eligible for HEA funding. This provision will ensure that students who receive Federal financial aid to enroll in industry-specific programs will be eligible to attain credentials they can actually use to enter their chosen profession.

Federal Supplemental Educational Opportunity Grant Program

The Committee recommends \$733,130,000 for the SEOG program.

The SEOG program provides funds to postsecondary institutions for need-based grants to undergraduate students. Institutions must contribute at least 25 percent toward SEOG awards. Students qualify for grants of up to \$4,000 by demonstrating financial need. Priority is given to Pell grant recipients with exceptional need.

The budget request recommends reforming the SEOG allocation formula to target and incentivize SEOG funding toward institu-

tions that enroll and graduate comparatively high numbers of Pell-eligible students and offer low net tuition and fees. The Committee supports the proposals in principle but believes they deserve more deliberation in Congress.

Federal Work-Study Program

The Committee bill provides \$1,024,728,000 for the FWS program. The budget request proposes to direct new funds to institutions opting to participate in an enhanced work-study partnership with prospective employers. The Committee recommendation does not include this proposal.

The budget request also recommends reforming the FWS allocation formula to target and incentivize funding toward institutions that enroll and graduate comparatively high numbers of Pell-eligible students and offer low net tuition and fees. The budget request does not include bill language on this proposal. The Committee supports the administration’s goals, but believes the proposal deserves more deliberation in Congress.

This program provided grants to approximately 3,400 institutions and helped an estimated 700,000 undergraduate, graduate, and professional students meet the costs of postsecondary education through part-time employment in academic year 2010–2011. Institutions must provide at least 25 percent of student earnings.

The Committee recommendation expects the Department to provide \$8,390,000 from the FWS program appropriation for the Work Colleges program authorized under section 448 of the HEA. This is an increase of \$2,403,337 over the fiscal year 2013 level. The recommended level is the amount the seven work colleges are capable of matching dollar for dollar.

Federal Perkins Loans

The Federal Perkins Loan program supports student loan revolving funds built up with capital contributions to nearly 1,700 participating institutions. Institutions use these revolving funds, which also include Federal capital contributions [FCCs], institutional contributions equal to one-third of the FCCs, and student repayments, to provide low-interest, subsidized loans that help financially needy students pay the costs of postsecondary education.

The Committee recommends no new funds for the Perkins Loan program. The budget request proposes to restructure the Perkins Loan program as a mandatory credit program and to expand institutional participation by up to an additional 2,700 postsecondary education institutions. The Committee bill does not include this proposal.

STUDENT AID ADMINISTRATION

Appropriations, 2013 ¹	\$1,041,301,000
Budget estimate, 2014	1,050,091,000
Committee recommendation	1,044,301,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommends \$1,044,301,000 for the Student Aid Administration account. These funds are available until September

30, 2015, and support the Department's student aid management expenses.

The Committee recommendation includes \$727,434,000 for administrative costs and \$316,867,000 for loan servicing activities. The Committee recommendation will ensure the operational integrity of Federal student aid systems and provide high-quality service to student and parent borrowers.

The budget request includes a new general provision transferring the Health Education Assistance Loan program from HHS to the Department. The Committee recommendation includes bill language authorizing the transfer and provides \$2,807,000 for the costs of managing and servicing outstanding loans.

The Committee directs the Department to continue to provide quarterly reports detailing its obligation plan by quarter for spending mandatory and discretionary funding for student aid administrative activities broken out by servicer, activity, and funding source.

HIGHER EDUCATION

Appropriations, 2013 ¹	\$1,865,915,000
Budget estimate, 2014	2,146,273,000
Committee recommendation	1,912,615,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends an appropriation of \$1,912,615,000 for higher education programs.

Aid for Institutional Development

The Committee recommends \$530,014,000 for Aid for Institutional Development.

Strengthening Institutions.—The Committee bill recommends \$80,462,000 to provide competitive, 1-year planning and 5-year development grants for institutions with a significant percentage of financially needy students and low educational and general expenditures per student in comparison with similar institutions. Applicants may use these funds to develop faculty, strengthen academic programs, improve institutional management, and expand student services.

Hispanic-Serving Institutions [HSIs].—The Committee recommends \$100,231,000 for competitive grants to institutions at which Hispanic students make up at least 25 percent of enrollment. Funds may be used for acquisition, rental, or lease of scientific or laboratory equipment; renovation of instructional facilities; development of faculty; support for academic programs; institutional management; and purchase of educational materials. In addition to the Committee-recommended level, the HCERA provides \$100,000,000 of mandatory funding in each fiscal year through 2019 to support HSIs in the development of STEM and articulation programs.

Promoting Postbaccalaureate Opportunities for Hispanic Americans.—The Committee recommends \$8,992,000 for competitive, 5-year grants to HSIs to help Hispanic Americans gain entry into and succeed in graduate study. Institutions may use funding to support low-income students through outreach programs; academic

support services; mentoring and financial assistance; acquisition, rental, or lease of scientific or laboratory equipment; construction and other facilities improvements; and purchase of educational materials.

Strengthening Historically Black Colleges and Universities.—The Committee recommends \$227,524,000 for the Strengthening HBCUs program. The program makes formula grants to HBCUs that may be used to purchase equipment; construct and renovate facilities; develop faculty; support academic programs; strengthen institutional management; enhance fundraising activities; provide tutoring and counseling services to students; and conduct outreach to elementary and secondary school students. In addition to the Committee-recommended level, this program will receive \$85,000,000 of mandatory funding through the HCERA in each fiscal year through 2019.

Strengthening Historically Black Graduate Institutions [HBGIs].—The Committee recommends \$58,840,000 for the Strengthening HBGIs program. This program provides 5-year grants to provide scholarships for low-income students and academic and counseling services to improve student success. Funds may also be used for construction, maintenance, and renovation activities; the purchase or lease of scientific and laboratory equipment; and the establishment of an endowment.

Strengthening Predominately Black Institutions [PBIs].—The Committee recommends \$9,244,000 for the Strengthening PBIs program. This program provides 5-year grants to PBIs to plan and implement programs to enhance the institutions' capacity to serve more low- and middle-income Black American students. In addition to the Committee-recommended level, the HCERA provides \$15,000,000 of mandatory funding in each fiscal year through 2019 to support programs at PBIs in the areas of STEM; health education; internationalization or globalization; teacher preparation; and improving the educational outcomes of African-American males.

Strengthening Asian American and Native American Pacific Islander-Serving Institutions [AANAPISIs].—The Committee recommends \$3,113,000 for competitive grants to AANAPISIs that have an enrollment of undergraduate students that is at least 10 percent Asian American or Native American Pacific Islander students. Grants may be used to improve their capacity to serve Asian American and Native American Pacific Islander students and low-income individuals. In addition to the Committee-recommended level, AANAPISIs will receive \$5,000,000 of mandatory funding through the HCERA in each fiscal year through 2019 to develop faculty; strengthen academic programs; improve institutional management; expand student services; and construct classrooms, libraries, laboratories, and other instructional facilities.

Strengthening Alaska Native and Native Hawaiian-Serving Institutions [ANNHSIs].—The Committee recommends \$12,833,000 for the Strengthening ANNHSIs program. In addition to the Committee-recommended level, these institutions receive \$15,000,000 of mandatory funding through the HCERA in each fiscal year through 2019.

The purpose of this program is to improve and expand the capacity of institutions serving Alaska Native and Native Hawaiian students and low-income individuals. Funds may be used to plan, develop, and implement activities that encourage faculty and curriculum development; improve administrative management; renovate educational facilities; enhance student services; purchase library and other educational materials; and, provide education or counseling services designed to improve the financial and economic literacy of students or their families.

Strengthening Native American-Serving Nontribal Institutions.—The Committee recommends \$3,113,000 for this program, which serves institutions that enroll at least 10 percent Native American students and at least 50 percent low-income students. In addition to the Committee-recommended level, these institutions receive \$5,000,000 of mandatory funding through the HCERA in each fiscal year through 2019 to help institutions plan, develop, and implement activities that encourage faculty and curriculum development; improve administrative management; renovate educational facilities; enhance student services; and purchase library and other educational materials.

Strengthening Tribally Controlled Colleges and Universities.—The Committee recommends \$25,662,000 for this program. Tribal colleges and universities rely on a portion of the funds provided to address developmental needs, including faculty development, curriculum, and student services. In addition to the Committee-recommended level, this program receives \$30,000,000 of mandatory funding through the HCERA in each fiscal year through 2019.

International Education and Foreign Language Studies

The bill includes a total of \$80,938,000 for International Education and Foreign Language Studies programs.

Funds are used to support visits and study in foreign countries by individuals who plan to utilize their language skills in areas vital to U.S. national security in the fields of government, international development, and the professions.

Domestic Programs.—The Committee recommends \$73,487,000 for domestic program activities related to international education and foreign language studies under title VI of the HEA. This is an increase of \$7,034,000 over the fiscal year 2013 level. The majority of funding will support new awards in the national resource centers, foreign language and area studies fellowships, international business education centers, and language resource centers. Funding will also support continuation awards in the American overseas research centers as well as new and continuation awards in the Undergraduate International Studies and Foreign Language Program. The Committee urges the Secretary to preserve the program's longstanding focus on activities and institutions that address the Nation's need for a strong training and research capacity in foreign languages and international studies, including increasing the pool of international experts in areas that are essential to national security and economic competitiveness.

The Committee recommendation includes \$2,000,000 to support new awards authorized by section 604(b) of the HEA. The Committee recognizes that study abroad helps prepare students to func-

tion effectively in a global environment and recommends funding to expand access to study abroad, particularly for underserved student populations and to nontraditional destinations, especially in developing countries. The Committee expects that competitive grants will be awarded under the authority of section 604(b) individually or through partnerships to institutions of higher education and public and private not-for-profit agencies and organizations, and be consistent with the recommendations of the Commission on the Abraham Lincoln Study Abroad Fellowship program that Congress created in Public Law 108–199.

The Committee urges the Department to support efforts among higher education stakeholders in issuing a comprehensive report on meeting the goals of the Lincoln Commission on Study Abroad, including hosting a conference on study abroad. The conference should address the importance of study abroad in meeting the Department's international education goals of global competencies, educational diplomacy, and program integration and coordination. The conference should solicit ideas from the higher education community on how to significantly increase the number of American students studying abroad.

Overseas Programs.—The Committee recommends \$7,451,000 for overseas programs authorized under the Mutual Educational and Cultural Exchange Act of 1961, popularly known as the Fulbright-Hays Act. Funding is provided for group, faculty, or doctoral dissertation research abroad as well as special bilateral projects. Grants focus on training American instructors and students in order to improve foreign language and area studies education in the United States.

Fund for the Improvement of Postsecondary Education

The Committee recommends \$5,852,000 for FIPSE.

Training for Realtime Writers.—Within the total for FIPSE, the Committee recommendation includes \$1,126,000 for the Training for Realtime Writers program authorized by section 872 of the HEA. This program provides grants to institutions of higher education to establish programs to train realtime writers. Eligible activities include curriculum development, student recruitment, distance learning, mentoring, and scholarships. The program places a priority on encouraging individuals with disabilities to pursue careers in realtime writing. More than 30 million Americans are considered deaf or hard of hearing, and many require captioning services to participate in mainstream activities and gain access to emergency broadcasts. Federal law requires that all television broadcasts be closed captioned, and trained captioners help remove barriers to full-quality captioning of realtime television programming such as news, weather, and emergency messaging.

Center for Best Practices To Support Single Parent Students.—The Committee recommendation includes \$500,000 to support a Center for Best Practices to Support Single Parent Students, as authorized by section 741(c) of the HEA, to promote replication of programs that have proven effective at providing postsecondary degree completion opportunities to low-income single parents. The Center will study and develop best practices, and assist other institutions

in implementing innovative programs that support this target population.

Analysis of Federal Regulations and Reporting Requirements on Institutions of Higher Education.—The Committee directs \$1,000,000 for the Secretary to enter into an agreement with the National Research Council of the National Academy of Sciences to conduct a study on the impacts of Federal regulations and reporting requirements on institutions of higher education as authorized under section 1106 of the Higher Education Opportunity Act of 2008. The study shall include information describing, by agency, the number of Federal regulations and reporting requirements affecting institutions of higher education; the estimated time required and costs to institutions of higher education (disaggregated by types of institutions) to comply with the regulations and reporting requirements affecting institutions of higher education; and recommendations for consolidating, streamlining, and eliminating redundant and burdensome Federal regulations and reporting requirements affecting institutions of higher education. The study should be submitted to the Senate and House Committees on Appropriations, as well as the Committee on HELP and the Committee on Education and the Workforce, not later than 1 year after the date of enactment of this act.

Centers for the Study of Distance Education and Technological Advancements.—The Committee recommendation includes \$2,750,000 to carry out section 741(a)(3) of the HEA to establish no less than two Centers for the Study of Distance Education and Technological Advancements at institutions of higher education. At least one of the centers should have a minority enrollment of no less than 15 percent and no two centers shall be located in the same State.

The Committee recognizes the increasing role that online education plays in postsecondary education. Over 6 million college students take at least one online course in a given year, representing almost 1 in 3 students nationally. Data are needed to understand the outcomes of online learning as well as the factors that impact such outcomes. The new centers should collaborate with and provide evaluation of learning outcomes for students attending institutions of higher education across the country and partner with other institutions of higher education and organizations interested in online education.

Model Comprehensive Transition and Postsecondary Programs for Students With Intellectual Disabilities

The Committee recommendation includes \$10,935,000 for competitive grants to postsecondary institutions to establish model programs to help students with intellectual disabilities transition to and complete college, as authorized by section 769 of the HEA. Funds may be used for student support services; academic enrichment, socialization, or independent living; integrated work experiences; and partnerships with LEAs to support students with intellectual disabilities participating in the model program who are still eligible for special education and related services under the IDEA.

Funds also support a national coordinating center that is charged with conducting and disseminating research on strategies to pro-

mote positive academic, social, employment, and independent living outcomes for students with intellectual disabilities.

Minority Science and Engineering Improvement

The Committee recommends \$9,447,000 for the Minority Science and Engineering Improvement program. Funds are used to provide discretionary grants to institutions with minority enrollments greater than 50 percent to purchase equipment, develop curricula, and support advanced faculty training. Grants are intended to improve science and engineering education programs and increase the number of minority students in the fields of science, mathematics, and engineering.

Tribally Controlled Postsecondary Career and Technical Institutions

The Committee recommends \$8,114,000 for tribally controlled postsecondary vocational institutions. This program provides grants for the operation and improvement of tribally controlled postsecondary vocational institutions to ensure continued and expanding opportunities for Indian students.

Federal TRIO Programs

The Committee recommends \$849,932,000 for Federal TRIO programs, which provide a variety of services to improve postsecondary education opportunities for low-income individuals and first-generation college students.

Upward Bound offers disadvantaged high school students academic services to develop the skills and motivation needed to pursue and complete a postsecondary education; Student Support Services provides developmental instruction, counseling, summer programs, and grant aid to disadvantaged college students to help them complete their postsecondary education; Talent Search identifies and counsels individuals between ages 11 and 27 regarding opportunities for completing high school and enrolling in postsecondary education; Educational Opportunity Centers provide information and counseling on available financial and academic assistance to low-income adults who are first-generation college students; and the Ronald E. McNair Postbaccalaureate Achievement Program supports research internships, seminars, tutoring, and other activities to encourage disadvantaged college students to enroll in doctoral programs.

The last Upward Bound grant competition may have disadvantaged applicants in rural areas. Many of the rural programs that were not renewed in the last round are located in areas of extreme poverty that would appear to be prime targets for Upward Bound grants. The Committee directs the Department to provide an analysis within 60 days of enactment of this act of how selection criteria and outcomes changed in the past Upward Bound grant cycle, to determine whether applicants from rural areas were put at a disadvantage compared to other applicants.

Gaining Early Awareness and Readiness for Undergraduate Programs

The Committee recommends \$307,244,000 for GEAR UP, which provides grants to States and partnerships of colleges, middle and high schools, and community organizations to assist cohorts or students in middle and high schools serving a high percentage of low-income students. Services provided help students prepare for and pursue a postsecondary education.

The Committee adds new bill language, as requested by the administration, allowing the Department to increase the evaluation set-aside from 0.75 percent to 1.5 percent to work with the GEAR UP community and grantees to standardize data collection, including through the use of third-party data systems. The increase in the evaluation set-aside will build evidence about effective college access and completion strategies and inform the HEA reauthorization process in 2014. The Committee directs the Department to submit a report to the Senate Committees on Appropriations and HELP that provides an update on how GEAR UP evaluation set-aside funds are being used and recommendations on how to improve student outcomes; the Committee expects the report no later than 6 months after enactment of this act.

Graduate Assistance in Areas of National Need and Javits Fellowships

The Committee recommends \$30,848,000 to support the GAANN and Javits Fellowships programs.

In fiscal year 2012, Congress consolidated the GAANN and Javits Fellowships programs, as proposed by the administration. The Committee recommendation continues bill language allowing funds awarded under GAANN to be used to fund continuation costs for the Javits Fellowships program.

GAANN awards competitive grants to graduate academic departments and programs for fellowship support in areas of national need as determined by the Secretary. Javits Fellowships are awarded to students of superior ability who are pursuing doctoral degrees in the arts, humanities, and social sciences. Each fellowship consists of a student stipend to cover living costs and an institutional payment to cover each fellow's tuition and other expenses.

Teacher Quality Partnership Program

The Committee recommends \$42,747,000 for the Teacher Quality Partnership program. The budget request consolidates activities supported by this program into a proposed new Effective Teachers and Leaders State Grants authority as part of the administration's plan for reauthorizing the ESEA. The Teacher Quality Partnership Program helps improve the quality of teachers working in high-need schools and early childhood education programs by creating model teacher preparation and residency programs.

Child Care Access Means Parents in Schools

The Committee recommends an appropriation of \$15,938,000 for CCAMPIS. This program supports the efforts of a growing number of nontraditional students who are struggling to complete their college degrees at the same time that they take care of their children.

Discretionary grants of up to 4 years are made to institutions of higher education to support or establish campus-based child care programs primarily serving the needs of low-income students enrolled at the institutions.

GPRA Data / Higher Education Act Program Evaluation

The Committee recommends \$20,606,000 to collect data associated with the GPRA and to evaluate programs authorized by the HEA. The Committee recommendation includes \$15,000,000 to support a new dual enrollment demonstration program for low-income students and evaluate its impact on the success of participants. The Committee is concerned that the cost of tuition, fees, and supplies for low-income students and families could be a deterrent to the students' participation in dual enrollment programs that do not cover such costs for low-income students. The recommended funding level will support tuition, fees, and supplies for low-income students enrolled in dual enrollment programs who would qualify for Pell grants but are not eligible because they do not have a high school diploma. Funding for this demonstration is also provided in CTE's National Programs. The Department will give priority to dual enrollment programs that demonstrate a cost-effective approach to providing dual enrollment opportunities to low-income students.

Studies on dual enrollment programs have found that student participation is positively related to college enrollment and persistence and higher college GPAs. Dual enrollment programs can also shorten the time to degree or credential completion and reduce the cost of college for students and families.

The Committee recommendation also includes \$2,000,000 to support an evaluation of the dual enrollment projects to test whether providing student aid to low-income students increases access to dual enrollment programs, and whether the programs improve degree and credential attainment.

The Committee also provides \$3,606,000 to support program improvement activities and evaluation, including evaluating the impact of loan counseling on borrower behavior; examining the effectiveness of allowing institutions of higher education additional funding to support Pell grant students if the students meet certain outcome measures of success; and evaluating the impacts of consumer information on making college selection decisions.

HOWARD UNIVERSITY

Appropriations, 2013 ¹	\$233,596,000
Budget estimate, 2014	234,064,000
Committee recommendation	234,064,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends an appropriation of \$234,064,000 for Howard University. Located in the District of Columbia, Howard offers undergraduate, graduate, and professional degrees through 12 schools and colleges. The university also administers the Howard University Hospital. Federal funds from this account support approximately 43 percent of the university's projected educational and general expenditures, excluding the hospital. The Committee

recommends, within the funds provided, not less than \$3,593,000 for the endowment program.

Howard University Hospital.—Within the funds provided, the Committee recommends \$28,834,000 for Howard University Hospital. The hospital provides inpatient and outpatient care, as well as training in the health professions. It also serves as a major acute and ambulatory care center for the District of Columbia and functions as a major teaching facility attached to the university. The Federal appropriation provides partial funding for the hospital’s operations.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM

Appropriations, 2013 ¹	\$458,000
Budget estimate, 2014	459,000
Committee recommendation	459,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

Federal Administration.—The Committee bill includes \$459,000 for Federal administration of the CHAFL program. These funds will be used to reimburse the Department for expenses incurred in managing the existing CHAFL loan portfolio. These expenses include salaries and benefits, travel, printing, contracts, and other expenses directly related to the administration of the CHAFL program.

HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING PROGRAM ACCOUNT

Appropriations, 2013	\$20,462,000
Budget estimate, 2014	20,502,000
Committee recommendation	20,502,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommends \$20,502,000 for the HBCU Capital Financing Program.

The Committee recommendation includes \$20,150,000 to pay the loan subsidy costs in guaranteed loan authority under this program. This amount will support \$320,350,000 in new loan volume in fiscal year 2014. The remaining \$352,000 will be used for administrative expenses.

The HBCU Capital Financing Program makes capital available to HBCUs for construction, renovation, and repair of academic facilities by providing a Federal guarantee for private sector construction bonds. Construction loans will be made from the proceeds of the sale of the bonds. As requested by the administration, the Committee retains bill language allowing the program to make loans to public and private HBCUs without regard to the limitations within section 344(a) of the HEA.

The Committee recommendation includes new bill language, as proposed in the budget request, that allows the loan subsidy funding to be available for 2 fiscal years. The Department has found that the 1-year timeframe to insure loans constrains the planning process for new program loans, decreasing the number of projects that can be considered for funding and limiting the Department’s

ability to achieve the statutory mandate of ensuring that loans are fairly allocated among as many eligible institutions as possible.

INSTITUTE OF EDUCATION SCIENCES

Appropriations, 2013 ¹	\$592,477,000
Budget estimate, 2014	671,073,000
Committee recommendation	652,937,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommends \$652,937,000 for IES. This account supports education research, development, dissemination, and evaluation; data collection and analysis activities; and the assessment of student progress.

Under the Education Sciences Reform Act of 2002, Congress established IES to provide objective and valid research-driven knowledge that was free of political influence or bias so as to better inform effective education practices at the State and local levels. The act required IES, in carrying out its mission, “to compile statistics, develop products, and conduct research, evaluations, and wide dissemination activities in areas of demonstrated national need . . . and ensure that such activities conform to high standards of quality, integrity, and accuracy and are objective, secular, neutral, and nonideological and are free of partisan political influence.”

The Committee commends IES for its efforts to improve the rigor, relevance, and utilization of education research that leads to enhanced education policy and classroom practices. The Committee urges IES to consider how it can organize its investment opportunities to bring more focus to solving specific and enduring problems of practice in our Nation’s classrooms. The Committee requests that IES include in the fiscal year 2015 congressional budget justification the specific changes it will make to bring more focus and coherence to its investments and how those changes are expected to solve specific problems of practice. To the extent that it believes that it is achieving this goal, the Committee requests that IES identify and describe the problems of practice that have been solved through its investments.

The Committee directs the Director to submit an operating plan within 90 days of enactment of this act detailing how IES plans to allocate funding available to the Institute for research, evaluation, and other activities authorized under law.

RESEARCH, DEVELOPMENT, AND DISSEMINATION

The Committee recommends \$195,000,000 for education research, development, and national dissemination activities. Funds are available for obligation for 2 fiscal years. These funds support activities that are aimed at expanding fundamental knowledge of education and promoting the use of research and development findings in the design of efforts to improve education.

STATISTICS

The Committee recommends \$112,000,000 for data gathering and statistical analysis activities at NCES. Increased funds over the fiscal year 2013 level will allow NCES to provide partial support to

States that would like to benchmark their student performance against countries that participate in the Program for International Student Assessment.

NCES collects, analyzes, and reports statistics on education in the United States. Activities are carried out directly and through grants and contracts. The Center collects data on educational institutions at all levels, longitudinal data on student progress, and data relevant to public policy. NCES also provides technical assistance to SEAs, LEAs, and postsecondary institutions.

REGIONAL EDUCATIONAL LABORATORIES

The Committee recommends \$57,311,000 to continue support for the Regional Educational Laboratories program. Funds available in this bill will continue to support a network of 10 laboratories. The laboratories are responsible for promoting the use and development of knowledge and evidence in broad-based systemic strategies to increase student learning and further school improvement efforts. The Committee appreciates the efforts of IES to strengthen the connections between practitioners and the research community, so that federally supported research is timely, relevant, and responsive to the needs of the field.

RESEARCH AND INNOVATION IN SPECIAL EDUCATION

The Committee recommends \$69,905,000 for research and innovation in special education conducted by the National Center for Special Education Research [NCSEER]. This amount should enable NCSEER to fund roughly \$20,000,000 in new awards in fiscal year 2014.

The Center addresses gaps in scientific knowledge in order to improve special education and early intervention services and outcomes for infants, toddlers, and children with disabilities. Funds provided to the center are available for obligation for 2 fiscal years.

The Committee commends NCSEER for the rigor and relevancy of its research. NCSEER-supported research has informed early identification, the development and testing of interventions to improve school outcomes, and the validation of assessments to help identify and monitor the progress of the Nation's 6 million children with disabilities. An investment in research continues to fill a critical need to better understand the most effective ways of educating and improving school outcomes for those with or at risk for disabilities.

SPECIAL EDUCATION STUDIES AND EVALUATIONS

The Committee recommends \$11,415,000 for special education studies and evaluations.

This program supports competitive grants, contracts, and cooperative agreements to assess the implementation of IDEA. Funds are also used to evaluate the effectiveness of State and local efforts to deliver special education services and early intervention programs. Funds are available for obligation for 2 fiscal years.

STATEWIDE DATA SYSTEMS

The Committee recommendation includes \$75,000,000 for the Statewide Data Systems program.

This program supports competitive grants to SEAs to enable such agencies to design, develop, and implement statewide, longitudinal data systems to manage, analyze, disaggregate, and use individual data for students of all ages. Early childhood, postsecondary, and workforce information systems may be linked to such systems or developed with program funds. The Committee believes the Department should continue its efforts to ensure every State has the base support necessary to develop effective systems. Funds are available for obligation for 2 fiscal years.

The Committee bill allows up to \$21,000,000 to be used for awards to public or private agencies or organizations to support activities to improve data coordination, quality, and use at the local, State, and national levels. The Committee requests that, prior to obligating any funds for this purpose, the Department provide to the Committee an operating plan describing the proposed purpose and use of such funds.

ASSESSMENT

The Committee recommends \$132,306,000 to provide support for NAEP, a congressionally mandated assessment created to measure and report the educational achievement of American students in a range of subjects and analyze trends over time.

Within the funds appropriated, the Committee recommends \$7,690,000 for NAGB, which is responsible for formulating policy for NAEP.

DEPARTMENTAL MANAGEMENT

PROGRAM ADMINISTRATION

Appropriations, 2013 ¹	\$445,366,000
Budget estimate, 2014	463,450,000
Committee recommendation	447,366,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$447,366,000 for program administration.

Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, automated data processing, and other services required to award, administer, and monitor Federal education programs. Support for program evaluation and studies and advisory councils also is provided under this account.

The Committee recommendation includes \$2,000,000 for building modernization activities for the Department.

The Committee is very supportive of Executive Order 13548 and the Department's goal to raise the representation of individuals with disabilities in its workforce from 6.25 percent in fiscal year 2010 to 9 percent in fiscal year 2015. However, fiscal year 2012 results demonstrate a lack of progress, with representation falling below the fiscal year 2011 level. The Committee encourages the Department to accelerate its efforts toward achieving the goals of this important executive order.

The Committee is concerned about the number of children, in particular children with disabilities and children of racial and eth-

nic minorities, that are subject to the abusive and potentially deadly application of restraint and seclusion techniques in our Nation’s schools. Every child has the right to be safe at school.

The Committee commends the Department for releasing its “Restraint and Seclusion: Resource Document.” The Committee directs the Department to issue guidance that, at minimum, is consistent with the 15 principles identified in the Resource Document that help ensure that restraint or seclusion in schools should not occur except when there is a threat of imminent danger of serious physical harm to the student or others. If these practices are used, they must be carried out in a manner that protects the safety of all children and adults at a school. Finally, the Committee requests that the Department co-convene with SAMHSA a stakeholder summit on reducing and preventing the use of restraint and seclusion in schools.

The Committee is concerned with deficiencies in geography education research and geography education at the elementary and secondary education levels. The Committee recognizes that a sound understanding of geography is critical to ensuring that the American workforce is qualified for jobs in geospatial technologies and other emerging industries. The Committee directs GAO to conduct a study on the status of geographic education and the ability of U.S. graduates to fill and retain skilled jobs, particularly in geospatial technologies. Additionally, recognizing fiscal constraints on States and LEAs, the Committee further directs GAO to report on the challenges elementary and secondary schools face in providing geographic education with limited resources.

The Committee is disappointed that the administration failed to meet its scheduled March 2013 release date for the notice of proposed rulemaking related to the phasing out of alternate assessments based on modified academic achievement standards. The Committee supports this phase-out and believes the administration should move forward expeditiously in this rulemaking.

The Committee appreciates and strongly supports Executive Order 13592 related to improving educational outcomes for American Indian and Alaska Native students. The Committee believes that the establishment of the Interagency Working Group on American Indian and Alaska Native Education, co-chaired by the Secretaries of Education and the Interior, and Memorandum of Agreement between the two Departments are important steps forward in this effort. The Committee requests that the Department include in the fiscal year 2015 and future congressional budget justifications the goals, benchmarks, and key activities accomplished and planned for improving educational outcomes for American Indian and Alaska Native students.

OFFICE FOR CIVIL RIGHTS

Appropriations, 2013 ¹	\$102,418,000
Budget estimate, 2014	107,500,000
Committee recommendation	102,418,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommends \$102,418,000 for OCR.

OCR is responsible for the enforcement of laws that prohibit discrimination on the basis of race, color, national origin, sex, disability, and age in all programs and institutions that receive financial assistance from the Department. To carry out this responsibility, OCR investigates and resolves discrimination complaints, monitors desegregation and equal educational opportunity plans, reviews possible discriminatory practices by recipients of Federal education funds, and provides technical assistance to recipients of funds to help them meet these civil rights requirements.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2013 ¹	\$59,700,000
Budget estimate, 2014	62,347,000
Committee recommendation	59,700,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$59,700,000 for OIG.

OIG has the authority to investigate all departmental programs and administrative activities, including those under contract or grant, to prevent and detect fraud and abuse, and to ensure the quality and integrity of those programs. The Office investigates alleged misuse of Federal funds and conducts audits to determine compliance with laws and regulations, efficiency of operations, and effectiveness in achieving program goals.

GENERAL PROVISIONS

Section 301. The bill continues a provision prohibiting the use of funds for the transportation of students or teachers in order to overcome racial imbalance.

Section 302. The bill continues a provision prohibiting the involuntary transportation of students other than to the school nearest to the student's home.

Section 303. The bill continues a provision prohibiting the use of funds to prevent the implementation of programs of voluntary prayer and meditation in public schools.

Section 304. The bill continues a provision giving the Secretary authority to transfer up to 1 percent of any discretionary funds between appropriations.

Section 305. The bill continues a provision that allows the outlying areas to consolidate funds under title V of the ESEA.

Section 306. The bill continues a provision that allows the Republic of Palau to receive certain Federal funds.

Section 307. The bill includes a new provision changing the name of the Office of Vocational and Adult Education to the Office of Career, Technical, and Adult Education.

Section 308. The bill contains a new provision that clarifies the Department's authority to reserve up to 0.5 percent of each ESEA appropriation in the bill for evaluation of ESEA programs funded in this act. These resources are in addition to any funds specifically provided for evaluation purposes.

Section 309. The bill includes a new provision prohibiting all colleges and universities that receive funding through HEA from spending Federal educational program dollars on advertising, marketing, and recruitment.

Section 310. The bill includes a new provision related to eligibility under the Impact Aid program.

Section 311. The bill includes a new provision concerning licensing, certification, and accreditation requirements for certain post-secondary education programs.

Section 312. The bill includes a new provision that modifies the Free Application for Federal Student Aid and requires the Department to inform foster youth of their eligibility for certain financial aid programs.

TITLE IV
RELATED AGENCIES

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR
SEVERELY DISABLED

SALARIES AND EXPENSES

Appropriations, 2013 ¹	\$5,364,000
Budget estimate, 2014	5,396,000
Committee recommendation	5,396,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$5,396,000 for the Committee for Purchase from People Who Are Blind or Severely Disabled.

The primary purpose of this program is to increase the employment opportunities for people who are blind or have other severe disabilities and, whenever possible, to prepare them to engage in competitive employment.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

CNCS, a corporation owned by the Federal Government, was established to enhance opportunities for national and community service. CNCS administers programs authorized under the Domestic Volunteer Service Act, the National and Community Service Trust Act, and the SERVE America Act. Grants are awarded to States, public and private nonprofit organizations, and other entities to create service opportunities for students, out-of-school youth, adults, and seniors.

The Committee recommendation for CNCS provides a total program level of \$1,061,156,000, a level sufficient to maintain the number of AmeriCorps members at over 82,000.

OPERATING EXPENSES

Appropriations, 2013 ¹	\$748,752,000
Budget estimate, 2014	760,264,000
Committee recommendation	756,641,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$756,641,000 for the operating expenses of CNCS.

VOLUNTEERS IN SERVICE TO AMERICA [VISTA]

The Committee recommends \$94,820,000 for VISTA. This program provides capacity building for small, community-based organizations with a mission of combating poverty. VISTA members raise resources, recruit and organize volunteers, and establish and

expand programs in housing, employment, health, and economic development activities.

NATIONAL SENIOR VOLUNTEER CORPS

The Committee recommends \$207,491,000 for the National Senior Volunteer Corps programs, a collection of programs that connect Americans older than the age of 55 with opportunities to contribute their job skills and expertise to community projects and organizations. Programs include the Retired Senior Volunteer Program, the Foster Grandparent Program, and the Senior Companion Program.

The Committee recommendation includes funding for each of the Senior Corps programs at no less than fiscal year 2013 levels.

AMERICORPS STATE AND NATIONAL GRANTS

The Committee recommends \$345,800,000 for AmeriCorps State and National Grants, which provide funds to local and national organizations and agencies to address community needs in education, public safety, health, and the environment.

Each of these organizations and agencies, in turn, uses its AmeriCorps funding to recruit, place, and supervise AmeriCorps members. AmeriCorps members receive a modest living allowance and other benefits proportional to their level of time commitment.

National Civilian Community Corps [NCCC]

The Committee recommendation includes \$30,000,000 for NCCC. The recommended reduction reflects the completion of one-time relocation activities related to the loss of the Perry Point campus in Maryland.

NCCC is a full-time, team-based residential program for men and women ages 18 to 24. Members are assigned to one of five campuses for a 10-month service commitment.

INNOVATION, DEMONSTRATION, AND ASSISTANCE ACTIVITIES

The Committee recommendation includes \$58,224,000 for innovation, demonstration, and assistance activities.

Within the funds provided, the Committee recommendation includes \$46,724,000 for the Social Innovation Fund authorized under section 1807 of the SERVE America Act. The fiscal year 2013 level is \$44,726,000. The budget request is \$48,815,000. The increase provided is intended to fund Pay for Success pilot programs. The Committee has included statutory language needed for this program, identical to language included in the fiscal year 2013 President's budget and Senate bill.

In addition, \$5,000,000 is included for the Volunteer Generation Fund authorized under section 198P of the SERVE America Act, compared to \$3,976,000 enacted in fiscal year 2013 and \$10,000,000 in the budget request. The Committee recommendation also provides \$1,000,000 for MLK Service Day, which was eliminated by the administration in fiscal year 2013 and not requested in the fiscal year 2014 budget request.

The Committee recommendation includes \$1,000,000 for a new national initiative on volunteerism. Volunteerism is a type of community service that is distinct from most of the programs of CNCS

because of its unpaid and intermittent nature. For example, many AmeriCorps members build capacity at organizations by recruiting and coordinating volunteers for a series of individual projects. The AmeriCorps member devotes a year of sustained service, while the volunteers come episodically to engage on a particular task. The Committee intends for this new effort to build a shared knowledge base among CNCS and long standing organizations with deep expertise in volunteer engagement. National volunteer organizations include youth sports leagues, youth service organizations, charitable food preparation and delivery organizations, churches, and other entities that have large, ever-rotating volunteer pools. The Committee believes that CNCS should convene these organizations and develop shared resources on recruitment, training, and retention efforts. The Committee expects this initiative to be primarily intramural, and expects that it will not be implemented exclusively or primarily through intermediary organizations. CNCS should build direct partnerships to ensure that the knowledge gained in this effort immediately informs the work of all of CNCS' staff and programs.

EVALUATION

The Committee recommendation includes \$5,000,000 for CNCS evaluation activities. The Committee intends that part of the increase in evaluation funds be used to continue the Civic Health Assessment, which is funded in Training and Technical Assistance in fiscal year 2013.

The Committee strongly supports efforts of CNCS to evaluate the impact of service on both the lives of those served and the lives of those serving. In particular, the Committee is pleased to see research progressing on the impact of a service experience on an individual's employment options. Congress provided for a dramatic expansion of AmeriCorps and VISTA in the American Recovery and Reinvestment Act in response to a body of research that shows that individuals who graduate college during a recession have reduced employment options and earnings that persist throughout their lifetimes. The Committee encourages CNCS to consider evaluating whether participating in federally funded service programs mitigated the negative effects of graduating during the recent recession, in whole or in part.

STATE COMMISSION GRANTS

The Committee recommendation includes \$15,306,000 for State Commission Grants.

The recommended increase over the budget request reflects the Committee's intention to consolidate the training and technical assistance grants into the State Commission Grants. The Committee continues to believe that this consolidation will create efficiencies at both the Federal and State levels of government by combining two State grants with overlapping purposes. In implementing this consolidation, the Committee expects CNCS to develop measures to ensure that States adequately train new applicants and newly awarded grantees in accountability procedures.

The Committee deletes a provision added in the fiscal year 2012 bill that lowered the State minimum award to \$200,000 from the \$250,000 level prescribed in the SERVE America Act.

PAYMENT TO THE NATIONAL SERVICE TRUST

Appropriations, 2013 ¹	\$211,373,000
Budget estimate, 2014	207,293,000
Committee recommendation	209,840,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends an appropriation of \$209,840,000 for making payments to the National Service Trust.

The National Service Trust makes payments of Segal education awards, pays interest that accrues on qualified student loans for AmeriCorps participants during terms of service in approved national service positions, and makes other payments entitled to members who serve in the programs of CNCS.

The recommended funding level is sufficient to support more than 82,000 servicemembers. The Committee is aware of significant demand for the Education Award-only Program [EAP] and has provided funding above the budget request to address this need. In addition, the Committee notes that community service can be an important strategy in achieving many national and community goals. For that reason, the Committee strongly supports the work CNCS is doing to partner with other Federal agencies. The Committee believes that EAP awards are a good tool to further those partnerships.

SALARIES AND EXPENSES

Appropriations, 2013 ¹	\$82,677,000
Budget estimate, 2014	87,109,000
Committee recommendation	88,209,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends an appropriation of \$88,209,000 for CNCS salaries and expenses. The salaries and expenses appropriation provides funds for staff salaries, benefits, travel, training, rent, equipment, and other operating expenses necessary for management of CNCS programs and activities.

The Committee recommendation rejects the proposed cut to the maintenance and improvement of information technology [IT] systems. The Committee feels strongly that antiquated technology at CNCS creates unacceptable challenges for oversight, imposes unnecessary burdens in grantee reporting, and reduces the efficiency of the programs as a whole. CNCS is directed to place a high priority on the goals and objectives of the CNCS IT Strategic Plan, with a particular emphasis on streamlining the grantee reporting process.

The Committee reiterates its strong support for efforts to redesign the outreach activities meant to recruit and support national servicemembers with disabilities. The program should build on successful models of integration of persons with disabilities. The Committee directs CNCS to report in the annual congressional budget justification the amount for disability training and support activi-

ties proposed for the pending fiscal year, the amount estimated for the current fiscal year, and the amount obligated in the 3 prior fiscal years.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2013 ¹	\$3,984,000
Budget estimate, 2014	6,466,000
Committee recommendation	6,466,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends an appropriation of \$6,466,000 for the CNCS OIG. The OIG’s goals are to increase organizational efficiency and effectiveness within the Corporation and to prevent fraud, waste, and abuse.

The recommended level of funding should allow the IG to hire new criminal investigators, criminal analysts, auditors, and audit managers. The Committee intends that the OIG fully reclaim the responsibilities CNCS temporarily assumed on behalf of the OIG in fiscal year 2012.

ADMINISTRATIVE PROVISIONS

The Committee retains language in previous bills concerning four administrative provisions: requiring the Corporation to make any significant changes to program requirements or policy through rule making (section 401), stipulating minimum share requirements (section 402), requiring that donations supplement and not supplant operations (section 403), and aligning requirements regarding the use of Education Awards at GI bill-eligible institutions (section 404).

The Committee adds a provision relating to section 189D of the National and Community Service Act of 1990, which requires that all applicants for federally funded national service positions pass through both a criminal history fingerprint check and a check of the National Sex Offender Public Registry. Applicants who are considered for positions working with vulnerable populations are required to undergo an FBI check or go through a waiver process if that check is not made available to them. The Committee is aware that States are the sole entity with the authority to query the FBI database and that some States are not conducting this background check. This is leading to an unanticipated flood of individual waiver petitions. The Committee rejects the proposal in the President’s budget to make the FBI check optional for all except members applying to work with children. Instead, the Committee includes a statutory provision (section 405) allowing the required background checks to be processed by States under the terms and conditions set out for “volunteers” in the National Child Protection Act [NCPA]. The Committee notes that the definition of a national servicemember who works with vulnerable populations included in section 189D falls within the definition of those eligible for background checks under the NCPA; therefore, the Committee views this provision as a clarification of existing authorities. The provision also designates State Commissions as eligible recipients of the background check information, in addition to the organizations which are currently authorized in the NCPA. In some instances in-

volving small and local organizations, the Committee believes that a State Commission can better secure this criminal history information.

CORPORATION FOR PUBLIC BROADCASTING

Appropriations, 2015	\$445,000,000
Budget estimate, 2016	445,000,000
Committee recommendation, 2016	445,000,000

The Committee recommends \$445,000,000 for CPB as an advance appropriation for fiscal year 2016. Two-year advance funding has been in place since 1975 to ensure the independence of public broadcasting programming.

The majority of these funds go directly to local public television and radio stations to support their programming. CPB funds also support the creation of content for radio, television, and other platforms; system support activities that benefit the entire public broadcasting community; and CPB’s administrative costs.

FEDERAL MEDIATION AND CONCILIATION SERVICE

SALARIES AND EXPENSES

Appropriations, 2013 ¹	\$46,071,000
Budget estimate, 2014	47,620,000
Committee recommendation	47,000,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommends \$47,000,000 for the Federal Mediation and Conciliation Service [FMCS]. FMCS provides mediation, conciliation, and arbitration services to labor and management organizations to prevent and minimize work stoppages and promote stable labor-management relationships. FMCS is also authorized to provide dispute resolution consultation and training to all Federal agencies.

Within the total, the Committee recommendation includes up to \$400,000, the same amount as the budget request, for labor-management partnership grants. These grants support innovative approaches to collaborative labor-management relationships to resolve potential problems, explore ways to improve productivity, and avert serious work stoppages.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriations, 2013 ¹	\$17,569,000
Budget estimate, 2014	16,423,000
Committee recommendation	17,000,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommends \$17,000,000 for FMSHRC, which provides administrative trial and appellate review of legal disputes under the Federal Mine Safety and Health Act of 1977. Most cases involve civil penalties proposed by MSHA. FMSHRC’s administrative law judges [ALJs] decide cases at the trial level and the five-member Commission provides review of the ALJ decisions.

FMSHRC received a significant increase in funding in fiscal year 2012, continued in fiscal year 2013, to help address the growing backlog of contested mine safety cases appealed to the commission. This funding also covered the one-time costs of developing an electronic case processing system and moving FMSHRC to new office space. Funds for those costs are no longer required in fiscal year 2014. The Committee recommendation will allow FMSHRC to increase staffing to continue to reduce the number of pending cases and the average time for processing cases.

The Committee directs FMSHRC, in conjunction with the Department of Labor, to provide a joint report to the Committees on Appropriations of the House of Representatives and Senate for reducing the number of pending cases and average case processing time to appropriate levels by the end of fiscal year 2015. The report should fully explain how such levels were determined. It also should establish goals and metrics for determining when the levels will be achieved and how they will be maintained in the future.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

OFFICE OF MUSEUM AND LIBRARIES: GRANTS AND ADMINISTRATION

Appropriations, 2013 ¹	\$231,490,000
Budget estimate, 2014	225,813,000
Committee recommendation	231,490,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$231,490,000 for IMLS. This agency supports programs for museums and libraries that encourage innovation, provide lifelong learning opportunities, promote cultural and civic engagement, and improve access to a variety of services and information.

Within the total for IMLS, the Committee recommendation includes the amounts below:

[In thousands of dollars]

Budget activity	Fiscal year 2013 appropriation ¹	Fiscal year 2014 request	Committee recommendation
Library Services Technology Act:			
Grants to States	156,052	150,000	157,266
Native American Library Services	3,861	3,869	3,869
National Leadership: Libraries	11,922	13,200	13,200
Laura Bush 21st Century Librarian	12,499	10,000	10,000
Subtotal, LSTA	184,335	177,069	184,335
Museum Services Act:			
Museums for America	17,994	22,707	21,119
21st Century Museum Professionals	1,965		
Conservations Project Support	2,608		
Native American/Hawaiian Museum Services	924	926	926
National Leadership: Museums	5,899	7,880	7,880
Subtotal, MSA	29,390	31,513	29,925
African American History and Culture Act	1,407	1,410	1,410
Administration	14,476	14,000	14,000
Policy, Research, Program Evaluation, and Statistics	1,882	1,820	1,820

¹Does not reflect the March 1, 2013 sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6, and any other re-alignment of funds.

Note: Totals may not add due to rounding.

MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION

SALARIES AND EXPENSES

Appropriations, 2013	\$5,777,000
Budget estimate, 2014	9,500,000
Committee recommendation	9,000,000

The Committee recommends \$9,000,000 for MACPAC. This commission was established in the Children’s Health Insurance Program Reauthorization Act of 2009 and is tasked with reviewing State and Federal Medicaid and Children’s Health Insurance Program access and payment policies and making recommendations to Congress, the Secretary of HHS, and the States on a wide range of issues affecting those programs. The Committee recommendation will allow MACPAC to continue to build capacity to carry out these activities.

MEDICARE PAYMENT ADVISORY COMMISSION

SALARIES AND EXPENSES

Appropriations, 2013 ¹	\$11,754,000
Budget estimate, 2014	12,087,000
Committee recommendation	11,954,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommends \$11,954,000 for MedPAC, which provides independent policy and technical advice on issues affecting the Medicare program.

NATIONAL COUNCIL ON DISABILITY

SALARIES AND EXPENSES

Appropriations, 2013 ¹	\$3,251,000
Budget estimate, 2014	3,345,000
Committee recommendation	3,345,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

The Committee recommends \$3,345,000 for the National Council on Disability [NCD]. NCD is mandated to make recommendations to the President, Congress, the RSA, and NIDRR on issues of concern to individuals with disabilities. The Council gathers information on the implementation, effectiveness, and impact of the Americans with Disabilities Act and examines emerging policy issues as they affect persons with disabilities and their ability to enter or re-enter the Nation’s workforce and to live independently.

The Committee directs NCD to study the accessibility of taxicabs in the United States and internationally, and to make recommendations about how to increase the number and availability of accessible taxicabs in the United States. The Committee also directs NCD, in conjunction with the Access Board, to work with the World Bank to develop a safeguard on disability in order to increase the inclusion and opportunities for individuals with disabilities in countries that receive funds from the World Bank.

NATIONAL HEALTH CARE WORKFORCE COMMISSION

SALARIES AND EXPENSES

Appropriations, 2013	
Budget estimate, 2014	\$3,000,000
Committee recommendation	3,000,000

The Committee recommendation includes \$3,000,000 for the National Health Care Workforce Commission. This commission will serve as a resource to Congress, the President, and State and local entities in evaluating healthcare workforce needs, including assessing education and training activities to determine to what extent the demand for health workers is being met; identifying barriers to improved coordination at the Federal, State, and local levels; and recommending changes to address those barriers.

NATIONAL LABOR RELATIONS BOARD

SALARIES AND EXPENSES

Appropriations, 2013 ¹	\$277,749,000
Budget estimate, 2014	284,991,000
Committee recommendation	284,991,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$284,991,000 for the NLRB, which administers and enforces the National Labor Relations Act and protects employee and employer rights provided under that act.

The General Services Administration [GSA] has mandated that the NLRB move into a smaller, more flexible office space, consistent with the administration initiative to reduce the Federal Government's footprint. GSA estimates this will cost approximately \$10,000,000 but is expected to reduce rent costs by approximately 30 percent, or \$4,600,000, annually once completed. The Committee recommendation provides sufficient funds to execute the move.

NATIONAL MEDIATION BOARD

SALARIES AND EXPENSES

Appropriations, 2013 ¹	\$13,384,000
Budget estimate, 2014	13,347,000
Committee recommendation	13,384,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$13,384,000 for the National Mediation Board [NMB], which mediates labor-management relations in the railroad and airline industries under the Railway Labor Act. The NMB mediates collective bargaining disputes, conducts elections to determine the choice of employee bargaining representatives, and administers arbitration of employee grievances.

The Committee remains concerned about oversight and reporting requirements included in the FAA Modernization and Reform Act of 2012 and accordingly includes a modest increase over the budget request.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION
SALARIES AND EXPENSES

Appropriations, 2013 ¹	\$11,644,000
Budget estimate, 2014	12,634,000
Committee recommendation	12,300,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$12,300,000 for the Occupational Safety and Health Review Commission [OSHRC]. OSHRC serves as a court to resolve disputes between OSHA and employers charged with violations of health and safety standards enforced by OSHA.

RAILROAD RETIREMENT BOARD

The Railroad Retirement Board [RRB] administers the retirement/survivor and unemployment/sickness insurance benefit programs for railroad workers and their families under the Railroad Retirement Act and Railroad Unemployment Insurance Act.

DUAL BENEFITS PAYMENTS ACCOUNT

Appropriations, 2013 ¹	\$50,813,000
Budget estimate, 2014	39,000,000
Committee recommendation	39,000,000

The Committee recommends \$39,000,000 for the Dual Benefits Payments Account. This amount includes an estimated \$3,000,000 derived from income taxes on vested dual benefits. This appropriation provides for vested dual benefit payments to beneficiaries covered under both the railroad retirement and Social Security systems.

FEDERAL PAYMENTS TO THE RAILROAD RETIREMENT ACCOUNT

Appropriations, 2013 ¹	\$150,000
Budget estimate, 2014	150,000
Committee recommendation	150,000

The Committee recommends \$150,000 for Federal Payments to the Railroad Retirement Account. These funds reimburse the railroad retirement trust funds for interest earned on non-negotiated checks.

LIMITATION ON ADMINISTRATION

Appropriations, 2013 ¹	\$110,927,000
Budget estimate, 2014	111,793,000
Committee recommendation	110,927,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$110,927,000 for RRB's costs associated with the administration of railroad retirement/survivor and unemployment/sickness benefit programs. This account limits the amount of funds in the railroad retirement and railroad unemployment insurance trust funds that may be used by the Board for administrative expenses.

The Committee includes new bill language giving RRB the authority to hire new attorneys in the excepted service. A recently

identified contradiction between statutes has effectively left RRB unable to hire any new attorneys.

LIMITATION ON THE OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2013 ¹	\$8,138,000
Budget estimate, 2014	8,877,000
Committee recommendation	8,638,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$8,638,000 for the RRB OIG. This Office conducts audits and investigations to protect the integrity of the RRB trust funds and provides comprehensive oversight of all RRB operations and programs.

SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

Appropriations, 2013	\$20,404,000
Budget estimate, 2014	16,400,000
Committee recommendation	16,400,000

The Committee recommends \$16,400,000 in mandatory funds for payments to Social Security trust funds. This account reimburses the Old Age and Survivors Insurance [OASI] and Disability Insurance [DI] trust funds for special payments to certain uninsured persons, costs incurred administering pension reform activities, and the value of the interest for benefit checks issued but not negotiated. This appropriation restores the trust funds to the same financial position they would have been in had they not borne these costs and they were properly charged to general revenues.

SUPPLEMENTAL SECURITY INCOME PROGRAM

Appropriations, 2013	\$38,769,285,000
Budget estimate, 2014	40,737,000,000
Committee recommendation	40,568,741,000

The Committee recommends \$40,568,741,000 in fiscal year 2014 mandatory funds for the SSI program. In addition, the Committee recommends \$19,700,000,000 in advance funding for the first quarter of fiscal year 2015. The SSI program guarantees a minimum level of income to individuals who are disabled, blind, or older than age 65, and meet certain income and resource limitations.

Federal Benefit Payments

The Committee recommendation includes a fiscal year 2014 program level of \$55,579,000,000 for Federal benefit payments. This will support an average monthly benefit of approximately \$556 for 8.2 million recipients.

Beneficiary Services

The Committee recommendation includes \$3,000,000 in new mandatory budget authority for beneficiary services. Carryover of prior year unobligated balances will be sufficient to fund a total estimated fiscal year 2014 program level of \$48,000,000.

These funds reimburse VR agencies for successfully rehabilitating disabled SSI recipients by helping them achieve and sustain

productive, self-supporting work activity. Funds also support the Ticket to Work program that provides SSI recipients with a ticket to offer employment networks [ENs], including VR agencies, in exchange for employment and support services. Instead of reimbursing ENs for specific services, the Ticket to Work program pays ENs based on recipients achieving certain milestones and outcomes.

Research and Demonstration

The Committee recommendation includes \$54,000,000 in mandatory funds for research and demonstration projects conducted under sections 1110, 1115, and 1144 of the Social Security Act. These funds support a variety of research and demonstration projects designed to improve the disability process, promote self-sufficiency and assist individuals in returning to work, encourage savings and retirement planning through financial literacy, and generally provide analytical and data resources for use in preparing and reviewing policy proposals.

Within the total for research and demonstration, the Committee recommends \$2,500,000, the same amount as the budget request, for the PROMISE program. This demonstration program is an interagency effort between SSA and the Departments of Education, Labor, and HHS to test interventions that improve health, education, postsecondary, employment, and family outcomes for older children receiving SSI, and reduce their dependency on the program. In fiscal year 2013 the Department of Education will award competitive, multi-year grants to a small number of States that propose innovative strategies to improve such outcomes by enhancing coordination between existing programs and services for children ages 14–16 receiving SSI. These funds at SSA will support evaluation activities, including providing technical assistance to State grantees.

The Committee believes that promoting public understanding of Social Security programs is a critical task for SSA. Therefore, within the total for research and demonstration, the Committee recommendation includes \$5,000,000 to test the impact of providing community outreach on Social Security programs and benefits, particularly to students, individuals just entering the workforce, and new parents.

Administrative Expenses

The Committee recommendation includes \$4,232,741,000 for SSI program administrative expenses. This appropriation funds the SSI program’s share of administrative expenses incurred through the Limitation on Administrative Expenses [LAE] account.

LIMITATION ON ADMINISTRATIVE EXPENSES

Appropriations, 2013 ^{1 2}	\$11,431,895,000
Budget estimate, 2014	11,069,846,000
Committee recommendation ²	11,965,473,000

¹ Does not reflect the March 1, 2013, sequester of funds under Public Law 112–25 and excludes transfers and reprogrammings allowed under Public Law 113–6.

² Includes funding available under program integrity cap adjustment provided by Public Law 112–25.

The Committee recommends \$11,965,473,000 for SSA’s LAE account. This account provides resources for SSA to administer the

OASI, DI, and SSI programs, and to support CMS in administering the Medicare program. The LAE account is funded by the Social Security and Medicare trust funds for their share of administrative expenses, the general fund for the SSI program's share of administrative expenses, and applicable user fees. These funds support core administrative activities including processing retirement and disability claims, conducting hearings to review disability determination appeals, issuing Social Security numbers and cards, processing individuals' annual earnings information, and ensuring the integrity of Social Security programs through continuing disability reviews [CDR] and SSI redeterminations of non-medical eligibility.

The Committee remains concerned about the impact of persistently high workloads, coupled with recent budget constraints, on SSA's ability to provide quality services. After years of inadequate funding in the mid-2000s basic services began to suffer. By 2008 it took an average of 532 days to process a disability hearing, and a substantial number of cases were pending for over 900 and even 1,000 days. Significant funding increases in fiscal years 2009 and 2010 allowed SSA to work down this backlog while keeping pace with increases in disability claims, and reduce the average disability hearing processing time to 362 days in fiscal year 2012. The Committee is deeply concerned that budget constraints are reversing these positive trends and impacting basic services to the American public, while an aging population will continue to put increased demands on the agency. Therefore, the Committee recommendation includes a \$533,578,000 increase over the fiscal year 2013 level to keep pace with rising costs and consistently record-high workloads, and to increase program integrity efforts.

Veterans Affairs [VA] Benefits.—The Committee commends the work SSA has done in recent years to improve coordination and data sharing with the VA to help improve the VA's disability claims process. The Committee directs SSA to continue to provide it with periodic updates on steps taken to continue to improve the process.

Work Incentives Planning and Assistance [WIPA] and Protection and Advocacy for Beneficiaries of Social Security [PABSS].—The Committee recommendation includes \$7,000,000 for WIPA and \$23,000,000 for PABSS. These programs provide valuable services to help Social Security disability beneficiaries return to work.

Representative Payee Oversight.—SSA assigns representative payees when beneficiaries are unable to financially manage their own benefit payments. The GAO and SSA's OIG have consistently identified management challenges and intensive administrative requirements with SSA's oversight of representative payees. The Committee strongly encourages SSA to continue to pursue efforts to improve representative payee oversight, including continuing to partner with outside organizations to identify, investigate, and prevent fraud and abuse.

Social Security Annual Statements.—The Committee directs SSA to resume mailing annual Social Security account statements to all eligible individuals over age 25, consistent with section 1143(c)(2) of the Social Security Act. These annual statements provide valuable information to workers on their benefits under Social Security programs, including allowing workers to check their earning his-

tory and notify SSA of any errors in a timely fashion. Earnings discrepancies identified years later can be complicated and time-consuming to resolve. Due to budget constraints, SSA began limiting the mailing of annual Social Security account statements in 2011 and currently only mails it to workers near retirement over age 60 and once to younger workers when they turn age 25.

Field Office Closings.—The Committee remains concerned that in recent years SSA has lacked a long-term strategic plan or comprehensive, transparent policies regarding field office closings. The Committee directs SSA to submit a report to the Committees on Appropriations of the Senate and House of Representatives by March 31, 2014, on its policies and procedures for closing and consolidating field offices. In addition, the Committee directs SSA to provide a readily available public notice of proposed field office closures to ensure that impacted communities are aware of proposed changes, and allow an opportunity for public input.

Use of Predictive Analytics.—In recent years SSA has begun to utilize predictive analytics and other data analysis tools in a number of areas, including in its disability claims process, for example through its Quick Disability Determination and Compassionate Allowance initiatives, and program integrity activities. The Committee encourages SSA to continue to explore the expanded use of predictive analytic tools in these areas, as well as others, including in return-to-work initiatives and representative payee oversight.

Social Security Advisory Board.—The Committee recommendation includes not less than \$2,300,000 for the Social Security Advisory Board. This board advises the Commissioner of Social Security and makes recommendations to Congress and the President on policies relating to the OASI, DI, and SSI programs.

Program Integrity

Within the total for LAE, the Committee recommendation includes \$1,197,000,000 for program integrity activities. This includes \$273,000,000 in base funding and \$924,000,000 in cap adjustment funding allowed under the Budget Control Act of 2011. These funds support program integrity activities such as CDRs and SSI redeterminations which save \$9 and \$5, respectively, for each \$1 spent by reducing waste, fraud, abuse, and improper payments in Social Security, Medicare, and Medicaid programs. The Committee recommendation for Social Security program integrity activities is expected to save approximately \$9,600,000,000 over 10 years to those programs.

The budget request proposes funding the base amount out of discretionary budget authority in fiscal year 2014 but funding an additional \$1,227,000,000 out of new mandatory budget authority, for a total of \$1,500,000,000. Beginning in fiscal year 2015, the administration proposes funding the entire amount for program integrity with mandatory funding. The Committee recommends funding all program integrity expenses with discretionary budget authority, including utilizing the full cap adjustment allowed under the Budget Control Act.

User Fees

Within the total for LAE, the Committee recommendation includes up to \$174,000,000 for administrative activities funded from user fees. This includes \$173,000,000 in fees collected from States that request SSA to administer State SSI supplementary payments and up to \$1,000,000 from fees collected from non-attorney claimant representatives.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2013 ¹	\$102,078,000
Budget estimate, 2014	105,733,000
Committee recommendation	104,670,000

¹Does not reflect the March 1, 2013, sequester of funds under Public Law 112-25 and excludes transfers and reprogrammings allowed under Public Law 113-6.

The Committee recommends \$104,670,000 for SSA's OIG. This includes \$74,972,000 funded from the OASI and DI trust funds for those programs' share of OIG's expenses and \$29,698,000 funded from general revenues for the SSI program's share of expenses.

TITLE V
GENERAL PROVISIONS

Section 501. The bill continues a provision authorizing transfers of unexpended balances.

Section 502. The bill continues a provision limiting funding to 1-year availability unless otherwise specified.

Section 503. The bill continues a provision limiting lobbying and related activities.

Section 504. The bill continues a provision limiting official representation expenses.

Section 505. The bill continues a provision clarifying Federal funding as a component of State and local grant funds.

Sections 506 and 507. The bill continues provisions limiting the use of funds for abortion.

Section 508. The bill continues a provision restricting human embryo research.

Section 509. The bill continues a provision limiting the use of funds for promotion of legalization of controlled substances.

Section 510. The bill continues a provision prohibiting the use of funds to promulgate regulations regarding the individual health identifier.

Section 511. The bill continues a provision limiting the use of funds to enter into or review contracts with entities subject to the requirement in section 4212(d) of title 38, United States Code, if the report required by that section has not been submitted.

Section 512. The bill continues a provision prohibiting the transfer of funds made available in this act to any department, agency, or instrumentality of the U.S. Government, except as otherwise provided by this or any other act.

Section 513. The bill continues a provision prohibiting Federal funding in this act for libraries unless they are in compliance with the Children's Internet Protection Act.

Section 514. The bill continues a provision maintaining a procedure for reprogramming of funds.

Section 515. The bill continues a provision prohibiting candidates for scientific advisory committees from having to disclose their political activities.

Section 516. The bill continues a provision requiring each department and related agency to submit an operating plan.

Section 517. The bill continues a provision requiring the Secretaries of Labor, Health and Human Services, and Education to submit a report on the number and amounts of contracts, grants, and cooperative agreements awarded by the Departments on a non-competitive basis.

Section 518. The bill continues a provision prohibiting the use of funds for a grant or contract exceeding \$5,000,000 unless the pro-

spective contractor or grantee makes certain certifications regarding Federal tax liability.

Section 519. The bill modifies a provision rescinding funds from the State Children's Health Insurance Program performance bonus fund.

Section 520. The bill modifies a provision regarding funding for programs that carry out distribution of sterile needles or syringes.

Section 521. The bill adds a new provision authorizing the transfer of the Health Education Assistance Loan program from the Department of Health and Human Services to the Department of Education.

Section 522. The bill adds a new provision establishing Performance Partnership Pilots related to discretionary funds available in this act.

Section 523. The bill continues a provision requiring departments, agencies, boards, and commissions funded in this act to submit annual reports regarding conferences.

The Committee directs that expenses associated with the fulfillment of official monitoring, technical assistance, and emergency response duties should not be subject to the reporting requirements of this provision. Examples of nonconference related travel include outbreak response, audits, inspections, and investigations.

Section 524. The Committee includes a new provision to promote public access to research supported by Federal funding.

COMPLIANCE WITH PARAGRAPH 7, RULE XVI, OF THE
STANDING RULES OF THE SENATE

Paragraph 7 of rule XVI requires that Committee reports on general appropriations bills identify each Committee amendment to the House bill “which proposes an item of appropriation which is not made to carry out the provisions of an existing law, a treaty stipulation, or an act or resolution previously passed by the Senate during that session.”

The Committee is filing an original bill, which is not covered under this rule, but reports this information in the spirit of full disclosure.

The Committee recommends funding for the following programs and activities which currently lack authorization: Elementary and Secondary Education Act; Institute of Education Sciences; parts C and D of the Individuals with Disabilities Education Act; Special Olympics Sport and Empowerment Act of 2004; Workforce Investment Act; Women in Apprenticeship and Non-Traditional Occupations Act; Homeless Veterans Reintegration Program; Nurse Education Loan Repayment; Education and Training Related to Geriatrics; Mental and Behavioral Health Training; Children’s Hospital Graduate Medical Education; Title XVII of the PHS Act; Ryan White CARE Act; Family Violence Prevention and Services Act; Universal Newborn Hearing Screening; Organ Transplantation; Family Planning; Rural Health programs; Traumatic Brain Injury programs; Combating Autism Act; Public Health Improvement Act; Healthy Start; Telehealth; Health Professions Education Partnership Act; Children’s Health Act; Women’s Health Research and Prevention Amendments of 1998; Birth Defects Prevention, Preventive Health Amendments of 1993; Substance Abuse and Mental Health Services programs, except for grants for Primary and Behavioral Healthcare Integration; Low Income Home Energy Assistance Program; Refugee and Entrant Assistance programs (except for Victims of Trafficking); Child Care and Development Block Grant; Head Start; Runaway and Homeless Youth programs; Adoption Incentives; Developmental Disabilities programs; Voting Access for Individuals with Disabilities; Native American Programs; Community Services Block Grant Act programs; National Institutes of Health; Assets for Independence; Alzheimer’s Disease Demonstration Grants; Office of Disease Prevention and Health Promotion; Rehabilitation Services and Disability Research; Assistive Technology Act; Carl D. Perkins Career and Technical Education Improvement Act; Corporation for Public Broadcasting; National Council on Disability; Older Americans Act; Second Chance Act; Work Incentive Planning and Assistance; and Protection and Advocacy for Beneficiaries of Social Security.

COMPLIANCE WITH PARAGRAPH 7(c), RULE XXVI OF THE
STANDING RULES OF THE SENATE

Pursuant to paragraph 7(c) of rule XXVI, on July 11, 2013, the Committee ordered favorably reported, en bloc, an original bill (S. 1284) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the year ending September 30, 2014, and for other purposes, and an original bill (S. 1283) making appropriations for the Legislative Branch for the fiscal year ending September 30, 2014, and for other purposes provided, that each bill be subject to amendment and that each bill be consistent with the subcommittee funding guidance, by a recorded vote of 16–14, a quorum being present. The vote was as follows:

Yeas	Nays
Chairwoman Mikulski	Mr. Shelby
Mr. Leahy	Mr. Cochran
Mr. Harkin	Mr. McConnell
Mrs. Murray	Mr. Alexander
Mrs. Feinstein	Ms. Collins
Mr. Durbin	Ms. Murkowski
Mr. Johnson	Mr. Graham
Ms. Landrieu	Mr. Kirk
Mr. Reed	Mr. Coats
Mr. Pryor	Mr. Blunt
Mr. Tester	Mr. Moran
Mr. Udall	Mr. Hoeven
Mrs. Shaheen	Mr. Johanns
Mr. Merkley	Mr. Boozman
Mr. Begich	
Mr. Coons	

COMPLIANCE WITH PARAGRAPH 12, RULE XXVI OF THE
STANDING RULES OF THE SENATE

Paragraph 12 of rule XXVI requires that Committee reports on a bill or a joint resolution repealing or amending any statute include “(a) the text of the statute or part thereof which is proposed to be repealed; and (b) a comparative print of that part of the bill or joint resolution making the amendment and of the statute or part thereof proposed to be amended, showing by stricken through type and italics, parallel columns, or other appropriate typographical devices the omissions and insertions which would be made by the bill or joint resolution if enacted in the form recommended by the committee.”

In compliance with this rule, changes in existing law proposed to be made by the bill are shown as follows: existing law to be omitted is enclosed in black brackets; new matter is printed in italic; and existing law in which no change is proposed is shown in roman.

**TITLE 5—GOVERNMENT ORGANIZATION AND
EMPLOYEES**

CHAPTER 53—PAY RATES AND SYSTEMS

SUBCHAPTER II—EXECUTIVE SCHEDULE PAY RATES

§ 5315. Positions at level IV

Level IV of the Executive Schedule applies to the following positions, for which the annual rate of basic pay shall be the rate determined with respect to such level under chapter 11 of title 2, as adjusted by section 5318 of this title:

* * * * *

Assistant Secretaries of Agriculture (3).
 Assistant Secretaries of Commerce (11).
 Assistant Secretaries of Defense (16).
 Assistant Secretaries of the Air Force (4).
 Assistant Secretaries of the Army (5).
 Assistant Secretaries of the Navy (4).
 Assistant Secretaries of Health and Human Services (6).
 Assistant Secretaries of the Interior (6).
 Assistant Attorneys General (11).
 Assistant Secretaries of Labor (10), one of whom shall be the Assistant Secretary of Labor for Veterans' Employment and Training.
Administrator, Wage and Hour Division, Department of Labor.
 Assistant Secretaries of State (24) and 4 other State Department officials to be appointed by the President, by and with the advice and consent of the Senate.
 Assistant Secretaries of the Treasury (10).

* * * * *

§ 5316. Positions at level V

Level V of the Executive Schedule applies to the following positions, for which the annual rate of basic pay shall be the rate determined with respect to such level under chapter 11 of title 2, as adjusted by section 5318 of this title:

* * * * *

Manpower Administrator, Department of Labor.
 Members, Renegotiation Board.
 Members, Subversive Activities Control Board.
 Assistant Administrator of General Services.
 Director, United States Travel Service, Department of Commerce.
[Administrator, Wage and Hour and Public Contracts Division, Department of Labor.]
 Assistant Director (Program Planning, Analysis and Research), Office of Economic Opportunity.
 Deputy Director, National Security Agency.
 Director, Bureau of Land Management, Department of the Interior.
 Director, National Park Service, Department of the Interior.

National Export Expansion Coordinator, Department of Commerce.

TITLE 8—ALIENS AND NATIONALITY
CHAPTER 12—IMMIGRATION AND NATIONALITY

SUBCHAPTER II—IMMIGRATION

PART II—ADMISSION QUALIFICATIONS FOR ALIENS; TRAVEL CONTROL OF CITIZENS AND ALIENS

§ 1184. Admission of nonimmigrants

(a) Regulations

* * * * *

(c) Petition of importing employer

(1) The question of importing any alien as a nonimmigrant under subparagraph (H), (L), (O), or (P)(i) of section 1101(a)(15) of this title (excluding nonimmigrants under section 1101(a)(15)(H)(i)(b1) of this title) in any specific case or specific cases shall be determined by the Attorney General, after consultation with appropriate agencies of the Government, upon petition of the importing employer. Such petition, shall be made and approved before the visa is granted. The petition shall be in such form and contain such information as the Attorney General shall prescribe. The approval of such a petition shall not, of itself, be construed as establishing that the alien is a nonimmigrant. For purposes of this subsection with respect to nonimmigrants described in section 1101(a)(15)(H)(ii)(a) of this title, the term “appropriate agencies of Government” means the Department of Labor and includes the Department of Agriculture. The provisions of section 1188 of this title shall apply to the question of importing any alien as a nonimmigrant under section 1101(a)(15)(H)(ii)(a) of this title. *In this subsection, the term “consultation” includes, with respect to nonimmigrants described in section 101(a)(15)(H)(ii)(B), the authority of the Secretary of Labor to issue labor market determinations, including temporary labor certifications, and to establish regulations and policies for such issuance, including determining the appropriate prevailing wage rates for occupations in which such nonimmigrants will be employed.*

(14)(A) * * *

* * * * *

(B) The Secretary of Homeland Security may delegate to the Secretary of Labor, with the agreement of the Secretary of Labor, any of the authority given to the Secretary of Homeland Security under [subparagraph (A)(i)] *subparagraph (A)*.

TITLE 20—EDUCATION

CHAPTER 44—CAREER AND TECHNICAL EDUCATION

**SUBCHAPTER I—CAREER AND TECHNICAL EDUCATION
ASSISTANCE TO THE STATES**

PART A—ALLOTMENT AND ALLOCATION

§ 2324. National activities

(a) Program performance information

* * * * *

(b) Miscellaneous provisions

(1) Collection of information at reasonable cost

The Secretary shall take such action as may be necessary to secure at reasonable cost the information required by this subchapter. To ensure reasonable cost, the Secretary, in consultation with the National Center for Education Statistics, the [Office of Vocational and Adult Education] *Office of Career, Technical, and Adult Education*, and an entity assisted under section 2328 of this title (if applicable), shall determine the methodology to be used and the frequency with which information is to be collected.

* * * * *

CHAPTER 48—DEPARTMENT OF EDUCATION

SUBCHAPTER II—ESTABLISHMENT OF THE DEPARTMENT

§ 3412. Principal officers

(a) Deputy Secretary of Education

* * * * *

(b) Assistant Secretaries and General Counsel

(1) There shall be in the Department—

(A) * * *

* * * * *

(C) an [Assistant Secretary for Vocational and Adult Education] *Assistant Secretary for Career, Technical, and Adult Education*;

* * * * *

(h) Coordination of literacy related functions by [Assistant Secretary for Vocational and Adult Education] *Assistant Secretary for Career, Technical, and Adult Education*

The [Assistant Secretary for Vocational and Adult Education] *Assistant Secretary for Career, Technical, and Adult Education*, in addition to performing such functions as the Secretary may prescribe, shall have responsibility for coordination of all literacy related programs and policy initiatives in the Department. The [Assistant Secretary for Vocational and Adult Education] *Assistant*

Secretary for Career, Technical, and Adult Education shall assist in coordinating the related activities and programs of other Federal departments and agencies.

* * * * *

§ 3416. [Office of Vocational and Adult Education] Office of Career, Technical, and Adult Education

There shall be in the Department an [Office of Vocational and Adult Education] *Office of Career, Technical, and Adult Education*, to be administered by the [Assistant Secretary for Vocational and Adult Education] *Assistant Secretary for Career, Technical, and Adult Education* appointed under section 3412(b) of this title. The Assistant Secretary shall administer such functions affecting [vocational and adult education] *career, technical, and adult education* as the Secretary shall delegate, and shall serve as principal adviser to the Secretary on matters affecting [vocational and adult education] *career, technical, and adult education*. The Secretary, through the Assistant Secretary, shall also provide a unified approach to rural education and rural family education through the coordination of programs within the Department and shall work with the Federal Interagency Committee on Education to coordinate related activities and programs of other Federal departments and agencies.

TITLE 40—PUBLIC BUILDINGS, PROPERTY, AND WORKS

PART A—GENERAL

CHAPTER 31—GENERAL

SUBCHAPTER IV—WAGE RATE REQUIREMENTS

§ 3144. Authority [of Comptroller General] to pay wages and list contractors violating contracts

(a) PAYMENT OF WAGES.—

(1) IN GENERAL.—[The Comptroller General] *The Secretary of Labor* shall pay directly to laborers and mechanics from any accrued payments withheld under the terms of a contract any wages found to be due laborers and mechanics under this subchapter.

* * * * *

CHAPTER 37—CONTRACT WORK HOURS AND SAFETY STANDARDS

§ 3703. Report of violations and withholding of amounts for unpaid wages and liquidated damages

(a) REPORTS OF INSPECTORS.— * * *

* * * * *

(b) WITHHOLDING AMOUNTS.—

(1) DETERMINING AMOUNT.— * * *

* * * * *

(3) PAYMENT.—~~【The Comptroller General】~~ *The Secretary of Labor* shall pay the amount administratively determined to be due directly to the laborers and mechanics from amounts withheld on account of underpayments of wages if the amount withheld is adequate. If the amount withheld is not adequate, ~~【the Comptroller General】~~ *the Secretary of Labor* shall pay an equitable proportion of the amount due.

TITLE 42—THE PUBLIC HEALTH AND WELFARE
SUBCHAPTER V—HEALTH PROFESSIONS EDUCATION
PART A—STUDENT LOANS
SUBPART I—INSURED HEALTH EDUCATION ASSISTANCE LOANS TO GRADUATE STUDENTS

§ 292o. Definitions

For purposes of this subpart:

(1) The term “eligible institution” means, with respect to a fiscal year, a school of medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, podiatric medicine, pharmacy, public health, allied health, or chiropractic, or a graduate program in health administration or behavioral and mental health practice, including clinical psychology.

* * * * *

(5)(A) The term “default rate”, in the case of an eligible entity, means the percentage constituted by the ratio of—

(D) For purposes of subparagraph (A), a loan is made with respect to an eligible entity if—

- (i) in the case of an eligible institution, the loan was made to students of the institution;
- (ii) in the case of an eligible lender, the loan was made by the lender; and
- (iii) in the case of a holder, the loan was purchased by the holder.

(6) *The term “Secretary” means the Secretary of Education.*

TITLE 48—TERRITORIES AND INSULAR POSSESSIONS
CHAPTER 18—MICRONESIA, MARSHALL ISLANDS, AND PALAU

SUBCHAPTER I—MICRONESIA AND MARSHALL ISLANDS
PART A—APPROVAL AND IMPLEMENTATION OF ORIGINAL COMPACT

§ 1921d. Supplemental provisions

(a) Domestic program requirements

* * * * *

(f) Continuing programs and laws

(1) Federated States of Micronesia and Republic of the Marshall Islands

* * * * *

(A) Emergency and disaster assistance

* * * * *

(B) Treatment of additional programs

(i) Consultation

* * * * *

(ix) Applicability

The government, institutions, and people of Palau shall remain eligible for appropriations and to receive grants under the provisions of law specified in clauses (ii) and (iii) until the end of fiscal year **[2009] 2014**, to the extent the government, institutions, and people of Palau were so eligible under such provisions in fiscal year 2003.

**DEPARTMENT OF EDUCATION ORGANIZATION ACT,
1980, PUBLIC LAW 96-88**

SECTION 1. This Act may be cited as the “Department of Education Organization Act”.

TABLE OF CONTENTS

TITLE II—ESTABLISHMENT OF THE DEPARTMENT

Sec. 201. Establishment.

* * * * *

[Sec. 206. Office of Vocational and Adult Education]

Sec. 206. Office of Career, Technical, and Adult Education

BUDGETARY IMPACT OF BILL

PREPARED IN CONSULTATION WITH THE CONGRESSIONAL BUDGET OFFICE PURSUANT TO SEC.
308(a), PUBLIC LAW 93-344, AS AMENDED

[In millions of dollars]

	Budget authority		Outlays	
	Committee guidance ¹	Amount in bill	Committee guidance	Amount in bill
Comparison of amounts in the bill with Committee guidance to its subcommittees of amounts for 2014: Subcommittee on Labor, HHS, Education, and Related Agencies:				
Mandatory	NA	614,974	NA	² 592,629
Discretionary	164,330	165,583	NA	² 162,281
Security			NA	NA
Nonsecurity	164,330	165,583	NA	NA
Projections of outlays associated with the recommendation:				
2014				³ 666,735
2015				68,828
2016				17,534
2017				3,113
2018 and future years				648
Financial assistance to State and local governments for				
2014	NA	342,199	NA	315,483

¹ There is no section 302(a) allocation to the Committee on Appropriations for fiscal year 2014.

² Includes outlays from prior-year budget authority.

³ Excludes outlays from prior-year budget authority.

NA: Not applicable.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2013 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2014
 (In thousands of dollars)

Item	2013 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2013 appropriation	Budget estimate
TITLE I — DEPARTMENT OF LABOR					
EMPLOYMENT AND TRAINING ADMINISTRATION					
TRAINING AND EMPLOYMENT SERVICES					
Grants to States:					
Adult Training, current year	57,269	79,644	79,644	+ 22,375	
Advance from prior year	(712,000)	(712,000)	(712,000)		
Fiscal year 2015	712,000	712,000	712,000		
Subtotal	769,269	791,644	791,644	+ 22,375	
Youth Training	822,704	846,632	846,632	+ 23,928	
Dislocated Worker Assistance, current year	146,135	185,490	185,490	+ 39,355	
Advance from prior year	(860,000)	(860,000)	(860,000)		
Fiscal year 2015	860,000	860,000	860,000		
Subtotal	1,006,135	1,045,490	1,045,490	+ 39,355	
Subtotal, Grants to States	2,598,108	2,683,766	2,683,766	+ 85,658	
Current Year	(1,026,108)	(1,111,766)	(1,111,766)	(+ 85,658)	
Fiscal year 2015	(1,572,000)	(1,572,000)	(1,572,000)		
Federally Administered Programs:					
Dislocated Worker Assistance National Reserve:					
Current year	24,066	20,859	20,859	- 3,207	
Disaster Relief PL 113-2 (Emergency)	25,000			- 25,000	
Advance from prior year	(199,952)	(200,000)	(200,000)	(+ 48)	
Fiscal year 2015	200,000	200,000	200,000		
Subtotal	249,066	220,859	220,859	- 28,207	
Subtotal, Dislocated Worker Assistance	1,255,201	1,266,349	1,266,349	+ 11,148	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2013 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2014—Continued
[In thousands of dollars]

Item	2013 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2013 appropriation	Budget estimate
Native Americans					
Migrant and Seasonal Farmworker programs	47,467	47,562	47,467	.....	-95
Women in Apprenticeship	84,123	84,291	84,123	.....	-168
YouthBuild activities	994	.....	994	.....	+994
Workforce Innovation Fund	79,530	79,689	84,530	+5,000	+4,841
	49,806	150,000	49,806	.....	-100,194
Subtotal, Federally Administered Programs (FAP)	510,986	582,401	487,779	-23,207	-94,622
Current Year	(285,986)	(382,401)	(287,779)	(+1,793)	(-94,622)
Emergency Appropriations	25,000	.....	.....	-25,000	.....
Fiscal year 2015	(200,000)	(200,000)	(200,000)	.....	.....
National Activities:					
Pilots, Demonstrations, and Research	6,590	25,000	6,590	.....	-18,410
Reintegration of Ex-Offenders	80,078	90,238	80,078	.....	-10,160
Evaluation	9,544	.....	.....	-9,544	.....
Workforce Data Quality Initiative	6,450	6,000	6,000	-450	.....
Subtotal	102,662	121,238	92,668	-9,994	-28,570
Total, Training and Employment Services (TES)	3,211,756	3,387,405	3,264,213	+52,457	-123,192
Current Year	(1,414,756)	(1,615,405)	(1,492,213)	(+77,457)	(-123,192)
Emergency appropriations	25,000	.....	.....	-25,000	.....
Fiscal year 2015	(1,772,000)	(1,772,000)	(1,772,000)	.....	.....
OFFICE OF JOB CORPS					
Administration	29,019	30,147	30,147	+1,128	.....
Operations	1,565,940	1,586,776	1,586,776	+20,836	.....
Construction, Rehabilitation and Acquisition	104,582	75,000	90,000	-14,582	+15,000
Total, Office of Job Corps	1,699,541	1,691,923	1,706,923	+7,382	+15,000
Current Year	(1,699,541)	(1,691,923)	(1,706,923)	(+7,382)	(+15,000)

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS ¹	447,355	380,000	447,355	.....	+ 67,355
FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES	797,000	656,000	656,000	- 141,000	.....
STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS					
Unemployment Compensation (UI):					
State Operations	3,158,717	2,881,575	2,931,575	- 227,142	+ 50,000
Demonstration grants .....	.....	25,000	25,000	+ 25,000	.....
National Activities	11,243	11,297	1,243	.....	- 54
Subtotal, Unemployment Compensation	3,169,960	2,917,872	2,967,818	- 202,142	+ 49,946
Employment Service (ES):					
Allotments to States:					
Federal Funds	22,550	22,595	22,550	.....	- 45
Trust Funds	676,890	708,247	708,247	+ 31,357	.....
Subtotal	699,440	730,842	730,797	+ 31,357	- 45
ES National Activities	20,871	20,912	20,871	.....	- 41
Subtotal, Employment Service	720,311	751,754	751,668	+ 31,357	- 86
Federal Funds	(22,550)	(22,595)	(22,550)	.....	(- 45)
Trust Funds	(697,761)	(729,159)	(729,118)	(+ 31,357)	(- 41)
Foreign Labor Certification:					
Federal Administration	50,222	50,501	50,222	.....	- 279
Grants to States	15,040	15,099	15,040	.....	- 59
Subtotal, Foreign Labor Certification	65,262	65,600	65,262	.....	- 338
One-Stop Career Centers/Labor Market Information	63,346	90,473	63,346	.....	- 27,127
Total, State UI and ES	4,018,879	3,825,699	3,848,094	- 170,785	+ 22,395
Federal Funds	(85,896)	(113,068)	(85,896)	.....	(- 27,172)
Trust Funds	(3,932,983)	(3,712,631)	(3,762,198)	(- 170,785)	(+ 49,567)
STATE PAID LEAVE FUND .....	.....	5,000	5,000	+ 5,000	.....
ADVANCES TO THE UI AND OTHER TRUST FUNDS ² .....	.....	600,000	600,000	+ 600,000	.....
PROGRAM ADMINISTRATION					
Adult Employment and Training	46,583	.....	.....	- 46,583	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2013 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
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(In thousands of dollars)

Item	2013 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2013 appropriation	Budget estimate
Trust Funds	8,503			- 8,503	
Youth Employment and Training	12,235			- 12,235	
Training and Employment		60,325	60,325	+ 60,325	
Trust Funds		8,639	8,639	+ 8,639	
Employment Security	3,469	3,522	3,522	+ 53	
Trust Funds	39,264	39,856	39,856	+ 592	
Apprenticeship Services	27,620	28,015	30,000	+ 2,380	+ 1,985
Executive Direction	7,034	7,147	7,147	+ 113	
Trust Funds	2,079	2,113	2,113	+ 34	
Total, Program Administration	146,787	149,617	151,602	+ 4,815	+ 1,985
Federal Funds	(96,941)	(99,009)	(100,994)	(+ 4,053)	(+ 1,985)
Trust Funds	(49,846)	(50,608)	(50,608)	(+ 762)	
Total, Employment and Training Admin. (ETA)	10,321,318	10,695,644	10,679,187	+ 357,869	- 16,457
Federal Funds	6,338,489	6,932,405	6,866,381	+ 527,892	- 66,024
Current Year	(4,541,489)	(5,160,405)	(5,094,381)	(+ 552,892)	(- 66,024)
Emergency appropriations	25,000			- 25,000	
Fiscal year 2015	(1,772,000)	(1,772,000)	(1,772,000)		
Trust Funds	3,982,829	3,763,239	3,812,806	- 170,023	+ 49,567
EMPLOYEE BENEFITS SECURITY ADMINISTRATION (EBSA)					
SALARIES AND EXPENSES					
Enforcement and Participant Assistance	142,400	146,032	143,400	+ 1,000	- 2,632
Policy and Compliance Assistance	33,695	26,329	26,329	- 7,366	
Executive Leadership, Program Oversight and Admin	6,692	6,743	6,743	+ 51	
Total, EBSA	182,787	179,104	176,472	- 6,315	- 2,632

PENSION BENEFIT GUARANTY CORPORATION (PBGC)					
Pension Insurance Activities	(87,532)	(80,000)	(80,000)	(80,000)	(-7,532)
Pension Plan Termination	(238,128)	(268,230)	(268,230)	(268,230)	(+30,102)
Operational Support	(151,241)	(157,211)	(157,211)	(157,211)	(+5,970)
Total, PBGC (program level)	(476,901)	(505,441)	(505,441)	(505,441)	(+28,540)
Enforcement of Wage & Hour Standards	226,607	243,254	243,254	243,254	+16,647
Office of Labor-Management Standards	41,206	46,891	46,891	46,891	-5,685
Federal Contractor EEO Standards Enforcement	104,976	108,467	108,467	106,000	+1,024
FEDERAL PROGRAMS FOR WORKERS' COMPENSATION					
Salaries and Expenses	115,488	118,458	118,458	115,488	-2,970
Trust Funds	2,116	2,142	2,116	2,116	-26
Total, Salaries and Expenses	117,604	120,600	117,604	117,604	-2,996
Federal Funds	(115,488)	(118,458)	(115,488)	(115,488)	(-2,970)
Trust Funds	(2,116)	(2,142)	(2,116)	(2,116)	(-26)
SPECIAL BENEFITS					
Federal Employees' Compensation Benefits	347,000	393,000	393,000	393,000	+46,000
Longshore and Harbor Workers' Benefits	3,000	3,000	3,000	3,000	
Total, Special Benefits	350,000	396,000	396,000	396,000	+46,000
SPECIAL BENEFITS FOR DISABLED COAL MINERS					
Benefit Payments	177,000	128,000	128,000	128,000	-49,000
Administration	5,227	5,235	5,235	5,235	+8
Subtotal, Fiscal year 2014, program level	182,227	133,235	133,235	133,235	-48,992
Less funds advanced in prior year	(-41,000)	(-35,000)	(-35,000)	(-35,000)	+6,000
Total, Current Year, Fiscal Year 2014	141,227	98,235	98,235	98,235	-42,992
New advances, 1st quarter fiscal year 2015	40,000	24,000	24,000	24,000	-16,000
Total, Special Benefits for Disabled Coal Miners	181,227	122,235	122,235	122,235	-58,992
ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION FUND					
Part B Administrative Expenses	52,147	55,176	55,176	55,176	+3,029

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2013 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
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Item	2013 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2013 appropriation	Budget estimate
BLACK LUNG DISABILITY TRUST FUND					
Benefit Payments and Interest on Advances	242,200	257,478	257,478	+ 15,278	.....
Workers' Compensation Programs, Salaries and Expenses	32,906	33,033	33,033	+ 127	.....
Departmental Management, Salaries and Expenses	25,217	25,365	25,365	+ 148	.....
Departmental Management, Inspector General	327	327	327	.....	.....
Subtotal, Black Lung Disability	300,650	316,203	316,203	+ 15,553	.....
Treasury Department Administrative Costs	356	356	356	.....	.....
Total, Black Lung Disability Trust Fund	301,006	316,559	316,559	+ 15,553	.....
Total, Federal Programs for Workers' Compensation	1,001,984	1,010,570	1,007,574	+ 5,590	- 2,996
Federal Funds	999,868	1,008,428	1,005,458	+ 5,590	- 2,970
Current year	(959,868)	(984,428)	(981,458)	(+ 21,590)	(- 2,970)
Fiscal year 2015	(40,000)	(24,000)	(24,000)	(- 16,000)	.....
Trust Funds	2,116	2,142	2,116	.....	- 26
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)					
SALARIES AND EXPENSES					
Safety and Health Standards	19,922	22,071	21,000	+ 1,078	- 1,071
Federal Enforcement	207,337	207,785	207,785	+ 448	.....
Whistleblower enforcement	15,841	21,883	21,883	+ 6,042	.....
State Programs	103,987	104,196	103,987	.....	- 209
Technical Support	25,768	24,767	24,767	- 1,001	.....
Compliance Assistance:					
Federal Assistance	76,203	75,294	75,294	- 909	.....
State Consultation Grants	57,775	57,890	57,775	.....	- 115
Training Grants	10,687	10,709	10,709	+ 22	.....

Subtotal, Compliance Assistance	144,665	143,893	143,778	- 887	- 115
Safety and Health Statistics	34,670	34,349	32,922	- 1,748	- 1,427
Executive Direction and Administration	11,468	11,575	10,890	- 578	- 685
Total, OSHA	563,658	570,519	567,012	+ 3,354	- 3,507
MINE SAFETY AND HEALTH ADMINISTRATION					
SALARIES AND EXPENSES					
Coal Enforcement	163,572	168,871	168,871	+ 5,299	.....
Metal/Non-Metal Enforcement	88,486	92,870	92,870	+ 4,384	.....
Standards Development	4,456	5,619	5,619	+ 1,163	.....
Assessments	7,088	8,358	8,358	+ 1,270	.....
Educational Policy and Development	38,249	29,230	29,230	- 9,019	.....
Technical Support	33,546	34,113	34,113	+ 567	.....
Program Evaluation and Information Resources [PEIR]	18,120	20,268	20,268	+ 2,148	.....
Program Administration	19,030	21,392	21,392	+ 2,362	.....
Total, Mine Safety and Health Administration	372,547	380,721	380,721	+ 8,174	.....
Total, Worker Protection Agencies	1,609,385	1,649,556	1,632,269	+ 22,884	- 17,287
Federal Funds	(1,607,269)	(1,647,414)	(1,630,153)	(+ 22,884)	(- 17,261)
Trust Funds	(2,116)	(2,142)	(2,116)	.....	(- 26)
BUREAU OF LABOR STATISTICS					
SALARIES AND EXPENSES					
Employment and Unemployment Statistics	209,854	209,481	210,854	+ 1,000	+ 1,373
Labor Market Information	67,041	67,176	67,041	.....	- 135
Prices and Cost of Living	204,612	209,699	205,612	+ 1,000	- 4,087
Compensation and Working Conditions	80,105	82,128	80,105	.....	- 2,023
Productivity and Technology	12,031	10,313	12,031	.....	+ 1,718
Executive Direction and Staff Services	34,209	34,997	34,209	.....	- 788
Total, Bureau of Labor Statistics	607,852	613,794	609,852	+ 2,000	- 3,942
Federal Funds	540,811	546,618	542,811	+ 2,000	- 3,807
Trust Funds	67,041	67,176	67,041	.....	- 135
OFFICE OF DISABILITY EMPLOYMENT POLICY					
SALARIES AND EXPENSES					
.....	38,802	42,432	42,432	+ 3,630

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Item	2013 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2013 appropriation	Budget estimate
DEPARTMENTAL MANAGEMENT					
SALARIES AND EXPENSES					
Executive Direction	33,154	31,812	31,812	- 1,342	.....
Departmental Program Evaluation	8,467	9,000	8,467	.....	- 533
Legal Services	128,619	127,684	127,684	- 935	.....
Trust Funds	325	326	326	+ 1	.....
International Labor Affairs	92,125	95,425	95,425	+ 3,300	.....
Administration and Management	30,221	30,435	30,221	.....	- 214
Adjudication	29,113	30,352	29,113	.....	- 1,239
Women's Bureau	11,536	9,214	11,536	.....	+ 2,322
Civil Rights Activities	6,772	8,268	6,772	.....	- 1,496
Chief Financial Officer	5,329	5,440	5,329	.....	- 111
Total, Salaries and expenses	345,661	347,956	346,685	+ 1,024	- 1,271
Federal Funds	(345,336)	(347,630)	(346,359)	(+ 1,023)	(- 1,271)
Trust Funds	(329)	(326)	(326)	(+ 1)	.....
VETERANS EMPLOYMENT AND TRAINING					
State Administration, Grants	169,852	203,081	203,081	+ 33,229	.....
Transition Assistance Program	14,242	14,000	14,000	- 242	.....
Federal Administration	38,245	41,838	41,838	+ 3,593	.....
National Veterans Training Institute	3,459	3,414	3,414	- 45	.....
Homeless Veterans Program	38,109	38,185	38,185	+ 76	.....
Veterans Workforce Investment Programs .....	.....	.....	.....	.....	.....
Total, Veterans Employment and Training	263,907	300,518	300,518	+ 36,611	.....
Federal Funds	38,109	38,185	38,185	+ 76	.....
Trust Funds	225,798	262,333	262,333	+ 36,535	.....

	11,806	4,898	4,898	4,898	-6,908	.....
Departmental support systems	7,969	15,689	15,689	14,877	+ 6,908	- 812
Infrastructure technology modernization						
Total, IT Modernization	19,775	20,587	20,587	19,775		- 812
OFFICE OF INSPECTOR GENERAL						
Program Activities	77,634	79,805	79,805	77,634		- 2,171
Trust Funds	5,886	5,909	5,909	5,886		- 23
Total, Office of Inspector General	83,520	85,714	85,714	83,520		- 2,194
Total, Departmental Management	712,863	754,775	754,775	750,498	+ 37,635	- 4,277
Federal Funds	480,854	486,207	486,207	481,953	+ 1,099	- 4,254
Current Year	(480,854)	(486,207)	(486,207)	(481,953)	(+ 1,099)	(- 4,254)
Trust Funds	232,009	268,568	268,568	268,545	+ 36,536	- 23
Total, Title I, Department of Labor	14,174,600	14,646,171	14,646,171	14,604,208	+ 429,608	- 41,963
Federal Funds	9,890,605	10,545,046	10,545,046	10,453,700	+ 563,095	- 91,346
Current Year	(8,053,605)	(8,749,046)	(8,749,046)	(8,657,700)	(+ 604,095)	(- 91,346)
Emergency appropriations	25,000				- 25,000	
Fiscal year 2015	(1,812,000)	(1,796,000)	(1,796,000)	(1,796,000)	(- 16,000)	
Trust Funds	4,283,995	4,101,125	4,101,125	4,150,508	- 133,487	+ 49,383
TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES						
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)						
HEALTH RESOURCES AND SERVICES						
Primary Health Care						
Community Health Centers	1,574,606	1,566,892	1,566,892	1,574,606		+ 7,714
Free Clinics Medical Malpractice	40	40	40	40		
Subtotal, Primary Health Care	1,574,646	1,566,932	1,566,932	1,574,646		+ 7,714
Bureau of Health Professions (BHP)						
Health Workforce						
Health Professions, Training for Diversity: Centers of Excellence	22,863	22,909	22,909	22,863		- 46

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Item	2013 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2013 appropriation	Budget estimate
Health Careers Opportunity Program	14,942	.....	14,942	.....	+ 14,942
Faculty Loan Repayment	1,253	1,243	1,253	.....	+ 10
Scholarships for Disadvantaged Students	47,357	47,452	47,357	.....	- 95
Subtotal, Training for Diversity	86,415	71,604	86,415	.....	+ 14,811
Training in Primary Care Medicine	38,884	50,962	50,962	+ 12,078	.....
Pediatric Loan Repayment .....	.....	5,000	5,000	+ 5,000	.....
Oral Health Training	32,654	32,392	32,654	.....	+ 262
Interdisciplinary Community-Based Linkages:					
Area Health Education Centers	30,025	.....	30,025	.....	+ 30,025
Geriatric Programs	30,877	30,629	30,629	- 248	.....
Alzheimer's—Prevention and Public Health Fund ³	(1,847)	(5,300)	(3,300)	(+ 3,453)	.....
Mental and Behavioral Health	2,916	2,892	3,916	+ 1,000	+ 1,024
Subtotal, Interdisciplinary Community Linkages	63,818	33,521	64,570	+ 752	+ 31,049
Evaluation Tap Funding .....	.....	.....	.....	.....	.....
Prevention and Public Health Fund ³	1,847	5,300	5,300	+ 3,453	.....
Total, Interdisciplinary Community Linkages	65,665	38,821	69,870	+ 4,205	+ 31,049
Workforce Information and Analysis	2,804	5,000	5,000	+ 2,196	.....
Public Health and Preventive Medicine programs	8,177	3,226	10,177	+ 2,000	+ 6,951
Prevention and Public Health Fund ³ .....	.....	(4,776)	(25,000)	(+ 25,000)	(+ 20,224)
Subtotal, Public Health and Preventive Medicine	8,177	8,002	35,177	+ 27,000	+ 27,175
Nursing Programs:					
Advanced Education Nursing	63,797	83,469	83,469	+ 19,672	.....
Nurse Education, Practice, and Retention	39,499	39,638	39,638	+ 139	.....
Nursing Workforce Diversity	15,947	15,819	15,819	- 128	.....

Loan Repayment and Scholarship Program	82,968	83,135	83,135	+167	.....
Comprehensive Geriatric Education	4,521	4,485	4,485	-36	.....
Nursing Faculty Loan Program	24,751	24,553	24,553	-198	.....
Subtotal, Nursing programs	231,483	251,099	251,099	+19,616	.....
Children's Hospitals Graduate Medical Education	267,313	88,000	267,313	.....	+ 179,313
National Practitioner Data Bank	28,016	28,016	28,016	.....	.....
User Fees	-28,016	-28,016	-28,016	.....	.....
Subtotal, Bureau of Health Professions	731,548	540,804	773,190	+41,642	+232,386
Prevention and Public Health Fund	(1,847)	(10,076)	(30,300)	(+28,453)	(+20,224)
Total, Health Professions Program Level	733,395	550,880	803,490	+70,095	+252,610
Maternal and Child Health					
Maternal and Child Health Block Grant	643,807	638,646	643,807	.....	+5,161
Sickle Cell Anemia Demonstration Program	4,703	4,665	4,670	-33	+5
Traumatic Brain Injury	9,840	9,760	9,760	-80	.....
Autism and Other Developmental Disorders	47,523	47,142	47,142	-381	.....
Heritable Disorders	9,913	.....	9,913	.....	+9,913
Heritable Disorders-Prevention and Public Health Fund .....	.....	(9,834)	.....	.....	(-9,834)
Healthy Start	104,369	103,532	103,532	-837	.....
Universal Newborn Hearing	18,811	.....	18,660	-151	+18,660
Universal Newborn Hearing-Prevention and Public Health Fund .....	.....	(18,660)	.....	.....	(-18,660)
Emergency Medical Services for Children	21,286	21,116	21,116	-170	.....
Subtotal, Maternal and Child Health	860,252	824,861	858,600	-1,652	+33,739
Prevention and Public Health Fund .....	.....	(28,494)	.....	.....	(-28,494)
Total, Maternal and Child Health Program Level	860,252	853,355	858,600	-1,652	+5,245
Ryan White HIV/AIDS Program					
Ryan White AIDS Programs:					
Emergency Assistance	669,915	666,071	669,915	.....	+3,844
Comprehensive Care Programs	1,317,999	1,370,827	1,369,327	+51,328	-1,500
AIDS Drug Assistance Program [ADAP] (NA)	(896,502)	(943,299)	(943,299)	(+46,797)	.....
Early Intervention Program	204,765	225,086	204,765	.....	-20,321
Children, Youth, Women, and Families	77,013	77,167	77,013	-154
AIDS Dental Services	13,458	13,485	13,458	-27

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				2013 appropriation	Budget estimate
Education and Training Centers	34,473	34,542	34,473	-69
Subtotal, Ryan White AIDS programs	2,317,623	2,387,178	2,368,951	+ 51,328	- 18,227
Evaluation Tap Funding (NA)	(25,000)	(25,000)	(25,000)	.....	.....
Total, Ryan White AIDS Program Level	(2,342,623)	(2,412,178)	(2,393,951)	(+ 51,328)	(- 18,227)
Health Care Systems					
Organ Transplantation	24,799	26,015	26,015	+ 1,216	.....
National Cord Blood Inventory	11,864	11,887	11,864	.....	-23
Bone Marrow Program	23,283	23,330	23,283	.....	-47
Office of Pharmacy Affairs	4,463	4,472	4,463	.....	-9
340B Drug Pricing User Fees .....	.....	6,000	6,000	+ 6,000	.....
User Fees	18,793	- 6,000	- 6,000	- 6,000	.....
Poison Control .....	.....	.....	19,793	+ 1,000	.....
Poison control-Prevention and Public Health Fund ³	16,013	(18,830)	.....	.....	+ 19,793
Hansen's Disease Services	128	16,045	16,013	.....	(- 18,830)
Buildings and Facilities	1,956	127	128	.....	-32
Payment to Hawaii, treatment of Hansen's .....	.....	1,960	1,956	.....	+ 1
Subtotal, Health Care Systems	101,299	83,836	103,515	+ 2,216	+ 19,679
Prevention and Public Health Fund .....	.....	(18,830)	.....	.....	(- 18,830)
Total, Health Care Systems Program Level	101,299	102,666	103,515	+ 2,216	+ 849
Rural Health					
Rural Outreach Grants	55,442	55,553	55,442	.....	-111
Rural Health Research/Policy Development	9,847	9,866	9,847	.....	-19
Rural Hospital Flexibility Grants	40,958	26,200	40,958	.....	+ 14,758
Rural and Community Access to Emergency Devices	2,490	.....	5,000	+ 2,510	+ 5,000
State Offices of Rural Health	10,016	10,036	10,016	.....	-20

Black Lung Clinics	7,125	7,140	7,125	.....	.....	-15
Radiation Exposure Screening and Education Program	1,931	1,935	1,931	.....	.....	-4
Telehealth	11,479	11,502	11,479	.....	.....	-23
Subtotal, Rural Health	139,288	122,232	141,798	+ 2,510	.....	+ 19,566
Family Planning	296,244	327,402	327,402	+ 31,158	.....	.....
Program Management	161,186	161,794	161,794	+ 608	.....	.....
Total, Health resources & services appropriation	(6,182,086)	(6,015,039)	(6,309,896)	(+ 127,810)	.....	( + 294,857)
HEALTH EDUCATION ASSISTANCE LOANS PROGRAM ACCOUNT						
HEAL Liquidating Account	(1,000)	(1,000)	(1,000)	.....	.....	.....
HEAL Program Management	2,830	2,807	2,807	- 23	.....	.....
Total, HEAL	2,830	2,807	2,807	- 23	.....	.....
VACCINE INJURY COMPENSATION PROGRAM TRUST FUND						
Post-Fiscal Year 1988 Claims	235,000	235,000	235,000	.....	.....	.....
HRSA Administration	6,464	6,477	6,464	.....	.....	- 13
Total, Vaccine Injury Compensation Trust Fund	241,464	241,477	241,464	.....	.....	- 13
Total, Health Resources & Services Administration	6,425,380	6,259,323	6,554,167	+ 127,787	.....	+ 294,844
Evaluation tap funding	(25,000)	(25,000)	(25,000)	.....	.....	.....
Prevention and Public Health Fund ³	(1,847)	(57,400)	(30,300)	(+ 28,453)	.....	( - 27,100)
Total, HRSA program level	(6,453,227)	(6,341,723)	(6,609,467)	(+ 156,240)	.....	( + 267,744)
CENTERS FOR DISEASE CONTROL AND PREVENTION						
DISEASE CONTROL, RESEARCH, AND TRAINING						
Immunization and Respiratory Diseases	575,095	668,696	575,095	.....	.....	- 93,601
Evaluation Tap Funding	(12,864)	(12,864)	(12,864)	.....	.....	.....
Pandemic Flu balances (Public Law 111-32)	(11,829)	.....	.....	( - 11,829)	.....	.....
Prevention and Public Health Fund ³	(90,883)	(72,460)	(150,000)	(+ 59,117)	.....	( + 77,540)
Subtotal	(690,671)	(754,020)	(737,959)	(+ 47,288)	.....	( - 16,061)
HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	1,097,823	1,173,942	1,097,823	- 76,119
Evaluation Tap Funding	(3,000)	(- 3,000)

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[In thousands of dollars]

Item	2013 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2013 appropriation	Budget estimate
Prevention and Public Health Fund ³			(10,000)	(+ 10,000)	(+ 10,000)
Subtotal, HIV/AIDS, Viral Hepatitis, STD & TB	1,097,823	1,176,942	1,107,823	+ 10,000	- 69,119
Emerging and Zoonotic Infectious Diseases	252,043	380,664	283,237	+ 31,194	- 97,427
Prevention and Public Health Fund ³	(44,174)	(51,750)	(52,000)	(+ 7,826)	(+ 250)
Subtotal, Emerging and Zoonotic Infectious	296,217	432,414	335,237	+ 39,020	- 97,177
Chronic Disease Prevention and Health Promotion	755,079	620,189	774,831	+ 19,752	+ 154,642
Evaluation Tap Funding					
Prevention and Public Health Fund ³	(233,033)	(415,904)	(485,700)	(+ 252,667)	(+ 69,796)
Subtotal, Chronic Disease Prevention	(988,112)	(1,036,093)	(1,260,531)	(+ 272,419)	(+ 224,438)
Birth Defects and Developmental Disabilities	137,051	67,148	123,483	- 13,568	+ 56,335
Prevention and Public Health Fund ³		(74,796)			(- 74,796)
Subtotal, Birth Defects	(137,051)	(141,944)	(123,483)	(- 13,568)	(- 18,461)
Public Health Scientific Services	143,726	144,416	143,726		- 690
Evaluation Tap Funding	(247,769)	(324,889)	(247,769)		(- 77,120)
Prevention and Public Health Fund ³	(51,501)	(70,000)	(58,100)	(+ 6,599)	(- 11,900)
Subtotal	(442,996)	(539,305)	(449,595)	(+ 6,599)	(- 89,710)
Environmental Health	104,819	126,126	113,827	+ 9,008	- 12,299
Prevention and Public Health Fund ³	(20,740)	(29,000)	(39,200)	(+ 18,460)	(+ 10,200)
Subtotal	(125,559)	(155,126)	(153,027)	(+ 27,468)	(- 2,099)
Injury Prevention and Control	137,456	176,585	162,456	+ 25,000	- 14,129
Prevention and Public Health Fund ³			(3,000)	(+ 3,000)	(+ 3,000)

	(5,000)			(-5,000)
Evaluation Tap Funding				
Subtotal	(137,456)	(181,585)	(165,456)	(-16,129)
National Institute for Occupational Safety & Health ³	181,551		181,551	+181,551
Evaluation Tap Funding	(110,724)	(271,911)	(110,724)	(-161,187)
Subtotal	(292,275)	(271,911)	(292,275)	(+20,364)
Energy Employees Occupational Illness Compensation Program	55,358	55,358	55,358	
Global Health	346,964	393,024	391,964	+45,000
Public Health Preparedness and Response	1,297,248	1,334,316	1,292,498	-4,818
Subtotal	1,297,248	1,334,316	1,292,498	-4,818
CDC-Wide Activities	616,854	131,402	616,563	+291
Prevention and Public Health Fund ³	(22,585)	(41,200)	(41,000)	(+18,415)
Subtotal, CDC-Wide Activities	(639,439)	(172,602)	(657,563)	(+484,961)
Total, Centers for Disease Control	5,701,067	5,271,866	5,812,412	+540,546
Discretionary	5,645,709	5,216,508	5,757,054	+540,546
Evaluation Tap Funding (NA)	(371,357)	(617,664)	(371,357)	(-246,307)
Pandemic Flu balances (Public Law 111-32)	(11,829)			
Prevention and Public Health Fund ³	(462,916)	(755,110)	(839,000)	(+83,890)
Total, Centers for Disease Control Program Level	(6,547,169)	(6,644,640)	(7,022,769)	(+378,129)
NATIONAL INSTITUTES OF HEALTH				
National Cancer Institute	5,062,039	5,125,951	5,091,885	-34,066
National Heart, Lung, and Blood Institute	3,072,863	3,098,508	3,077,916	-20,592
National Institute of Dental & Craniofacial Research	409,889	411,515	409,947	+58
National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK]	1,793,450	1,811,786	1,799,745	+6,295
National Institute of Neurological Disorders & Stroke	1,623,113	1,642,619	1,631,703	-10,916
National Institute of Allergy and Infectious Diseases	4,481,730	4,578,813	4,548,383	-30,430
Global HIV/AIDS Fund Transfer				
Subtotal, NIAID program level	4,481,730	4,578,813	4,548,383	-30,430
National Institute of General Medical Sciences	2,425,175	2,401,011	2,435,570	+34,559
National Institute of Child Health & Human Development	1,318,755	1,339,360	1,330,459	-8,901
National Eye Institute	701,307	699,216	701,407	+2,191

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2013 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2014—Continued
(In thousands of dollars)

Item	2013 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2013 appropriation	Budget estimate
National Institute of Environmental Health Sciences	684,200	691,348	686,753	+ 2,553	- 4,595
National Institute on Aging	1,101,234	1,193,370	1,185,439	+ 84,205	- 7,931
National Institute of Arthritis and Musculoskeletal and Skin Diseases	534,715	540,993	537,398	+ 2,683	- 3,595
National Institute on Deafness and Other Communication Disorders	415,440	422,936	420,125	+ 4,685	- 2,811
National Institute of Nursing Research	144,479	146,244	145,272	+ 793	- 972
National Institute on Alcohol Abuse and Alcoholism	458,600	463,848	460,765	+ 2,165	- 3,083
National Institute on Drug Abuse	1,051,261	1,071,612	1,064,490	+ 13,229	- 7,122
National Institute of Mental Health	1,477,304	1,465,782	1,456,041	- 21,263	- 9,741
National Human Genome Research Institute	511,847	517,319	513,881	+ 2,034	- 3,438
National Institute of Biomedical Imaging and Bioengineering	337,681	338,892	337,728	+ 47	- 1,164
National Center for Complementary and Alternative Medicine	127,800	129,041	128,183	+ 383	- 858
National Institute on Minority Health and Health Disparities	275,887	283,299	281,416	+ 5,529	- 1,883
John E. Fogarty International Center	69,483	72,864	72,380	+ 2,897	- 484
National Center for Advancing Translation Sciences	574,216	665,688	661,264	+ 87,048	- 4,424
National Library of Medicine (NLM)	336,963	382,252	379,712	+ 42,749	- 2,540
Evaluation Tap Funding	(8,200)	(8,200)	(8,200)	.....	.....
Subtotal	345,163	390,452	387,912	+ 42,749	- 2,540
Office of the Director	1,525,125	1,473,398	1,463,606	- 61,519	- 9,792
Common fund	(544,870)	(572,948)	(568,151)	(+ 23,281)	(- 4,797)
Buildings and Facilities	125,093	126,111	125,308	+ 215	- 803
Total, National Institutes of Health (NIH)	30,639,649	31,093,776	30,946,776	+ 307,127	- 147,000
Evaluation Tap Funding	(8,200)	(8,200)	(8,200)	.....	.....
Total, NIH Program Level	(30,647,849)	(31,101,976)	(30,954,976)	(+ 307,127)	(- 147,000)

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)						
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES						
Mental Health:						
Programs of Regional and National Significance	275,205	333,277	357,191	+ 81,986	+ 23,914	(- 1,000)
Prevention and Public Health Fund ³	(275,205)	(28,000)	(27,000)	(+ 27,000)	(- 1,000)	
Subtotal, PRNS	(275,205)	(361,277)	(384,191)	(+ 108,986)	(+ 22,914)	
Mental Health block grant	437,840	438,717	462,705	+ 24,865	+ 23,988	
Evaluation Tap Funding	(21,039)	(21,039)	(21,039)			
Subtotal, MHBG Program level	(458,879)	(459,756)	(483,744)	(+ 24,865)	(+ 23,988)	
Children's Mental Health	117,345	117,315	117,315	- 30		
Grants to States for the Homeless (PATH)	64,665	64,794	64,794	+ 129		
Protection and Advocacy	36,166	36,238	36,238	+ 72		
Subtotal, Mental Health	931,221	990,341	1,038,243	+ 107,022	+ 47,902	
Subtotal, Mental health program level	(952,260)	(1,039,380)	(1,086,282)	(+ 134,022)	(+ 46,902)	
Substance Abuse Treatment:						
Programs of Regional and National Significance	398,048	304,794	306,451	- 91,597	+ 1,657	(+ 20,000)
Prevention and Public Health Fund ³	(2,000)	(30,000)	(50,000)	(+ 50,000)	(+ 2,000)	
Evaluation Tap Funding	(400,048)	(334,794)	(358,451)	(- 41,597)	(+ 23,657)	
Subtotal, Program level	1,717,690	1,748,132	1,740,656	+ 22,966	- 7,476	(+ 7,476)
Substance Abuse block grant	(79,200)	(71,724)	(79,200)			
Evaluation Tap Funding	(1,796,890)	(1,819,856)	(1,819,856)	(+ 22,966)		
Subtotal, Program level	2,115,738	2,052,926	2,047,107	- 68,631	- 5,819	
Subtotal, Substance Abuse Treatment	(2,196,938)	(2,154,650)	(2,178,307)	(- 18,631)	(+ 23,657)	
Subtotal, Program level	185,637	175,560	175,631	- 10,006	+ 71	
Substance Abuse Prevention:						
Programs of Regional and National Significance	(185,637)	(175,560)	(175,631)	(- 10,006)	(+ 71)	
Subtotal, Program Level						

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2013 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2014—Continued
 [In thousands of dollars]

Item	2013 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2013 appropriation	Budget estimate
Health Surveillance and Program Support:					
Health Surveillance, Crosscutting Issues and Support	108,681	129,124	136,296	+ 27,615	+ 7,172
Prevention and Public Health Fund	(14,733)		(15,000)	(+ 267)	(+ 15,000)
Evaluation Tap Funding (NA)	(27,428)	(71,995)	(30,428)	(+ 3,000)	(- 41,567)
Data Requests and Publications		1,500	1,500	+ 1,500	
User fees		- 1,500	- 1,500	- 1,500	
Total, Health Surveillance Program Level	150,842	201,119	181,724	+ 30,882	- 19,395
Total, SAMHSA	3,341,277	3,347,951	3,397,277	+ 56,000	+ 49,326
Evaluation Tap Funding	(129,667)	(164,758)	(132,667)	(+ 3,000)	(- 32,091)
Prevention and Public Health Fund ³	(14,733)	(58,000)	(92,000)	(+ 77,267)	(+ 34,000)
Total, SAMHSA Program Level	(3,485,677)	(3,570,709)	(3,621,944)	(+ 136,267)	(+ 51,235)
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)					
HEALTHCARE RESEARCH AND QUALITY					
Research on Health Costs, Quality, and Outcomes:					
Evaluation Tap funding	(235,768)	(201,073)	(231,384)	(- 4,384)	(+ 30,311)
Prevention and Public Health Fund ³	(6,465)		(7,000)	(+ 535)	(+ 7,000)
Subtotal, Health Costs, Quality, and Outcomes	(242,233)	(201,073)	(238,384)	(- 3,849)	(+ 37,311)
Medical Expenditures Panel Surveys:					
Evaluation Tap Funding (NA)	(60,700)	(63,811)	(63,811)	(+ 3,111)	
Subtotal, Medical Expenditures Panel Surveys	(60,700)	(63,811)	(63,811)	(+ 3,111)	
Program Support:					
Evaluation Tap Funding (NA)	(72,585)	(68,813)	(68,813)	(- 3,772)	

Subtotal	(72,585)	(68,813)	(68,813)	(-3,772)	.....
Evaluation Tap Funding (NA)	(369,053)	(333,697)	(364,008)	(-5,045)	(+ 30,311)
AHRQ, Prevention and Public Health Fund ³	(6,465)	.....	(7,000)	(+ 535)	(+ 7,000)
Total, AHRQ Program Level	(375,518)	(333,697)	(371,008)	(-4,510)	(+ 37,311)
Total, Public Health Service (PHS) appropriation	46,108,373	45,972,916	46,710,632	+602,259	+ 737,716
Total, Public Health Service Program Level	(47,510,440)	(47,993,745)	(48,581,164)	(+ 1,070,724)	(+ 587,419)
CENTERS FOR MEDICARE AND MEDICAID SERVICES					
GRANTS TO STATES FOR MEDICAID					
Medicaid Current Law Benefits	249,401,000	263,462,118	263,462,118	+ 14,061,118	.....
State and Local Administration	16,181,506	16,453,115	16,453,115	+ 271,609	.....
Vaccines for Children	3,607,256	4,293,383	4,293,383	+ 686,127	.....
Subtotal, Medicaid Program Level	269,189,762	284,208,616	284,208,616	+ 15,018,854	.....
Less funds advanced in prior year	- 90,614,082	- 106,335,631	- 106,335,631	- 15,721,549	.....
Total, Grants to States for Medicaid	178,575,680	177,872,985	177,872,985	- 702,695	.....
New advance, 1st quarter	106,335,631	103,472,323	103,472,323	- 2,863,308	.....
PAYMENTS TO HEALTH CARE TRUST FUNDS					
Supplemental Medical Insurance	181,351,000	194,565,000	194,565,000	+ 13,214,000	.....
Federal Uninsured Payment	228,000	204,000	204,000	- 24,000	.....
Program Management	750,000	1,319,000	1,319,000	+ 569,000	.....
General Revenue for Part D Benefit	51,245,000	58,596,000	58,596,000	+ 7,351,000	.....
General Revenue for Part D Administration	382,000	373,000	373,000	- 9,000	.....
HCFAC Reimbursement	309,790	128,000	640,000	+ 330,210	+ 512,000
Total, Payments to Trust Funds, Program Level	234,265,790	255,185,000	255,697,000	+ 21,431,210	+ 512,000
Reduced Cost Sharing for Individuals in Qualified Plan .....	.....	3,977,893	.....	.....	- 3,977,893
New Advance Fiscal Year 2015 .....	.....	1,420,000	.....	.....	- 1,420,000
PROGRAM MANAGEMENT					
Research, Demonstration, Evaluation	21,118	.....	.....	- 21,118	.....
Program operations	2,653,582	4,011,200	4,011,200	+ 1,357,618	.....
Program Operations—PPHF ³ (NA)	(453,803)	.....	.....	(- 453,803)	.....
State Survey and Certification	374,453	412,353	412,353	+ 37,900	.....
High Risk Insurance Pools	44,000	22,004	22,004	- 21,996	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2013 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2014—Continued
 (In thousands of dollars)

Item	2013 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2013 appropriation	Budget estimate
Federal Administration	771,418	771,800	771,800	+ 382	
Total, Program management, Limitation on new BA	3,864,571	5,217,357	5,217,357	+ 1,352,786	
Total, Program management, Program level	4,318,374	5,217,357	5,217,357	+ 898,983	
HEALTH CARE FRAUD AND ABUSE CONTROL					
CMS Activities	249,942	251,420	429,846	+ 179,904	+ 178,426
HHS Office of Inspector General	29,614	29,790	107,541	+ 77,927	+ 77,751
Department of Justice	29,614	29,790	102,613	+ 72,999	+ 72,823
Total, Health Care Fraud and Abuse Control	309,170	311,000	640,000	+ 330,830	+ 329,000
Total, Centers for Medicare and Medicaid Services	523,350,842	547,456,558	542,899,665	+ 19,548,823	- 4,556,893
Federal funds	519,177,101	541,928,201	537,042,308	+ 17,865,207	- 4,885,893
Current year	(412,841,470)	(437,035,878)	(433,569,985)	(+ 20,728,515)	(- 3,465,893)
New advance, Fiscal year 2015	(106,335,631)	(104,892,323)	(103,472,323)	(- 2,863,308)	(- 1,420,000)
Trust Funds	4,173,741	5,528,357	5,857,357	+ 1,683,616	+ 329,000
ADMINISTRATION FOR CHILDREN AND FAMILIES					
PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS					
Payments to Territories	33,000	33,000	33,000		
Repatriation	1,000	1,000	1,000		
Subtotal, Welfare payments	34,000	34,000	34,000		
Child Support Enforcement:					
State and Local Administration	3,429,973	3,480,340	3,480,340	+ 50,367	
Federal Incentive Payments	529,779	540,905	540,905	+ 11,126	
Access and Visitation	10,000	10,000	10,000		

Subtotal, Child Support Enforcement	3,969,752	4,031,245	4,031,245	+ 61,493	.....
Total, Family Support Payments Program Level	4,003,752	4,065,245	4,065,245	+ 61,493	.....
Less funds advanced in previous years	- 1,100,000	- 1,100,000	- 1,100,000	.....	.....
Total, Family Support Payments, current year	2,903,752	2,965,245	2,965,245	+ 61,493	.....
New advance, 1st quarter, Fiscal year 2015	1,100,000	1,250,000	1,250,000	+ 150,000	.....
LOW-INCOME HOME ENERGY ASSISTANCE [LIHEAP]					
Formula Grants	3,464,729	2,820,000	3,614,729	+ 150,000	+ 794,729
Contingency Fund .....	.....	150,000	.....	.....	- 150,000
Energy Reduction Burden Grants .....	.....	50,000	.....	.....	- 50,000
Total, LIHEAP, Program Level	3,464,729	3,020,000	3,614,729	+ 150,000	+ 594,729
REFUGEE AND ENTRANT ASSISTANCE					
Transitional and Medical Services	411,673	391,477	391,477	- 20,196	.....
Victims of Trafficking	9,755	19,775	15,775	+ 6,020	- 4,000
Social Services	153,100	153,407	153,407	+ 307	.....
Preventive Health	4,814	4,730	4,730	- 84	.....
Targeted Assistance	48,304	48,401	48,401	+ 97	.....
Unaccompanied Minors	375,088	494,597	494,597	+ 119,509	.....
Victims of Torture	11,234	11,045	13,045	+ 1,811	+ 2,000
Total, Refugee and Entrant Assistance	1,013,968	1,123,432	1,121,432	+ 107,464	- 2,000
PAYMENTS TO STATES FOR THE CHILD CARE AND DEVELOPMENT BLOCK GRANT					
Child Care and Development Block Grant	2,323,656	2,478,313	2,500,000	+ 176,344	+ 21,687
SOCIAL SERVICES BLOCK GRANT (TITLE XX)	1,700,000	1,700,000	1,700,000	.....	.....
CHILDREN AND FAMILIES SERVICES PROGRAMS					
Programs for Children, Youth and Families:	7,986,040	9,621,070	9,621,070	+ 1,635,030	.....
Head Start, current funded	97,160	100,355	99,355	+ 2,195	- 1,000
Consolidated Runaway, Homeless Youth Program	17,865	17,901	17,865	.....	- 36
Prevention Grants to Reduce Abuse of Runaway Youth	26,379	26,432	26,379	.....	- 53
Child Abuse State Grants	25,693	25,744	25,693	.....	- 51
Child Abuse Discretionary Activities	41,444	41,527	41,444	.....	- 83
Community Based Child Abuse Prevention	11,530	11,553	11,530	.....	- 23
Abandoned Infants Assistance .....	.....	.....	.....	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2013 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2014—Continued

[In thousands of dollars]

Item	2013 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2013 appropriation	Budget estimate
Child Welfare Services	280,088	280,650	280,088	.....	— 562
Child Welfare Training/Innovative Approaches to Foster Care	26,039	26,092	26,039	.....	— 53
Adoption Opportunities	39,100	39,179	44,100	+ 5,000	+ 4,921
Adoption Incentive	39,268	39,346	39,268	.....	— 78
Social Services and Income Maintenance Research .....	.....	44,000	9,000	+ 9,000	— 35,000
Evaluation Tap Funding	(5,762)	(5,762)	(5,762)	.....	.....
Subtotal, Program Level	(5,762)	(49,762)	(14,762)	(+ 9,000)	(— 35,000)
Developmental Disabilities Programs:					
State Councils	74,625	.....	.....	— 74,625	.....
Protection and Advocacy	40,783	.....	.....	— 40,783	.....
Voting Access for Individuals with Disabilities	5,225	.....	.....	— 5,225	.....
Developmental Disabilities Projects of National Significance	8,301	.....	.....	— 8,301	.....
University Centers for Excellence in Developmental Disabilities	38,714	.....	.....	— 38,714	.....
Subtotal, Developmental Disabilities Programs	167,648	.....	.....	— 167,648	.....
Native American Programs	48,486	48,583	48,486	.....	— 97
Community Services:					
Community Services Block Grant programs:					
Grants to States for Community Services	676,003	350,000	676,003	.....	+ 326,003
Economic Development	29,883	.....	29,883	.....	+ 29,883
Rural Community Facilities	4,971	.....	5,971	+ 1,000	+ 5,971
Subtotal	710,857	350,000	711,857	+ 1,000	+ 361,857
Individual Development Account Initiative	19,830	19,469	20,000	+ 170	+ 531
Subtotal, Community Services	730,687	369,469	731,857	+ 1,170	+ 362,388
Domestic Violence Hotline	3,191	4,500	4,500	+ 1,309	.....

Family Violence/Battered Women's Shelters	129,288	135,000	135,000	+ 5,712		
Independent Living Training Vouchers	45,084	45,174	45,084		-90	
Faith-Based Center	1,368	1,370	1,368		-2	
Disaster Human Services Case Management	1,988	1,992	1,988		-4	
Program Direction	203,220	203,245	202,000	- 1,220	-1,245	
Total, Children and Families Services Programs	9,921,566	11,083,182	11,412,114	+ 1,490,548	+ 328,932	
Current Year	(9,921,566)	(11,083,182)	(11,412,114)	(+ 1,490,548)	(+ 328,932)	
Evaluation Tap Funding	(5,762)	(5,762)	(5,762)			
Total, Program Level	(9,927,328)	(11,088,944)	(11,417,876)	(+ 1,490,548)	(+ 328,932)	
PROMOTING SAFE AND STABLE FAMILIES	345,000	345,000	345,000			
Discretionary Funds	62,938	63,065	63,065	+127		
PAYMENTS FOR FOSTER CARE AND PERMANENCY						
Foster Care	4,285,540	4,279,000	4,279,000	-6,540		
Adoption Assistance	2,368,680	2,463,000	2,463,000	+ 94,320		
Kinship Guardianship	123,000	124,000	124,000	+ 1,000		
Independent Living	140,000	140,000	140,000			
Total, Payments to States	6,917,220	7,006,000	7,006,000	+ 88,780		
Less: Advances from Prior Year	-2,100,000	-2,200,000	-2,200,000	-100,000		
Total, payments, current year	4,817,220	4,806,000	4,806,000	- 11,220		
New Advance, 1st quarter	2,200,000	2,200,000	2,200,000			
Total, Administration for Children & Families	29,852,829	31,034,237	31,977,585	+ 2,124,756	+ 943,348	
Current year	(26,552,829)	(27,584,237)	(28,527,585)	(+ 1,974,756)	(+ 943,348)	
Fiscal year 2015	(3,300,000)	(3,450,000)	(3,450,000)	(+ 150,000)		
Evaluation Tap Funding	(5,762)	(5,762)	(5,762)			
Total, ACF Program Level	29,858,591	31,039,999	31,983,347	+ 2,124,756	+ 943,348	
ADMINISTRATION FOR COMMUNITY LIVING						
AGING AND DISABILITY SERVICES PROGRAMS						
Grants to States:	366,182	366,916	366,916	+ 734		
Home and Community-based Supportive Services	20,902	20,944	20,944	+ 42		
Preventive Health						

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FOR FISCAL YEAR 2014—Continued
[In thousands of dollars]

Item	2013 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2013 appropriation	Budget estimate
Protection of Vulnerable Older Americans—Title VII	21,754	21,797	21,797	+ 43	
Subtotal	408,838	409,657	409,657	+ 819	
Family Caregivers	153,314	153,621	153,621	+ 307	
Native American Caregivers Support	6,351	6,364	6,364	+ 13	
Subtotal, Caregivers	159,665	159,985	159,985	+ 320	
Nutrition:					
Congregate Meals	438,191	439,070	439,070	+ 879	
Home Delivered Meals	216,397	216,830	216,830	+ 433	
Nutrition Services Incentive Program	160,069	160,389	160,389	+ 320	
Subtotal	814,657	816,289	816,289	+ 1,632	
Subtotal, Grants to States	1,383,160	1,385,931	1,385,931	+ 2,771	
Grants for Native Americans	27,546	27,601	27,601	+ 55	
Aging Network Support Activities	7,857	7,873	7,873	+ 16	
Alzheimer's Disease Demonstrations	4,002	9,537	4,002		- 5,535
Alzheimer's Disease Initiative PPHF (NA)	(150)	(14,700)	(14,700)		
Lifespan Respite Care	2,485	2,490	2,490	+ 5	
Chronic Disease Self-Management Program					
Prevention and Public Health Fund ³	(7,086)	(10,000)	(10,000)		
Elder Falls					
Prevention and Public Health Fund ³					
Adult Protective Services Demonstration			(7,000)		(+ 7,000)
Elder Justice—PPHF (NA)	(2,000)	8,000	8,000	+ 8,000	
Senior Medicare Patrol Program	9,383	9,402	9,402	+ 19	
Elder Rights Support Activities	4,080	4,088	4,088	+ 8	
Aging and Disability Resources	6,444		6,444		+ 6,444
State Health Insurance Program		52,115	52,115		+ 52,115

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2013 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2014—Continued
 (In thousands of dollars)

Item	2013 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2013 appropriation	Budget estimate
Total, General Departmental Management	542,585	421,276	517,381	-25,204	+96,105
Federal Funds	(473,374)	(301,435)	(447,208)	(-26,166)	(+145,773)
Evaluation Tap Funding (NA)	(69,211)	(119,841)	(70,173)	(+962)	(-49,668)
Prevention and Public Health Fund ³		(104,790)			(-104,790)
Total, General Departmental Management Program	542,585	526,066	517,381	-25,204	-8,685
OFFICE OF MEDICARE HEARINGS AND APPEALS	71,867	82,381	82,381	+10,514	
OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY	16,382	20,576	20,290	+3,908	-286
Evaluation Tap Funding	(44,811)	(56,307)	(51,307)	(+6,496)	(-5,000)
Certification and Standards		1,000	1,000	+1,000	
User fees		-1,000	-1,000	-1,000	
Total, Program Level	(61,193)	(76,883)	(71,597)	(+10,404)	(-5,286)
OFFICE OF INSPECTOR GENERAL					
Inspector General Federal Funds	49,983	68,879	59,879	+9,896	-9,000
HIPAA/HCFAC funding (NA)	(196,299)	(200,279)	(200,279)	(+3,980)	
Total, Inspector General Program Level	(246,282)	(269,158)	(260,158)	(+13,876)	(-9,000)
OFFICE FOR CIVIL RIGHTS:					
Federal Funds	40,857	42,205	42,205	+1,348	
Total, Office for Civil Rights	40,857	42,205	42,205	+1,348	
RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS					
Retirement Payments	395,452	415,331	415,331	+19,879	
Survivors Benefits	31,043	28,239	28,239	-2,804	
Dependents' Medical Care	100,656	106,802	106,802	+6,146	
Total, Medical Benefits for Commissioned Officers	527,151	550,372	550,372	+23,221	

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND					
Assistant Secretary for Preparedness and Response					
Operations	32,925	33,213	33,213	+288	.....
Preparedness and Emergency Operations	29,532	24,789	24,789	-4,743	.....
National Disaster Medical System	52,645	52,502	52,502	-143	.....
Hospital Preparedness Cooperative Agreement Grants	374,007	254,555	254,555	-119,452	.....
Emergency Systems for Advanced Registration of Volunteer Health Professionals (ESAR-VHP)	4,981	505	505	-4,476	.....
Biomedical Advanced Research and Development Authority (BARDA)	415,000	395,130	415,000	.....	+ 19,870
Medical Countermeasure Strategic Investment Corp .....	.....	20,000	15,000	+15,000	.....
Medical Countermeasure Dispensing .....	.....	5,000	5,000	+ 5,000	.....
Policy and Planning	15,647	15,253	15,253	-394	.....
Project BioShield .....	.....	250,000	250,000	+250,000	.....
Subtotal, AS for Preparedness and Response	924,737	1,050,947	1,065,817	+141,080	+ 14,870
Assistant Secretary for Administration .....	.....	.....	.....	.....	.....
Cybersecurity	39,845	41,125	41,125	+ 1,280	.....
Assistant Secretary for Health .....	.....	.....	.....	.....	.....
Medical Reserve Corps	11,224	8,979	8,979	-2,245	.....
Office of the Secretary .....	.....	.....	.....	.....	.....
Pandemic Influenza Preparedness:	.....	.....	.....	.....	.....
Available until expended .....	.....	108,000	108,000	+108,000	.....
Annual .....	.....	32,009	32,009	+32,009	.....
Pandemic Influenza Program Level .....	.....	140,009	140,009	+140,009	.....
Office of Security and Strategic Information	6,435	7,470	7,470	+ 1,035	.....
HHS Lease Replacements	16,966	41,000	41,000	+24,034	.....
Disaster Relief Public Law 113-2 (emergency appropriation)	800,000	.....	.....	-800,000	.....
Subtotal, Office of the Secretary	823,401	188,479	188,479	-634,922	.....
Subtotal, Non-pandemic flu/BARDA/BioShield/Parklawn	1,799,207	1,289,530	1,304,400	-494,807	+ 14,870
Total, PHSSEF	1,799,207	1,289,530	1,304,400	-494,807	+ 14,870
Total, Office of the Secretary	2,978,821	2,355,378	2,506,735	-472,086	+151,357
Federal Funds	2,106,954	2,272,997	2,424,354	+317,400	+151,357

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Item	2013 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2013 appropriation	Budget estimate
Federal Funds (emergency)	800,000	.....	.....	-800,000	.....
Trust Funds	71,867	82,381	82,381	+10,514	.....
Evaluation Tap Funding (NA)	(114,022)	(176,148)	(121,480)	(+7,458)	(-54,668)
Total, Office of the Secretary Program Level	2,292,843	2,636,316	2,628,215	+335,372	-8,101
Total, Title II, Dept of Health & Human Services	603,758,839	628,533,844	625,811,281	+22,052,442	-2,722,563
Federal Funds	599,513,231	622,870,991	619,819,428	+20,306,197	-3,051,563
Current year	(489,077,600)	(514,528,668)	(512,897,105)	(+23,819,505)	(-1,631,563)
Current Year (emergency)	(800,000)	.....	.....	(-800,000)	.....
Fiscal year 2015	(109,635,631)	(108,342,323)	(106,922,323)	(-2,713,308)	(-1,420,000)
Trust Funds	4,245,608	5,662,853	5,991,853	+1,746,245	+329,000
Pandemic Flu balances (Public Law 111-32)	(11,829)	.....	.....	(-11,829)	.....
TITLE III—DEPARTMENT OF EDUCATION					
EDUCATION FOR THE DISADVANTAGED					
Grants to Local Educational Agencies [LEAs] Basic Grants:					
Advance from prior year	(2,962,510)	(3,313,597)	(3,313,597)	(+351,087)	.....
Forward funded	3,599,514	2,834,559	3,767,248	+167,734	+932,689
Current funded	.....	.....	4,000	+4,000	+4,000
Subtotal, Basic grants current year approp	3,599,514	2,834,559	3,771,248	+171,734	+936,689
Subtotal, Basic grants total funds available	(6,562,024)	(6,148,156)	(7,084,845)	(+522,821)	(+936,689)
Basic Grants Fiscal Year 2015 Advance	2,962,510	3,743,345	2,790,776	-171,734	-952,569
Subtotal, Basic grants, program level	6,562,024	6,577,904	6,562,024	.....	-15,880
Concentration Grants:					
Advance from prior year	(1,362,301)	(1,293,919)	(1,293,919)	(-68,382)	.....
Fiscal Year 2015 Advance	1,362,301	1,362,301	1,362,301	.....	.....

Targeted Grants:							
Forward funded	23,367	(3,116,831)	3,288,126	3,344,050	(-23,367)	(-141,352)	.....
Advance from prior year	(3,258,183)	3,288,126	.....	.....	+85,867	+55,924	.....
Fiscal Year 2015 Advance	3,258,183	.....	.....	.....	.....	.....	.....
Subtotal (excluding emergencies)	3,281,550	3,288,126	3,288,126	3,344,050	+62,500	+55,924	.....
Education Finance Incentive Grants:							
Forward Funded	23,367	(3,116,831)	3,288,126	3,344,050	-23,367	(-141,352)	.....
Advance from prior year	(3,258,183)	3,288,126	.....	.....	+85,867	+55,924	.....
Fiscal Year 2015 Advance	3,258,183	.....	.....	.....	.....	.....	.....
Subtotal	3,281,550	3,288,126	3,288,126	3,344,050	+62,500	+55,924	.....
Subtotal, Grants to LEAs, program level	14,487,425	14,516,457	14,516,457	14,612,425	+125,000	+95,968	.....
Subtotal, Grants to LEAs, program level	14,487,425	14,516,457	14,516,457	14,612,425	+125,000	+95,968	.....
School Improvement Grants	532,485	658,552	658,552	567,485	+35,000	-91,067	.....
Striving Readers	159,378	.....	.....	164,378	+5,000	+164,378	.....
State Agency Programs:							
Migrant	392,450	393,236	393,236	392,450	.....	-786	.....
Neglected and Delinquent/High Risk Youth	50,130	50,231	50,231	50,130	.....	-101	.....
Subtotal, State Agency programs	442,580	443,467	443,467	442,580	.....	-887	.....
Evaluation	3,188	.....	.....	3,028	-160	+3,028	.....
High School Graduation Initiative	48,712	.....	.....	48,809	+97	+48,809	.....
Migrant Education:							
High School Equivalency Program	36,453	36,526	36,526	36,526	+73	.....	.....
Total, Education for the disadvantaged	15,710,221	15,655,002	15,655,002	15,875,231	+165,010	+220,229	.....
Current Year	(4,869,044)	(3,973,104)	(3,973,104)	(5,034,054)	(+165,010)	(+1,060,950)	.....
Fiscal year 2015	(10,841,177)	(11,681,898)	(11,681,898)	(10,841,177)	.....	(-840,721)	.....
Subtotal, Forward Funded	(4,780,691)	(3,936,578)	(3,936,578)	(4,941,691)	(+161,000)	(+1,005,113)	.....
PRESCHOOL DEVELOPMENT GRANTS .....	.....	750,000	750,000	750,000	+750,000	.....	.....
IMPACT AID .....	.....	.....	.....	.....	.....	.....	.....
Basic Support Payments	1,151,233	1,153,540	1,153,540	1,153,540	+2,307
Payments for Children with Disabilities	48,316	48,413	48,413	48,316	-97

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FOR FISCAL YEAR 2014—Continued
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Item	2013 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2013 appropriation	Budget estimate
Facilities Maintenance (Sec. 8008)	4,835	4,845	4,835		-10
Construction (Sec. 8007)	17,406	17,441	17,441	+35	
Payments for Federal Property (Sec. 8002)	66,813		66,813		+66,813
Total, Impact aid	1,288,603	1,224,239	1,290,945	+2,342	+66,706
SCHOOL IMPROVEMENT PROGRAMS					
State Grants for Improving Teacher Quality	780,193		780,193		+780,193
Advance from prior year	(1,681,441)	(1,681,441)	(1,681,441)		
Fiscal year 2015	1,681,441		1,681,441		+1,681,441
Subtotal, State Grants for Improving Teacher Quality, program level	2,461,634		2,461,634		+2,461,634
Mathematics and Science Partnerships	149,417		149,417		+149,417
Supplemental Education Grants	17,583	17,619	17,583		-36
21st Century Community Learning Centers	1,149,370	1,251,673	1,200,000	+50,630	-51,673
State Assessments/Enhanced Assessment Instruments	388,436	389,214	408,436	+20,000	+19,222
Javits Gifted and Talented Education			15,000	+15,000	+15,000
Consolidated Runaway and Homeless Youth programs	65,042	65,173	65,173	+131	
Training and Advisory Services (Civil Rights)	6,947	6,962	6,947		-15
Education for Native Hawaiians	34,113	34,181	34,181	+68	
Alaska Native Education Equity	33,119	33,185	33,185	+66	
Rural Education	178,834	179,193	179,193	+359	
Comprehensive Centers	51,011	51,113	51,113	+102	
Total, School improvement programs	4,535,506	2,028,313	4,621,862	+86,356	+2,593,549
Current Year	(2,854,065)	(2,028,313)	(2,940,421)	(+86,356)	(+912,108)
Fiscal year 2015	(1,681,441)		(1,681,441)		(+1,681,441)
Subtotal, Forward Funded	(2,711,292)	(1,885,253)	(2,782,412)	(+71,120)	(+897,159)
INDIAN EDUCATION					
Grants to Local Educational Agencies	105,710	105,921	105,710		-211

Federal Programs:									
Special Programs for Indian Children	18,948	18,986	18,948						-38
National Activities	5,660	5,872	5,660						-212
Subtotal, Federal Programs	24,608	24,858	24,608						-250
Total, Indian Education	130,318	130,779	130,318						-461
INNOVATION AND IMPROVEMENT									
Race to the Top									
Investing in Innovation Fund	547,863	1,000,000	250,000						-750,000
Effective Teachers and Leaders State Grants	149,118	215,000	170,000						-45,000
Effective Teaching and Learning Literacy		2,466,567							-2,466,567
Effective Teaching and Learning for a Well Rounded Education		186,892							-186,892
College Pathways and Accelerated ZLearning		75,000							-75,000
STEM Innovation		102,200							-102,200
High School Redesign		414,716							-414,716
Expanding Educational Options		300,000							-300,000
Transition to Teaching	26,002	294,836							-294,836
School Leadership	29,049	97,994	64,049						-33,945
Charter Schools Grants	254,326		254,326						+254,326
Magnet Schools Assistance	96,512	99,611	99,611						+3,099
Fund for the Improvement of Education (FIE)	65,644	46,276	137,644						+72,000
Teacher Incentive Fund	298,834		298,834						+298,834
Teacher and Leader Innovation Fund		400,000							-400,000
Ready-to-Learn television	27,139		27,139						+27,139
Advanced Placement	29,995		29,995						+29,995
Total, Innovation and Improvement	1,524,482	5,699,092	1,331,598						-4,367,494
Current Year	(1,524,482)	(5,699,092)	(1,331,598)						(-4,367,494)
SAFE SCHOOLS AND CITIZENSHIP EDUCATION									
Successful, Safe and Healthy Students		280,000							-280,000
Promise Neighborhoods	59,767	300,000	56,754						-243,246
National Activities	64,747		143,000						+143,000
Elementary and Secondary School Counseling	52,191		52,191						+52,191
Carol M. White Physical Education Program	78,536		78,536						+78,536
Total, Safe Schools and Citizenship Education	255,241	580,000	330,481						-249,519

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(In thousands of dollars)

Item	2013 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2013 appropriation	Budget estimate
ENGLISH LANGUAGE ACQUISITION					
Current funded	47,494	47,589	47,494		-95
Forward funded	683,186	684,555	683,186		-1,369
Total, English Language Acquisition	730,680	732,144	730,680		-1,464
SPECIAL EDUCATION					
State Grants:					
Grants to States Part B current year	2,271,317	1,453,752	2,439,563	+ 168,246	+ 985,811
Part B advance from prior year	(9,283,383)	(9,283,383)	(9,283,383)		
Grants to States Part B (Fiscal Year 2015)	9,283,383	10,124,103	9,283,383		- 840,720
Subtotal, program level	11,554,700	11,577,855	11,722,946	+ 168,246	+ 145,091
Preschool Grants	371,900	372,646	372,646	+ 746	
Grants for Infants and Families	441,824	462,710	462,710	+ 20,886	
Subtotal, program level	12,368,424	12,413,211	12,558,302	+ 189,878	+ 145,091
IDEA National Activities (current funded):					
State Personnel Development	43,829	45,011	43,829		- 1,182
Technical Assistance and Dissemination	46,688	46,781	46,688		- 93
Personnel Preparation	88,122	85,799	88,122		+ 2,323
Parent Information Centers	28,859	28,917	28,917	+ 58	
Technology and Media Services	29,529	29,588	29,529		- 59
Subtotal, IDEA special programs	237,027	236,096	237,085	+ 58	+ 989
Special Olympics Education Programs	7,984	8,000	8,000	+ 16	
PROMISE	1,992			- 1,992	
Total, Special education	12,615,427	12,657,307	12,803,387	+ 187,960	+ 146,080

Current Year	(3,332,044)	(2,533,204)	(3,520,004)	(+ 187,960)	(+ 986,800)
Fiscal year 2015	(9,283,383)	(10,124,103)	(9,283,383)	.....	(- 840,720)
Subtotal, Forward Funded	(3,085,041)	(2,289,108)	(3,274,919)	(+ 189,878)	(+ 985,811)
REHABILITATION SERVICES AND DISABILITY RESEARCH					
Vocational Rehabilitation State Grants	3,230,972	3,302,053	3,302,053	+ 71,081	.....
Discretionary modification (NA) .....	.....	.....	.....	.....	.....
Subtotal, VR State grants program level	3,230,972	3,302,053	3,302,053	+ 71,081	.....
Client Assistance State grants	12,215	12,240	12,215	.....	- 25
Training	35,444	30,188	35,444	.....	+ 5,256
Demonstration and Training programs	5,314	5,750	6,514	+ 1,200	+ 764
Migrant and Seasonal Farmworkers	1,259	.....	1,259	.....	+ 1,259
Protection and Advocacy of Individual Rights (PAIR)	17,995	18,031	17,995	.....	- 36
Supported Employment State grants	29,010	.....	29,010	.....	+ 29,010
Independent Living:	.....	.....	.....	.....	.....
State Grants	23,312	23,359	23,312	.....	- 47
Centers	79,794	79,953	79,794	.....	- 159
Services for Older Blind Individuals	33,951	34,018	33,951	.....	- 67
Subtotal	137,057	137,330	137,057	.....	- 273
Helen Keller National Center for Deaf/Blind Youth and Adults	9,127	9,145	9,127	.....	- 18
National Inst. Disability and Rehab. Research (NIDRR)	108,599	110,000	110,000	+ 1,401	.....
Assistive Technology	32,770	30,840	37,500	+ 4,730	+ 6,660
Subtotal, Discretionary programs	388,790	353,524	396,121	+ 7,331	+ 42,597
Total, Rehabilitation services	3,619,762	3,655,577	3,698,174	+ 78,412	+ 42,597
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES					
AMERICAN PRINTING HOUSE FOR THE BLIND	24,456	24,505	24,456	.....	- 49
NATIONAL TECHNICAL INSTITUTE FOR THE DEAF (NTID):	.....	.....	.....	.....	.....
Operations	65,291	63,422	66,422	+ 1,131	+ 3,000
Construction .....	.....	2,000	.....	.....	- 2,000
Total, NTID	65,291	65,422	66,422	+ 1,131	+ 1,000
GALLAUDET UNIVERSITY:
Operations	117,306	117,541	118,541	+ 1,235	+ 1,000

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FOR FISCAL YEAR 2014—Continued
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Item	2013 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2013 appropriation	Budget estimate
Construction	7,959	.....	.....	-7,959	.....
Total, Gallaudet University	125,265	117,541	118,541	-6,724	+1,000
Total, Special Institutions for Persons with Disabilities	215,012	207,468	209,419	-5,593	+1,951
CAREER, TECHNICAL AND ADULT EDUCATION					
Career Education:					
Basic State Grants/Secondary & Technical Education State Grants, current funded	329,784	332,030	332,030	+2,246	.....
Advance from prior year	(791,000)	(791,000)	(791,000)	.....	.....
Fiscal year 2015	791,000	791,000	791,000	.....	.....
Subtotal, Basic State Grants, program level	1,120,784	1,123,030	1,123,030	+2,246	.....
National Programs	7,814	17,829	12,814	+5,000	-5,015
Subtotal, Career Education	1,128,598	1,140,859	1,135,844	+7,246	-5,015
Adult Education:					
State Grants/Adult Basic and Literacy Education:					
State Grants, current funded	593,803	594,993	593,803	.....	-1,190
National Leadership Activities	11,279	14,302	14,302	+3,023	.....
Subtotal, Adult education	605,082	609,295	608,105	+3,023	-1,190
Total, Career and adult education	1,733,680	1,750,154	1,743,949	+10,269	-6,205
Current Year	(942,680)	(959,154)	(952,949)	(+10,269)	(-6,205)
Fiscal year 2015	(791,000)	(791,000)	(791,000)	.....	.....
Subtotal, Forward Funded	(942,680)	(959,154)	(952,949)	(+10,269)	(-6,205)
STUDENT FINANCIAL ASSISTANCE					
Pell Grants—maximum grant (NA)	(4,860)	(4,860)	(4,860)	.....	.....

Pell Grants	22,778,352	22,824,000	22,778,352	.....	-45,648
Federal Supplemental Educational Opportunity Grants	733,130	734,599	733,130	.....	-1,469
Federal Work Study	974,728	1,126,682	1,024,728	+50,000	-101,954
Total, Student Financial Assistance (SFA)	24,486,210	24,685,281	24,536,210	+50,000	-149,071
STUDENT AID ADMINISTRATION					
Salaries and Expenses	698,371	733,224	727,434	+29,063	-5,790
Servicing Activities	342,930	316,867	316,867	-26,063	.....
Total, Student Aid Administration	1,041,301	1,050,091	1,044,301	+3,000	-5,790
HIGHER EDUCATION					
Aid for Institutional Development:					
Strengthening Institutions	80,462	80,623	80,462	.....	-161
Hispanic Serving Institutions	100,231	100,432	100,231	.....	-201
Promoting Post-Baccalaureate Opportunities for Hispanic Americans	8,992	9,011	8,992	.....	-19
Strengthening Historically Black Colleges (HBCUs)	227,524	227,980	227,524	.....	-456
Strengthening Historically Black Graduate Institutions	58,840	58,958	58,840	.....	-118
Strengthening Predominantly Black Institutions	9,244	9,262	9,244	.....	-18
Asian American Pacific Islander	3,113	3,119	3,113	.....	-6
Strengthening Alaska Native and Native Hawaiian-Serving Institutions	12,833	12,859	12,833	.....	-26
Strengthening Native American-Serving Nontribal Institutions	3,113	3,119	3,113	.....	-6
Strengthening Tribal Colleges	25,662	25,713	25,662	.....	-51
Subtotal, Aid for Institutional Development	530,014	531,076	530,014	.....	-1,062
International Education and Foreign Language:					
Domestic Programs	66,453	73,487	73,487	+7,034	.....
Overseas Programs	7,436	7,451	7,451	+15	.....
Subtotal, International Education & Foreign Lang	73,889	80,938	80,938	+7,049	.....
Fund for the Improvement of Postsec. Ed. [FPSE]					
Postsecondary Program for Students with Intellectual Disabilities	3,486	260,000	5,852	+2,366	-254,148
Minority Science and Engineering Improvement	10,935	9,466	10,935	.....	+10,935
Tribally Controlled Postsec Voc/Tech Institutions	9,447	8,131	9,447	.....	-19
Federal TRIO Programs	8,114	839,932	8,114	.....	-17
GEAR UP	838,252	302,244	849,932	+11,680	+10,000
Graduate Assistance in Areas of National Need	301,639	30,909	307,244	+5,605	+5,000
Teacher Quality Partnerships	30,848	42,747	30,848	.....	-61
	42,747		42,747	.....	+42,747

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2013 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2014—Continued
(In thousands of dollars)

Item	2013 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)		
				2013 appropriation	Budget estimate	
Child Care Access Means Parents in School	15,938	15,970	15,938	.....	-32
GPRA Data/HEA Program Evaluation	606	67,607	20,606	+ 20,000	-47,001	
Total, Higher Education	1,865,915	2,146,273	1,912,615	+ 46,700	-233,658	
HOWARD UNIVERSITY						
Academic Program	204,820	205,230	205,230	+ 410	.....
Howard University Hospital	28,776	28,834	28,834	+ 58	.....
Total, Howard University	233,596	234,064	234,064	+ 468	.....
COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS [CHAFL]						
.....	458	459	459	+ 1	.....
HBCU CAPITAL FINANCING PROGRAM						
HBCU Federal Administration	352	352	352	.....	.....
HBCU Loan Subsidies	20,110	20,150	20,150	+ 40	.....
Total, HBCU Capital Financing Program	20,462	20,502	20,502	+ 40	.....
INSTITUTE OF EDUCATION SCIENCES (IES)						
Research, Development and Dissemination	189,407	202,273	195,000	+ 5,593	-7,273	
Statistics	108,531	122,748	112,000	+ 3,469	-10,748	
Regional Educational Laboratories	57,311	57,426	57,311	.....	-115
Research in Special Education	49,806	59,905	69,905	+ 20,099	+ 10,000	
Special Education Studies and Evaluations	11,393	11,415	11,415	+ 22	.....
Statewide Data Systems	38,001	85,000	75,000	+ 36,999	-10,000	
Assessment:						
National Assessment	129,356	124,616	124,616	-4,740	.....
National Assessment Governing Board	8,672	7,690	7,690	-982	.....

Subtotal, Assessment	138,028	132,306	132,306	- 5,722	.....
Total, IES	592,477	671,073	652,937	+ 60,460	- 18,136
DEPARTMENTAL MANAGEMENT					
PROGRAM ADMINISTRATION:					
Salaries and Expenses	445,366	461,450	445,366	.....	- 16,084
Building Modernization .....	.....	2,000	2,000	+ 2,000	.....
Total, Program administration	445,366	463,450	447,366	+ 2,000	- 16,084
OFFICE FOR CIVIL RIGHTS	102,418	107,500	102,418	.....	- 5,082
OFFICE OF THE INSPECTOR GENERAL	59,700	62,347	59,700	.....	- 2,647
Total, Departmental management	607,484	633,297	609,484	+ 2,000	- 23,813
Total, Title III, Department of Education	71,206,835	74,511,115	72,526,616	+ 1,319,781	- 1,984,499
Current Year	(48,609,834)	(51,914,114)	(49,929,615)	(+ 1,319,781)	(- 1,984,499)
Fiscal year 2015	(22,597,001)	(22,597,001)	(22,597,001)	.....	.....
TITLE IV—RELATED AGENCIES					
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED	5,364	5,396	5,396	+ 32	.....
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE					
OPERATING EXPENSES					
Domestic Volunteer Service Programs:					
Volunteers in Service to America (VISTA)	94,631	94,820	94,820	+ 189	.....
National Senior Volunteer Corps:					
Foster Grandparents Program	110,344	110,565	110,565	+ 221	.....
Senior Companion Program	46,628	46,722	46,722	+ 94	.....
Retired Senior Volunteer Program	50,104	50,204	50,204	+ 100	.....
Subtotal, Senior Volunteers	207,076	207,491	207,491	+ 415	.....
Subtotal, Domestic Volunteer Service Programs	301,707	302,311	302,311	+ 604	.....
National and Community Service Programs:					
AmeriCorps State and National Grants	343,659	345,800	345,800	+ 2,141	.....
Training and Technical assistance	1,992	600	.....	- 1,992	- 600
Innovation, Assistance, and Other Activities	53,174	61,830	58,224	+ 5,050	- 3,606

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2013 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2014—Continued
[In thousands of dollars]

Item	2013 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2013 appropriation	Budget estimate
Evaluation	2,988	5,000	5,000	+ 2,012	.....
National Civilian Community Corps	31,818	29,882	30,000	- 1,818	+ 118
State Commission Grants	13,414	14,841	15,306	+ 1,892	+ 465
Subtotal, National & Community Service Programs	447,045	457,953	454,330	+ 7,285	- 3,623
Total, Operating expenses	748,752	760,264	756,641	+ 7,889	- 3,623
Payment to the National Service Trust	211,373	207,293	209,840	- 1,533	+ 2,547
Salaries and Expenses	82,677	87,109	88,209	+ 5,532	+ 1,100
Office of Inspector General	3,984	6,466	6,466	+ 2,482	.....
Total, Corp. for National and Community Service	1,046,786	1,061,132	1,061,156	+ 14,370	+ 24
CORPORATION FOR PUBLIC BROADCASTING:					
Fiscal year 2016 (current) with Fiscal year 2015 comparable	445,000	445,000	445,000	.....	.....
Fiscal year 2015 advance with Fiscal year 2014 comparable (NA)	(445,000)	(445,000)	(445,000)	.....	.....
Fiscal year 2014 advance with Fiscal year 2013 comparable (NA)	(444,110)	(445,000)	(445,000)	(+ 890)	.....
Subtotal, Fiscal year 2014 appropriation .....	.....	.....	.....	.....	.....
FEDERAL MEDIATION AND CONCILIATION SERVICE	46,071	47,620	47,000	+ 929	- 620
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION	17,569	16,423	17,000	- 569	+ 577
INSTITUTE OF MUSEUM AND LIBRARY SERVICES	231,490	225,813	231,490	.....	+ 5,677
MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION	5,777	9,500	9,000	+ 3,223	- 500
MEDICARE PAYMENT ADVISORY COMMISSION	11,754	12,087	11,954	+ 200	- 133
NATIONAL COUNCIL ON DISABILITY	3,251	3,345	3,345	+ 94	.....
NATIONAL HEALTH CARE WORKFORCE COMMISSION .....	.....	3,000	3,000	+ 3,000	.....
NATIONAL LABOR RELATIONS BOARD	277,749	284,991	284,991	+ 7,242	.....
NATIONAL MEDIATION BOARD	13,384	13,347	13,384	.....	+ 37
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION	11,644	12,634	12,300	+ 656	- 334

RAILROAD RETIREMENT BOARD						
Dual Benefits Payments Account	50,813	39,000	39,000	-11,813	.....	.....
Less Income Tax Receipts on Dual Benefits	-4,000	-3,000	-3,000	+1,000	.....	.....
Subtotal, Dual Benefits	46,813	36,000	36,000	-10,813	.....	.....
Federal Payment to the RR Retirement Account	150	150	150	.....	.....	.....
Limitation on Administration	110,927	111,739	110,927	-812	.....	.....
Inspector General	8,138	8,877	8,638	+500	.....	.....
SOCIAL SECURITY ADMINISTRATION						
Payments to Social Security Trust Funds	20,404	16,400	16,400	-4,004	.....	.....
SUPPLEMENTAL SECURITY INCOME						
Federal Benefit Payments	53,300,000	55,579,000	55,579,000	+2,279,000	.....	.....
Mandatory Program Integrity .....	.....	587,000	.....	.....	.....	-587,000
Beneficiary Services	47,000	3,000	3,000	-44,000	.....	.....
Research and Demonstration	16,980	54,000	54,000	+37,020	.....	.....
Administration	3,605,305	3,814,000	4,232,741	+627,436	.....	+418,741
Subtotal, SSI program level	56,969,285	60,037,000	59,868,741	+2,899,456	.....	-168,259
Less funds advanced in prior year	-18,200,000	-19,300,000	-19,300,000	-1,100,000	.....	.....
Subtotal, regular SSI current year	38,769,285	40,737,000	40,568,741	+1,799,456	.....	-168,259
New advance, 1st quarter, Fiscal year 2015	19,300,000	19,700,000	19,700,000	+400,000	.....	.....
Total, SSI program	58,069,285	60,437,000	60,268,741	+2,199,456	.....	-168,259
LIMITATION ON ADMINISTRATIVE EXPENSES						
OASDI Trust Funds	5,309,388	5,091,671	5,063,298	-246,090	.....	-28,373
HI/SMI Trust Funds	2,085,614	1,960,838	1,960,838	-124,776	.....	.....
Social Security Advisory Board	2,142	2,300	2,300	+158	.....	.....
SSI	3,117,329	3,568,037	3,568,037	+450,708	.....	.....
Subtotal, regular LAE	10,514,473	10,622,846	10,594,473	+80,000	.....	-28,373
User Fees:						
SSI User Fee activities	160,374	173,000	173,000	+12,626	.....	.....
SSPA User Fee Activities	996	1,000	1,000	+4	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2013 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2014—Continued

(In thousands of dollars)

Item	2013 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2013 appropriation	Budget estimate
Subtotal, User fees	161,370	174,000	174,000	+ 12,630	.....
Subtotal, Limitation on administrative expenses	10,675,843	10,796,846	10,768,473	+ 92,630	- 28,373
Program Integrity Funding:					
OASDI Trust Funds	268,076	27,037	532,296	+ 264,220	+ 505,259
SSI	487,976	245,963	664,704	+ 176,728	+ 418,741
Subtotal, Program integrity funding	756,052	273,000	1,197,000	+ 440,948	+ 924,000
Total, Limitation on Administrative Expenses	11,431,895	11,069,846	11,965,473	+ 533,578	+ 895,627
OFFICE OF THE INSPECTOR GENERAL					
Federal Funds	28,829	30,000	29,698	+ 869	- 302
Trust Funds	73,249	75,733	74,972	+ 1,723	- 761
Total, Office of the Inspector General	102,078	105,733	104,670	+ 2,592	- 1,063
Adjustment: Trust fund transfers from general revenues	- 3,605,305	- 3,814,000	- 4,232,741	- 627,436	- 418,741
Total, Social Security Administration	66,018,357	67,814,979	68,122,543	+ 2,104,186	+ 307,564
Federal funds	58,279,888	60,657,400	60,488,839	+ 2,208,951	- 168,561
Current year	(38,979,888)	(40,957,400)	(40,788,839)	(+ 1,808,951)	(- 168,561)
New advances, 1st quarter	(19,300,000)	(19,700,000)	(19,700,000)	(+ 400,000)	.....
Trust funds	7,738,469	7,157,579	7,633,704	- 104,765	+ 476,125
Total, Title IV, Related Agencies	68,300,224	70,112,033	70,423,274	+ 2,123,050	+ 311,241
Federal Funds	60,430,936	62,821,751	62,658,051	+ 2,227,115	- 163,700
Current Year	(40,685,936)	(42,676,751)	(42,513,051)	(+ 1,827,115)	(- 163,700)
Fiscal Year 2015 Advance	(19,300,000)	(19,700,000)	(19,700,000)	(+ 400,000)	.....
Fiscal Year 2016 Advance	(445,000)	(445,000)	(445,000)	.....	.....

Trust Funds	7,869,288	7,290,282	7,765,223	-104,065	+474,941
Grand Total	757,440,498	787,803,163	783,365,379	+25,924,881	-4,437,784

¹ President's Budget request these funds in the Admin for community living at HHS.

² Two year availability.

³ Section 4002 of Public Law 111-148.

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