

EXPLANATORY STATEMENT FOR DEPARTMENTS OF LABOR,
HEALTH AND HUMAN SERVICES, AND EDUCATION, AND
RELATED AGENCIES APPROPRIATIONS BILL, 2023

SUMMARY OF BUDGET ESTIMATES AND COMMITTEE
RECOMMENDATIONS

For fiscal year 2023, the Committee recommends total budget authority of \$1,433,563,617,000 for the Departments of Labor, Health and Human Services, and Education, and Related Agencies. This amount includes \$216,079,000,000 in current year base discretionary funding consistent with the subcommittee's allocation. In addition, the bill includes \$18,500,000,000 in discretionary funding designated as emergency, and \$2,345,000,000 in program integrity allocation adjustments.

Fiscal year 2022 levels cited in this explanatory statement reflect the enacted amounts in Public Law 117-103, the Consolidated Appropriations Act, 2022, adjusted for comparability where noted.

OVERVIEW

The Labor, Health and Human Services, and Education, and Related Agencies [Labor-HHS-Education] appropriations bill constitutes the largest share of non-defense discretionary, non-Veterans Medical Care spending, 33.1 percent of the total in fiscal year 2023. The subcommittee's effective base discretionary funding allocation, which includes discretionary funding offset by savings in changes in mandatory programs, is \$20,967,000,000, or 10 percent, more than the comparable fiscal year 2022 level. This 10 percent increase helps make up for the years of inadequate investment in public health and education, the stagnant budgets for worker protection and civil rights activities, and haphazard access to mental health, women's healthcare, and substance use treatment.

The Labor-HHS-Education bill provides critical investments that support Americans at all stages of life. It increases access to affordable healthcare, helps public schools to provide more equitable educational opportunities for all students, helps millions of students succeed in postsecondary education, provides much-needed support to struggling families, develops life-saving cures for disease, and provides income support for older Americans.

As the Nation surpasses the grim milestone of more than one million COVID-19 deaths, we are faced with the devastating aftermath, including more than 200,000 American children who have lost a parent or caregiver to the virus. Nearly a third of survivors of COVID-19 have been left with debilitating health problems known as long COVID, and many others have lost jobs and businesses. Lockdowns and other restrictions exacerbated the Nation's overdose epidemic and mental health crisis, isolating those with substance use disorders, increasing loneliness and anxiety, and

making treatment harder to access. School closures and remote instruction led to severe learning loss and a historic widening of achievement gaps by race and economic status. The Committee recognizes the continuing, urgent need to address these issues, and this bill makes significant investments that will bolster mental health services, strengthen public health, increase access to women's health services, including contraceptives, and expand access to high-quality education for all students.

Through this bill, the Committee continues to build on progress made in the fiscal year 2022 Consolidated Appropriations Act, including strong funding increases for biomedical research and public education and programs to expand access to post-secondary education. The Committee continues to invest in programs that address our Nation's most urgent health crises, including maternal mortality, mental health, gun violence, and substance use, as well as pervasive, pernicious health disparities. The Committee invests in workforce training and worker protection, including to ensure the health and safety of our workplaces. The bill provides robust funding for child care to support working families, and additional resources to end the HIV/AIDS epidemic. The Committee also increases funding for the Social Security Administration and Unemployment Insurance systems to improve basic service delivery to the public, including individuals with disabilities, retired workers, and unemployed workers when they need it most. The priorities and considerations of the Committee in developing this bill are summarized in the sections below:

WOMEN'S HEALTH AND REPRODUCTIVE HEALTHCARE

The Supreme Court's decision to overturn *Roe v. Wade* in June 2022 is having the immediate and devastating impact of limiting or banning access to abortion care in nearly half of states across the country. Estimates predict that in the year following the decision, at least 75,000 women who want, but cannot access abortions will give birth instead. And these women are facing higher than ever—and rising—pregnancy-related mortality rates. In 2020, 861 women died of maternal causes in the U.S., compared to 754 in 2019. Black and American Indian or Alaskan Native women are significantly more likely to die from pregnancy-related complications—data show they have pregnancy-related mortality rates that are over three times and two times higher, respectively, than white women. Thus, the impact of the Supreme Court's decision will be borne disproportionately by underserved and marginalized communities, including people of color, families with low incomes, and LGBTQ+ individuals, exacerbating stark disparities that already exist related to reproductive health and maternal mortality.

In addition to denying patients access to abortion care, restrictive state laws are also already denying patients the ability to secure timely, life-saving care for ectopic pregnancies and miscarriage, as well as access to contraception, breast and cervical cancer screenings, testing and treatment for sexually transmitted infections, vaccinations, gender-affirming care, and prenatal care. The Committee recognizes that access to contraceptive care and safe and legal abortion is an essential part of healthcare. Therefore, the fiscal year 2023 bill removes the harmful Hyde and Weldon

Amendments and invests in programs to safeguard and bolster access to and coverage of women's reproductive healthcare and preventive health services, including:

Reproductive Healthcare Access Fund.—\$350,000,000 for a new fund to expand access to care for women seeking abortion services, including assistance to cover the costs of services, travel, childcare, lodging and other barriers that impede access. This also includes funding for health providers to support expanded hiring and construction and renovation to expand capacity and enhance protections for providers in states where abortion remains legal.

Title X—Family Planning Program.—\$512,000,000, an increase of \$225,521,000, for the Title X—Family Planning program, a vital component of the healthcare safety net that supports preventive and primary healthcare services at clinics nationwide. The bill requires that all recipients of funds offer services consistent with the best available evidence-based standards, including the Quality Family Planning guidelines from the CDC.

Teen Pregnancy Prevention.—\$130,000,000, an increase of \$29,000,000, to expand evidence-based prevention approaches to prevent teen pregnancy and Sexually Transmitted Infections among adolescents and young adults.

Integrating Contraceptive Care into Primary Care.—\$50,000,000 in new funding to support grants for training and quality improvement efforts to make available patient-centered contraceptive care within health center primary care settings.

HHS Office of Civil Rights [OCR].—\$60,250,000, an increase of \$20,452,000, to expand OCR's capacity to enforce Federal civil rights laws that prohibit discriminatory restrictions, such as access to reproductive healthcare.

HHS Reproductive Health Ombudsman.—\$10,000,000 to establish a Reproductive Health Ombudsman to: oversee reports of failure by insurers to adequately cover birth control costs; disseminate information to help individuals connect with Title X clinics, STD clinics, and abortion funds; and provide information on safety related to self-managed abortions.

Contraceptive Access under the Affordable Care Act [ACA].—The Committee directs CMS to ensure patients understand their rights under the ACA to access contraceptive products without cost sharing and to disseminate the latest guidance for providers on contraceptive access for patients, as well as how to help patients seek access to contraceptive services through a health insurance plan's exceptions process. CMS is also directed to identify violations, such as where patients are inappropriately charged cost sharing or have the judgement of their healthcare provider disregarded, and take enforcement actions for non-compliance with these requirements.

Free Choice of Provider.—The Committee directs CMS to enforce long-standing protections for Medicaid beneficiaries that ensure them the right to obtain care from any provider qualified to perform the service, given deeply concerning data that several states continue to exclude Planned Parenthood and other qualified reproductive health providers from their Medicaid programs in violation of Federal law.

Maternal Mortality Initiative.—To address the rising levels of maternal mortality, which disproportionately impact women of

color, the bill proposes \$496,000,000, an increase of \$304,000,000 above the fiscal year 2022 enacted level. This includes: \$164,000,000 for CDC's Safe Motherhood and Infant Health programs, an increase of \$81,000,000, to expand support for State Maternal Mortality Review Committees, Perinatal Quality Collaboratives and other programs and \$55,000,000 for HRSA's State Maternal Health Innovation Grants, an increase of \$26,000,000, to address critical gaps in maternity care service delivery.

The bill also provides increases for a number of other women's health programs, including:

- \$240,000,000 for CDC's National Breast and Cervical Cancer Early Detection Program, an increase of \$13,000,000, to enhance its breast and cervical cancer screening and diagnostic services for uninsured and underinsured American women;
- \$75,000,000 for NIH's Office of Research on Women's Health, an increase of \$15,520,000. This includes \$10,000,000 to establish an Office of Autoimmune Disease Research to facilitate coordination across NIH for this group of conditions that disproportionately affects women and \$2,000,000 to conduct a study on the gaps present in women's health research across NIH;
- \$50,000,000 for CDC's Surveillance for Emerging Threats to Mothers and Babies Program, an increase of \$37,000,000, to expand the program to additional jurisdictions and improve its capacity to gather high quality and timely data on emerging and re-emerging health threats;
- \$48,140,000 for the HHS Office of Women's Health, an increase of \$10,000,000, to enhance crosscutting initiatives and public private partnerships to address disparities in women's health, including to help victims of violence and improve prevention programs;
- \$30,000,000 in new funding for HRSA's Addressing Social Determinants of Maternal Health program to support community-based organizations in reducing maternal mortality and adverse maternal outcomes, including expanding access to maternal mental health and SUD services, providing resources to address social determinants of maternal health, developing digital tools to enhance maternal healthcare, and technology-enabled collaborative learning and capacity building models for pregnant and postpartum women;
- \$25,000,000 in new funding for HRSA to grow and diversify the maternal and perinatal health nursing workforce by increasing and diversifying the number of Certified Nurse Midwives with a focus on practitioners working in rural and underserved communities;
- \$6,500,000 in AHRQ to fund research to ensure healthy pregnancies and childbirth, particularly for underserved women who are at substantially higher risk of complication and death; and
- \$5,000,000 in new HRSA funding to provide training to primary care physicians in counseling and the provision of care for all forms of highly effective reversible contraception methods.

EXPANDING ACCESS TO MENTAL AND BEHAVIORAL HEALTH CARE

The pandemic intensified the need for behavioral health services, and exacerbated the Nation's mental health and substance use crises. Social isolation and loneliness caused substantial increases in depression and anxiety, and these symptoms have been most prevalent in Black, Hispanic, and Asian communities. More than a third of high school students reported poor mental health during the pandemic, and in early 2022 several major medical groups declared a national emergency in children's mental health. Students reported increases in suicidal ideation, with LGBTQ+ students at least twice as likely to have considered or attempted suicide during the pandemic. In addition, more adults are reporting new or increased substance use as a way to manage stress during the pandemic.

A staggering 107,622 Americans died of drug overdose in 2021, more than any year on record. The overwhelming majority of those deaths—more than 80,000—were caused by opioids, including prescription pain pills and fentanyl. Deaths from methamphetamine and cocaine also rose. The pandemic exacerbated existing challenges, including lost access to treatment, social isolation, and a more potent drug supply. Rural areas have been especially devastated, as residents struggle with remote, limited treatment options. Opioid overdose deaths among teens have skyrocketed due to fentanyl, which was linked to nearly 80 percent of adolescent overdose deaths in 2021.

The Committee regards the mental health and opioid crises as two of the foremost public health issues facing the Nation. To improve access to mental health services, the Committee includes \$3,623,129,000 for mental health programs within SAMHSA, an increase of \$1,542,000,000. To address the opioid and substance use crisis, the Committee recommends \$5,045,089,000 within SAMHSA, an increase of \$1,090,493,000. Bill-wide, the Committee includes \$5,754,589,000 an increase of \$1,532,071,000 to combat the opioid crisis. The Committee's recommended investments include:

Centers for Disease Control and Prevention.—The Committee includes \$601,579,000, and increase of \$111,000,000, for improved prevention and surveillance efforts in all 50 States and continues to direct CDC to make stimulants an eligible use of funds. In addition, the Committee includes \$43,000,000, an increase of \$25,000,000, to address the alarming trend of increased infectious diseases associated with the opioid epidemic.

Community Mental Health Block Grant.—The Committee includes \$1,421,571,000, an increase of \$564,000,000 over fiscal year 2022. The bill also increases the mental health crisis set-aside to 10 percent and establishes a set-aside for prevention and early intervention.

Suicide Prevention.—The Committee provides \$824,413,000, an increase of \$625,298,000, to address the alarming trend of rising suicide rates in the U.S. The Committee includes investments in a variety of suicide prevention programs, including \$27,000,000 for the Zero Suicide initiative, and \$30,000,000, an increase of \$10,000,000, in CDC's suicide prevention program. The Committee

also recommends \$696,901,000, an increase of \$595,280,000, for the National Suicide Prevention Lifeline [NSPL], to build and sustain the infrastructure necessary to respond to the increase in call volume expected as the NSPL transitions to a new three digit code (9-8-8).

Certified Community Behavioral Health Clinics.—The Committee includes \$385,000,000 an increase of \$70,000,000, to support comprehensive mental health services for youth and adults.

Mental Health Research.—The Committee includes \$2,332,672,000, an increase of \$115,696,000, for the National Institute of Mental Health for NIH research on mental health disorders.

Addiction and Pain Management Research.—The Committee includes \$715,590,000 for the Helping to End Addiction Long-term or HEAL Initiative, an increase of \$100,000,000, for research related to opioid addiction, development of opioid alternatives, pain management and addiction treatment at the National Institute of Neurological Disorders and Stroke and the National Institute on Drug Abuse, as well as an additional \$40,000,000 across multiple Institutes and Centers to broadly support research related to opioids, pain and pain management.

Infant Plans of Safe Care.—The bill continues to include \$60,000,000 for States continue to develop and implement plans of safe care as required by Child Abuse Prevention and Treatment Act.

Substance Use Prevention and Treatment Block Grant.—The Committee includes \$2,408,079,000 for the Substance Use Prevention and Treatment Block Grant, a \$500,000,000 increase over the fiscal year 2022 enacted level.

State Opioid Response Grants.—The bill includes \$2,025,000,000 for the State Opioid Response Grant program, an increase of \$500,000,000 over fiscal year 2022. The bill also includes an increase to the minimum grant award from \$4,000,000 to \$5,000,000.

Improving Access to Mental Health Care.—The bill includes \$217,761,000, an increase of \$32,261,000 over fiscal year 2022, for the responsibilities of the Employee Benefits Security Administration. This increase includes additional funding intended to improve compliance of health plans in providing parity between mental and physical healthcare coverage.

School-Based Mental Health Services.—Nearly \$500,000,000 is already available for obligation through December 31, 2023 for the School Based Health Professionals and the Mental Health Services Professional Demonstration Grant programs. An additional \$600,000,000 in total for fiscal years 2024 through 2026 for this purpose is provided by the Bipartisan Safer Communities Act. The obligation of these funds from last year's bill and the Bipartisan Safer Communities Act will be closely monitored for the need for additional investments.

EARLY CHILDHOOD CARE AND EDUCATION

The child care workforce has dropped by more than 10 percent from its pre-pandemic levels, and last year roughly half of the child care sector was understaffed. During the first year of the pandemic, approximately 16,000 child care providers permanently closed. Even today, the sector is still down 120,000 child care workers, ex-

acerbating the shortage of care nationwide. The lack of access to care and concerns about contracting the virus forced more parents to keep their children home during the pandemic, a burden that fell disproportionately on women, and particularly on women of color. That social isolation may have caused social and emotional delays in children—emerging evidence reveals an uptick in developmental delays in young children during the pandemic. The Committee recognizes that high-quality child care and early learning investments are critical for children and working families. The Committee makes substantial investments in high-quality child care and early education programs by including \$19,552,150,000, an increase of \$2,060,000,000, in the following areas:

Child Care and Development Block Grants [CCDBG].—The bill includes \$7,165,330,000 for CCDBG, an increase of \$1,000,000,000 over fiscal year 2022. The increase will help low income families afford and access high-quality child care programs.

Head Start.—The Committee includes \$12,036,820,000 for Head Start, a \$1,000,000,000 increase. The funding includes a cost-of-living adjustment for teachers and staff and resources to improve the quality of programs nationwide.

Preschool Development Grants.—The Committee includes \$350,000,000 for Preschool Development grants, an increase of \$60,000,000 over fiscal year 2022.

Special Education Preschool Grants.—The Committee includes \$445,000,000, an increase of \$35,451,000 more than fiscal year 2022. Funds will increase access to special education and related services for children with disabilities aged three through five. The bill also allows up to \$5,000,000 of Special Education Grants to States authorized under section 611 of part B of IDEA to be used to study issues related to the creation and implementation of a comprehensive system of services and supports for children with disabilities from birth through age five.

Special Education Grants for Infants and Families.—Additional investments in the bill will expand the availability of early intervention services for infants and toddlers with developmental delays or at-risk of such delays and their families. The Committee provides \$591,306,000, an increase of \$95,000,000 more than fiscal year 2022, for this program. The bill also includes program reforms intending to supplement the increased investment and improve access to authorized services, particularly for children of color and low-income children who are historically underserved by these services.

REBUILDING THE NATION'S PUBLIC HEALTH SYSTEM

For the second straight year, the Committee recommends a substantial increase for the Centers for Disease Control and Prevention [CDC]. The fiscal year 2023 recommendation for CDC is \$10,500,829,000, an increase of \$2,043,625,000 or 19 percent. This funding is intended to transform and rebalance the agency between disease- or condition-specific activities and cross-cutting fundamental activities and realign the Committee's priority toward public health.

The past two and a half years have demonstrated that public health is a critical component of our National security and an area

in which the United States needs to invest significantly. Building out public health infrastructure and stabilizing funding are key ways to address the current pandemic, better prepare for future outbreaks, and prevent and control chronic disease. For decades leading up to the emergence of COVID-19, U.S. public health infrastructure was frail and fragmented into disease-specific silos. Funding for public health has been volatile, and despite temporary influxes during emergencies, it has trended downward over the last 10 years. From 2010 to 2021, the CDC budget fell more than 8 percent after adjusting for inflation. In fiscal year 2022, the Committee provided CDC flexible, disease-agnostic public health funding for the first time by establishing the \$200,000,000 Public Health Infrastructure and Capacity program. The Committee continues its commitment to enhance public health capacity and infrastructure at the State, local and Federal levels in fiscal year 2023 by tripling funding for this program.

The Committee also continues to support increases across CDC's portfolio to address the Nation's pressing public health challenges, including climate change, community violence, rebuilding a robust public health workforce, and modernizing public health data collection. This year's resources are targeted toward several specific programs, including:

Public Health Infrastructure and Capacity.—The Committee provides \$600,000,000, an increase of \$400,000,000, to strengthen core public health capacity and enable health departments to assess and respond to specific health needs within their communities.

Immunization Program.—The Committee provides \$860,772,000, an increase of nearly \$210,000,000, to enhance the adult immunization infrastructure to increase routine vaccination rates, detect and respond to outbreaks of vaccine-preventable diseases, and address vaccine hesitancy. This funding will support surveillance and laboratory efforts to promote human papillomavirus [HPV] vaccination and also includes \$25,000,000 for CDC to study long-COVID conditions.

Global Public Health Protection.—The Committee provides \$353,200,000, an increase of \$100,000,000, to expand frontline disease detective training and enhance emergency response capabilities in partner countries and regions, and establish two new regional offices.

Public Health Data Modernization Initiative.—The Committee provides \$200,000,000, an increase of \$100,000,000, to modernize the U.S. Public Health Surveillance Enterprise core systems, ensure innovation for interoperability, and develop state-of-the-art skills for the workforce.

Social Determinants of Health.—The Committee provides \$100,000,000, an increase of \$92,000,000, to expand activities to all States and territories and bolster health equity in all communities.

Climate and Health.—The Committee provides \$100,000,000, an increase of \$90,000,000, to expand the program to all States and local health departments, and provide additional assistance to Tribes and territories, to identify possible health effects associated with climate change and implement health adaptation plans.

Center for Forecasting and Outbreak Analytics.—The Committee provides \$50,000,000 in base funding to build upon the one-time

COVID–19 supplemental support provided in the American Rescue Plan Act. This funding will improve the U.S. government’s ability to forecast and model emerging health threats and ultimately mitigate their effects by bringing together next-generation public health data, expert disease modelers, public health emergency responders, and high quality communications.

Public Health Workforce.—The Committee provides \$97,000,000, an increase of \$36,000,000, to bolster CDC’s fellowship and training programs and rebuild the workforce of epidemiologists, contact tracers, lab scientists, community health workers, data analysts, behavioral scientists, and communicators.

Influenza Planning and Response.—The Committee provides \$251,358,000, an increase of \$40,000,000, to expand influenza and preparedness efforts to help the U.S. detect, prepare for, and respond to emerging influenza threats.

Public Health Emergency Preparedness Cooperative Agreement.—The Committee provides \$740,000,000, an increase of \$25,000,000, to enhance support to State and local health departments in developing and maintaining capable, flexible, and adaptable public health systems to rapidly respond to an emergency.

Public Health Leadership and Support.—The Committee provides \$132,070,000, an increase of \$18,500,000, to strengthen CDC’s communication to the public, key partners, and Congress; scale up and develop innovative strategies that address health disparities and longstanding health inequities; and increase support for jurisdictions that have fewer public health resources to increase services for high-risk, underserved populations. Within this total, the Committee includes \$7,500,000 to expand the John R. Lewis CDC Undergraduate Public Health Scholars Program, including the opportunity for more HBCUs to participate, as well as Tribal Colleges and Universities.

Infectious Disease Rapid Response Reserve Fund.—The Committee provides \$35,000,000, an increase of \$15,000,000, to ensure that funds will be available when an emerging public health crisis is detected.

PREPARING FOR THE NEXT PHASE OF COVID–19

With the world in the third summer of the pandemic, public health experts are warning of another wave of infections on the horizon. For months, scientists and healthcare experts have been raising the alarm that we do not have the resources necessary to stay ahead of the virus. In June 2022, after months of stalled negotiations in Congress to provide additional emergency funding, HHS was forced to reallocate \$10,300,000,000 in order to purchase more vaccines and therapeutics to prepare for fall and winter surges of the virus. This reallocation of resources came from funding appropriated to develop the next-generation vaccines and therapeutics, rebuild domestic manufacturing capacity for medical countermeasures, sustain testing capacity, and replenish the Strategic National Stockpile. As a result, the country is more vulnerable to the next variant that emerges, and the next surge when it comes.

Projections indicate that as many as 100 million Americans—nearly 1 in 3—will be infected or re-infected with COVID–19 this fall and winter as our immunity to the disease wanes. Experts

agree that the recent purchase of additional vaccines and therapeutics is insufficient. And the longer we wait, the further the U.S. will fall in line as other countries place orders for vaccines and therapeutics ahead of us. The Committee recognizes the urgent need to address these issues, and provides \$16,000,000,000 in emergency supplemental funding for procuring additional vaccines, diversifying our therapeutic portfolio, and developing next-generation vaccines and therapeutics. This funding will ensure the country will not suffer a catastrophic setback in the face of future virus surges or the emergence of a new, more deadly variant.

BIOMEDICAL RESEARCH

The Committee has increased NIH funding by more than \$15,000,000,000, or more than 50 percent, since fiscal year 2015 under both Democratic and Republican leadership. The Committee increases this investment by providing \$47,959,000,000, an increase of \$2,000,000,000, for NIH research and activities in fiscal year 2023.

As in previous years, the Committee has targeted NIH funding to areas of promise of scientific advancement and urgency, while allowing NIH to maintain flexibility to pursue unplanned scientific opportunities and address unforeseen public health needs. This year's resources are directed toward several specific research programs, including:

Common Fund.—The Common Fund supports cross-cutting, trans-NIH programs that have the potential for extraordinary impact. The Committee provides a \$50,000,000 increase to the Common Fund with the expectation that it will focus on time-limited, goal-driven investments that accelerate emerging science and support high-risk/high-reward science.

Opioids, Stimulants and Pain Management.—The Committee increases support for the Helping to End Addiction Long-term or HEAL Initiative by an additional \$100,000,000, boosting the effort's budget above \$700,000,000, and increases funding for other research related to opioids, pain, and pain management by \$40,000,000.

Brain Research through Advancing Innovative Neurotechnologies [BRAIN] Initiative.—The Committee continues to strongly support the BRAIN Initiative and includes \$700,000,000 in fiscal year 2023, an increase of \$80,000,000. The BRAIN Initiative is developing a more complete understanding of brain function and has a potential to help millions of people who suffer from a wide variety of neurological and psychiatric disorders.

Health Disparities Research.—The Committee provides \$100,000,000 to expand research to better understand the root causes and effects of health disparities and how to reduce them.

Advanced Projects Research Agency for Health [ARPA-H].—The Committee includes \$1,000,000,000 for the recently established ARPA-H to invest in large high-risk, high-reward research projects that have the potential to achieve breakthroughs in the treatment of diseases such as Alzheimer's disease, cancer, diabetes, amyotrophic lateral sclerosis [ALS], and others that impact the lives of millions of Americans and exacerbate existing health disparities.

COVID-19 Research.—The Committee includes an additional \$10,500,000 to increase understanding of the effects of COVID-19 on children and pregnancy.

Autoimmune Diseases.—The Committee provides \$10,000,000 to establish an Office of Autoimmune Disease Research within the Office of Research on Women’s Health to coordinate trans-NIH efforts to set priorities, focus on innovation, and regularly evaluate NIH’s autoimmune research portfolio.

Combating Antimicrobial Resistance.—The Committee provides no less than \$565,000,000, an increase of \$25,000,000, to support National Institute of Allergy and Infectious Diseases research on the mechanisms of resistance, therapeutics, vaccines and diagnostics.

Universal Flu Vaccine.—The Committee includes \$275,000,000, an increase of \$30,000,000, to support efforts to develop a universal influenza vaccine that provides long-lasting protection against numerous flu strains, rather than a select few. Such a vaccine would eliminate the need for seasonal flu vaccines each year and could provide protection against newly emerging flu strains, potentially including those that could cause a flu pandemic.

As important as these specific initiatives are, the Committee continues to place a high value on support for all Institutes and Centers and has provided an average adjustment of 3.1 percent.

FIREARM INJURY AND MORTALITY PREVENTION RESEARCH

More Americans died of gun-related injuries in 2020 than in any other year on record. There were 45,222 firearms deaths in the U.S. in 2020, and suicide accounted for more than 24,000 of those deaths. In America, gun violence has now surpassed motor vehicle crashes as the leading cause of death among children and adolescents.

In June 2022, one month after a series of mass shootings at an elementary school in Texas, a supermarket in Buffalo, and a church luncheon in California, the President signed into law the most significant gun legislation to clear Congress in nearly three decades. The bill’s expansion of mental health resources in communities and schools is urgently needed, but experts agree that it is unlikely to result in fewer mass shootings or less interpersonal gun violence. Unfortunately, the law’s enactment came the same week the Supreme Court expanded gun rights by striking down a New York law requiring individuals to demonstrate a particular need to carry a firearm outside the home.

Identifying the gaps in knowledge surrounding the causes of gun violence and developing effective prevention strategies are fundamental to moving the needle on America’s epidemic of gun violence. Since fiscal year 2020, the Committee has provided the first funding in more than two decades to address firearm violence with a total of \$25,000,000 each year to CDC and NIH. This bill more than doubles the total funding to \$60,000,000 to support research to identify the most effective ways to prevent firearm related injuries and deaths, and to broaden firearm injury data collection. Building on these efforts, this bill also includes \$100,000,000 for a new evidence-based community violence intervention initiative at

CDC, which aims to prevent intentional violence, such as mass casualty violence or gang violence.

ADDRESSING INEQUITIES IN ELEMENTARY AND SECONDARY
EDUCATION

As the nation embarks on the fourth school year during the COVID–19 pandemic, students, families, educators and communities continue to do their best to recover from its effects. These efforts are more difficult in schools that have fewer resources because they serve more students from low-income families. Those schools also are more likely to have less experienced teachers and fewer opportunities for their students to participate in advanced coursework.

Multiple studies have shown the large impact the pandemic has had on our children and youth. Beyond the mental health issues already discussed, learning for students in majority-Black schools was estimated last year to be 5 months behind where it would be in a typical year in both mathematics and reading. This compares to 2 months of learning loss for students in majority-White schools. Estimates of the achievement gap between students in low-poverty and high-poverty elementary schools show an increase of 15 to 20 percent.

The Elementary and Secondary School Emergency Relief Fund [ESSER] of the American Rescue Plan was enacted to address these impacts and ensure the nation’s schools have the resources they need to safely provide in-person instruction to all students. There is growing evidence of the positive effect the law has already had. Nearly all public schools offered in-person instruction to all students last school year, with some experiencing limited periods of remote learning due to COVID–19 surges in their communities. “Student achievement in 2021–22: Cause for hope and continued urgency” by NWEA reports student achievement gains during the 2021–2022 school year were similar to those made pre-pandemic. However, this analysis also indicates that, despite improvements achieved last year, achievement gaps for students of color remain larger than prior to the pandemic and will take at least 3 years to return to the unacceptable achievement gaps that existed before the pandemic.

Last school year also was marked by major challenges to sustaining in-person instruction due to shortages of educators, bus drivers, substitutes and other vital school staff. Some school districts were forced to redirect central office staff to classrooms, incent recently retired teachers to return to the classroom, and put volunteer parents on a rotating schedule to provide support in their children’s classes. In addition, declining enrollment in teacher preparation programs has contributed to persistent and mounting vacancies in some of our schools.

Unspent balances of ESSER investments included in the American Rescue Plan are already budgeted for by LEAs and SEAs over the next two school years to address learning loss, support safe in-person instruction for all students and help address some of the challenges described above. The Committee recognizes greater investment is needed in this bill to address systemic inequities and fulfill our promises to pay for the policies Congress has established

in Federal elementary and secondary education law. Overall, the Committee recommendation provides nearly \$49,000,000,000, an increase of approximately \$5,500,000,000, for Federal K–12 education programs, including the Individuals with Disabilities Education Act [IDEA]. Some of the highlights include:

Title I–A Grants to LEAs.—The Committee includes \$20,136,802,000, an increase of \$2,600,000,000 for Title I–A grants to school districts. These grants are awarded to nearly 90 percent of the nation’s school districts and are the foundation of Federal support for elementary and secondary schools. Grant funds provide additional academic support and educational opportunities to students, particularly where a significant number of students are living in poverty. The bill also includes a new provision which allows the Secretary to use up to \$50,000,000 of these funds for grants to States for voluntary activities designed to improve state performance on effort and equity factors used in Title I–A’s education finance incentive grant formula.

IDEA Special Education.—The Committee recommendation includes \$15,318,704,000, an increase of \$1,975,000,000 for IDEA Part B State Grants. These funds would support services to an estimated 7.4 million students with disabilities. The bill also includes \$190,000,000, an increase of \$95,000,000, for grants intended to increase the number of fully certified personnel to serve children and youth with disabilities through the Personnel Preparation program.

English Language Learners.—The Committee recommends \$954,041,000, an increase of \$122,641,000, for the English Language Acquisition program.

Parent and Family Engagement in Education.—The bill includes a number of investments to support parent and family engagement in education. It provides \$45,152,000, an increase of \$15,000,000, for Parent Information Centers under IDEA, which inform parents of their rights and protections under that law and assist them in supporting the achievement of developmental and educational goals of their child. The bill also provides \$25,000,000, an increase of \$10,000,000, for Statewide Family Engagement Centers. These funds are prioritized to centers that use evidence-based activities for improving family engagement in schools. Finally, school districts receiving Title I–A funds generally are required to reserve at least 1 percent of such funds for use for parent and family engagement.

Impact Aid.—The Committee recommendation includes \$1,610,112,000, an increase of \$53,000,000, for Impact Aid, which helps make up for lost local revenue because of the presence of Federal activities and federally owned land that would otherwise be available to support more than 1,000 local school districts.

School Leaders.—The Committee recommendation includes \$25,000,000 to establish funding for the School Leader Recruitment and Support program. The Committee also recommends \$90,000,000, an increase of \$5,000,000, for the Supporting Effective Educator Development program, which supports evidence-based professional development for teachers, principals and other school leaders, teacher and leader preparation and related activities.

Full Service Community Schools.—The Committee recommendation includes \$150,000,000, an increase of \$75,000,000, for Full Service Community Schools.

Student Support and Academic Enrichment Grants.—The Committee includes \$1,345,000,000, an increase of \$65,000,000, for grants to school districts to support a wide-range of activities focused on promoting well-rounded education, safe learning schools and learning environments, and access to education technology.

Magnet Schools.—The Committee recommends \$149,000,000, an increase of \$25,000,000, for the Magnet Schools Assistance program [MSAP]. This program supports grants to school districts 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. Relatedly, the bill also eliminates a prohibition that restricts Federal education funds from being used for transportation to increase school diversity.

Rural Education.—The Committee recommendation includes \$215,840,000, an increase of \$20,840,000, in additional resources for rural school districts and schools that may be used for a range of purposes to help them overcome unique resource and capacity issues.

Education for Homeless Children and Youth.—The Committee recommends \$150,000,000, an increase of \$36,000,000, for 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 students experiencing homelessness, and to make subgrants to LEAs to support the education of those children.

Education Research.—The bill provides the Institute of Education Sciences [IES] with \$831,395,000, an increase of \$94,374,000 more than last year, for education research, development, evaluation, and national dissemination activities. The bill supports the implementation of the recommendations of the National Academies in this year's report on the "Future of Education Research at IES". IES supports activities that are aimed at expanding fundamental knowledge of education, promoting the use of research and development findings in the design of efforts to improve education, and supporting additional research on addressing the impact of lost instructional time during the pandemic. This amount also includes \$72,000,000, an increase of \$11,745,000, for the National Center for Special Education Research.

Education Statistics.—The bill also provides \$121,000,000, an increase of \$9,500,000 more than last year, within the appropriation for IES for the National Center for Education Statistics. The bill supports the implementation of the National Academies report, "A Vision and Roadmap for Education Statistics".

Office for Civil Rights.—The Committee recommends \$161,300,000 for the Office for Civil Rights [OCR]. OCR is responsible for the enforcement of laws that prohibit discrimination on the basis of race, color, national origin, sex (including sexual orientation and gender identity), disability, and age in all programs and institutions that receive financial assistance from the Depart-

ment. 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. Additional funds would support an increased staffing level needed to help OCR effectively fulfill its mission.

HIGHER EDUCATION

The COVID-19 pandemic created significant, wide-ranging disruptions for students pursuing higher education and the institutions they attend. It exacerbated longstanding inequities for students from families with low-incomes, students of color, and students with disabilities. The Committee recommendation includes investments in programs that will help address barriers students face preparing for and getting into and through college, and graduate with less debt.

Pell Grants.—The Committee includes the largest increase in the maximum Pell grant since fiscal year 2009. Building on the \$400 increase provided in fiscal year 2022, and consistent with the administration’s budget request, the Committee recommendation includes a \$500 increase in the discretionary portion of the maximum Pell grant award. When combined with mandatory funding, under current law, this would provide a total maximum award of \$7,395 for the 2023–24 school year.

Federal TRIO Program.—The Committee includes \$1,275,000,000 for Federal TRIO programs, an increase of \$138,000,000, which will support increases for each of the TRIO programs in fiscal year 2023, including a new Student Support Services grant competition.

Strengthening Historically Black Colleges and Universities [HBCUs] and Minority Serving Institutions [MSIs].—The Committee provides \$1,104,054,000, an increase of \$218,938,000 for Aid for Institutional Development programs. This funding helps address historical inequities in higher education and strengthen programs at HBCUs, Tribal Colleges and Universities, and MSIs. In addition, the Committee recommendation includes \$359,018,000, an increase of \$15,000,000, for Howard University.

Child Care Access Means Parents in School [CCAMPIS].—The Committee recommendation includes \$95,000,000 for the CCAMPIS program, an increase of \$30,000,000 to provide high-quality convenient child care options to student parents.

Postsecondary Student Success Grants/Retention and Completion Grants.—The Committee recommendation includes \$75,000,000, an increase of \$70,000,000, for grants to scale up evidence-based practices and reforms to improve postsecondary retention and completion rates.

Research and Development Infrastructure Investment Fund for HBCUs, TCCUs, and MSIs.—The Committee recommendation includes \$65,000,000 for a new program to increase the capacity of HBCUs, TCCUs, and MSIs to conduct innovative research, including investments in physical infrastructure and human capital development.

Career and Technical Education [CTE].—The Committee includes \$1,507,269,000 for CTE programs, which includes an increase of \$60,000,000 for CTE State Grants, and \$60,000,000 for a new Career Connected High Schools initiative.

Adult Education.—The Committee includes \$725,455,000, an increase of \$35,000,000, for Adult Education State Grants.

EMPLOYMENT AND TRAINING

Last year the economy added a record 6.6 million jobs, and the unemployment rate is now at a near record low of 3.6 percent. The strong and recovering labor market has meant more opportunities for many workers, yet challenges remain. The unemployment rate for Black and Hispanic workers continues to exceed that of the overall population, and far too many women, particularly women of color, have been pushed out of the workforce. The Committee recommendation supports investments to prepare workers for in-demand, well-paying jobs and careers, address barriers to employment, and support workers most in need.

Workforce Innovation and Opportunity Act [WIOA] State Grants.—The Committee includes \$2,959,332,000, an increase of \$80,000,000, for WIOA State grants to help meet the job training needs of adults, youth, and dislocated workers.

Apprenticeship Grants.—The Committee includes \$300,000,000, an increase of \$65,000,000, to expand Registered Apprenticeships to new sectors and new occupations, and increase access for historically underrepresented groups.

Reentry Employment Opportunities [REO].—The Committee includes \$125,000,000, an increase of \$22,921,000, for the REO program to provide those involved in the criminal justice system training that leads to industry-recognized credentials and apprenticeships.

Veterans' Employment and Training Service.—The Committee includes \$332,341,000, an increase of \$7,000,000, for programs specifically targeted towards employment needs of separating service members and veterans.

Unemployment Insurance [UI].—The Committee recommendation includes \$2,800,635,000, an increase of \$208,819,000 and the same as the budget request, for UI State Operations. Together with investments in preventing fraud and abuse, this will help improve the administration of State UI programs to ensure support is provided when workers need it most.

WORKER PROTECTION AGENCIES

The Committee includes \$2,049,918,000, an increase of \$216,983,000 for Department of Labor agencies responsible for worker protection and worker rights. Some of these investments include:

Wage and Hour Division [WHD].—The Committee recommends \$288,120,000, an increase of \$37,120,000, for WHD to enforce laws covering more than 148 million workers. These laws include the Federal minimum wage, overtime pay, recordkeeping, and child labor requirements of the Fair Labor Standards Act.

Occupational Safety and Health Administration [OSHA].—The Committee recommends \$679,809,000, an increase of \$67,794,000,

to strengthen OSHA's capacity to ensure employers provide safe and healthful workplaces.

Office of Federal Contract Compliance Programs [OFCCP].—The Committee recommendation includes \$120,500,000, an increase of \$12,024,000, to rebuild OFCCP, which has experienced a 40 percent reduction in its staffing compared to a decade ago. OFCCP enforces three equal employment opportunity laws that make it unlawful for Federal contractors to discriminate in employment because of race, color, religion, sex (including sexual orientation and gender identity), national origin, disability, or status as a protected veteran.

Employee Benefits Security Administration [EBSA].—The Committee includes \$217,761,000 for EBSA, an increase of \$32,261,000, to restore enforcement capacity lost in the past 5 years when EBSA investigative staff decreased by 22 percent. EBSA is for protecting more than 154 million workers, retirees and their families who are covered by approximately 722,000 private retirement plans, 2.5 million health plans, and 885,000 other welfare benefit plans.

Mine Safety and Health Administration [MSHA].—The Committee includes \$409,551,000, an increase of \$25,735,000, for MSHA.

The bill also makes important investments in the following:

Bureau of International Labor Affairs [ILAB].—The Committee includes \$118,125,000 for ILAB, an increase of \$12,000,000, to ensure workers and businesses in the United States are not put at a competitive disadvantage by trading partner countries that are failing to abide by labor provisions of trade agreements and trade preference programs.

Office of Disability Employment Policy.—The Committee recommends \$42,928,000, an increase of \$2,428,000, for the Office of Disability Employment Policy to further the objective of eliminating physical and programmatic barriers to the training, labor force participation and employment of people with disabilities.

National Labor Relations Board [NLRB].—Beyond the Department of Labor, the bill includes \$319,424,000 for the NLRB, an increase of \$45,200,000, to ensure it is adequately resourced to protect the rights of workers to self-organize and bargain collectively.

INCREASING THE EFFICIENCY AND COST EFFECTIVENESS OF GOVERNMENT

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

Fighting Healthcare Fraud and Abuse.—The Committee includes \$893,000,000 for the Health Care Fraud and Abuse Control pro-

gram at CMS. Healthcare waste, fraud, and abuse costs our Nation as much as \$300,000,000,000 a year, according to certain estimates.

Inspectors General.—The Committee recommendation provides a total of \$522,373,000, an increase of \$47,079,000, for the Inspectors General funded in this act to conduct additional audits and investigations of possible waste and fraud in Government programs. The Committee appreciates the strong working relationships between the Inspectors General and the agencies they work with under this Committee’s jurisdiction. The Committee reiterates the strong expectation that Inspectors General have timely and independent access to all materials related to their responsibilities.

Preventing Improper Social Security Payments.—The Committee recommendation includes \$1,784,000,000 for the Social Security Administration to conduct continuing disability reviews and Supplemental Security Income [SSI] program redeterminations of non-medical eligibility, and other program integrity efforts.

Taxpayer Accountability.—Given the current fiscal environment, it is imperative for Government agencies to increase efficiencies, while fulfilling statutory requirements, to maximize the effectiveness of agency programs. Since 2011, GAO has published reports showing more than 400 areas of potential duplication and overlap. GAO has identified 1,299 actions to reduce, eliminate, or better manage fragmentation, overlap, or duplication; achieve cost savings; or enhance revenue. The Committee directs each agency funded in the fiscal year 2023 bill to report to the Committee, within 1 year of enactment, on all efforts made to address the duplication identified by annual GAO reports along with identifying substantive challenges and legal barriers to implementing GAO’s recommendations, as well as suggested legislative recommendations that could help the agency to further reduce duplication.

Unemployment Insurance Trust Fund Integrity.—The Committee provides \$375,000,000, an increase of \$125,000,000, for Reemployment Services and Eligibility Assessments [RESEA]. The RESEA program provides for intensive, in-person attention from specialists in the One-Stop career center system for individuals most likely to exhaust unemployment compensation benefits, those with particular barriers to reemployment, and others who have been difficult to place.

OTHER HIGHLIGHTS OF THE BILL

Administration on Community Living [ACL].—The Committee includes \$2,542,788,000, an increase of \$197,046,000, to expand support for older Americans and Individuals with Disabilities.

Corporation for National and Community Service.—The Committee includes \$1,225,322,000, an increase of \$74,686,000, for national and community service programs.

Corporation for Public Broadcasting.—The bill includes \$625,000,000, an increase of \$80,000,000, for the Corporation for Public Broadcasting. This include an increase of \$40,000,000 in the two-year advance appropriation for regular operations and \$40,000,000 in the current year appropriation for interconnection.

Institute of Museum and Library Services [IMLS].—The Committee recommendation includes \$301,800,000 for IMLS, an in-

crease of \$33,800,000 to support more than 140,000 museums and public libraries, ensuring that all Americans have access to essential museum, library, and information services.

Low Income Home Energy Assistance Program [LIHEAP].—The Committee includes \$4,000,000,000, an increase of \$199,696,000, to help low-income families heat and cool their homes.

Social Security Administration [SSA].—The Committee recommendation includes \$14,243,014,000 for SSA’s administrative expenses, an increase of \$902,069,000. This will address built-in cost adjustments, and allow SSA to increase staffing for Disability Determination Services and other components to address the growing disability claims backlog and improve service to the public.

LIST OF ABBREVIATIONS

ACA—Patient Protection and Affordable Care Act
 ACL—Administration for Community Living
 AHRQ—Agency for Healthcare Research and Quality
 ARPA-H—Advanced Research Projects Agency for Health
 ASH—Assistant Secretary for Health
 ASPR—Assistant Secretary for Preparedness and Response
 BARDA—Biomedical Advanced Research and Development Authority
 BCA—Budget Control Act of 2011
 CDC—Centers for Disease Control and Prevention
 CJ—Congressional Justification of Estimates for Appropriations Committees
 CMS—Centers for Medicare and Medicaid Services
 CNCS—Corporation for National and Community Service
 CPB—Corporation for Public Broadcasting
 DOD—Department of Defense
 DOL—Department of Labor
 EBSA—Employee Benefits Security Administration
 ESEA—Elementary and Secondary Education Act
 ETA—Employment and Training Administration
 FDA—Food and Drug Administration
 FIC—Fogarty International Center
 FMCS—Federal Mediation and Conciliation Service
 FMSHRC—Federal Mine Safety and Health Review Commission
 FTE—full-time equivalent
 GAO—Government Accountability Office
 HBCUs—Historically Black Colleges and Universities
 HCFAC—Health Care Fraud and Abuse Control
 HELP—Health, Education, Labor, and Pensions
 HHS—Health and Human Services
 HRSA—Health Resources and Services Administration
 IC—Institute and Center
 IDEA—Individuals with Disabilities Education Act
 IMLS—Institute of Museum and Library Services
 LEA—local educational agency
 MACPAC—Medicaid and CHIP Payment and Access Commission
 MedPAC—Medicare Payment Advisory Commission
 MSHA—Mine Safety and Health Administration
 NCATS—National Center for Advancing Translational Sciences
 NCI—National Cancer Institute

NEI—National Eye Institute
 NHGRI—National Human Genome Research Institute
 NHLBI—National Heart, Lung, and Blood Institute
 NIA—National Institute on Aging
 NIAAA—National Institute on Alcohol Effects and Alcohol-Associated Disorders
 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 Drugs and Addiction
 NIDCD—National Institute on Deafness and Other Communication Disorders
 NIDCR—National Institute of Dental and Craniofacial Research
 NIDDK—National Institute of Diabetes and Digestive and Kidney Disease
 NIDRR—National Institute on Disability and Rehabilitation Research
 NIEHS—National Institute of Environmental Health Sciences
 NIGMS—National Institute of General Medical Sciences
 NIH—National Institutes of Health
 NIMH—National Institute of Mental Health
 NIMHD—National Institute on Minority Health and Health Disparities
 NINDS—National Institute of Neurological Disorders and Stroke
 NINR—National Institute of Nursing Research
 NLM—National Library of Medicine
 NLRB—National Labor Relations Board
 NSF—National Science Foundation
 NTID—National Technical Institute for the Deaf
 OAR—Office of AIDS Research
 OCR—Office for Civil Rights
 ODEP—Office of Disability Employment Policy
 OFCCP—Office of Federal Contract Compliance Programs
 OIG—Office of the Inspector General
 OLMS—Office of Labor-Management Standards
 OMB—Office of Management and Budget
 OMH—Office of Minority Health
 OMHA—Office of Medicare Hearings and Appeals
 ONC—Office of the National Coordinator for Health Information Technology
 ORWH—Office of Research on Women’s Health
 OSHA—Occupational Safety and Health Administration
 OWCP—Office of Workers’ Compensation Programs
 OWH—Office of Women’s Health
 PBGC—Pension Benefit Guaranty Corporation
 PHS—Public Health Service
 PPH Fund—Prevention and Public Health Fund
 PRNS—Programs of Regional and National Significance
 RSA—Rehabilitation Services Administration

SAMHSA—Substance Use And Mental Health Services Administration
SEA—State educational agency
SIG—School Improvement Grants
SPRANS—Special Projects of Regional and National Significance
SSA—Social Security Administration
SSI—Supplemental Security Income
STEM—science, technology, engineering, and mathematics
UI—unemployment insurance
USAID—U.S. Agency for International Development
VETS—Veterans’ Employment and Training Services
VISTA—Volunteers in Service to America
WANTO—Women in Apprenticeship and Non-Traditional Occupations
WHD—Wage and Hour Division
WIA—Workforce Investment Act
WIOA—Workforce Innovation and Opportunity Act

TITLE I

DEPARTMENT OF LABOR

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

EMPLOYMENT AND TRAINING ADMINISTRATION

TRAINING AND EMPLOYMENT SERVICES

Appropriations, 2022	\$3,912,338,000
Budget estimate, 2023	4,410,998,000
Committee recommendation	4,083,437,000

The Training and Employment Services [TES] account provides funding primarily for activities under the Workforce Innovation and Opportunity Act [WIOA] (Public Law 113–128), and is a decentralized, integrated system of skill training and related services designed to enhance the employment and earnings of economically disadvantaged and dislocated workers. Funds provided for many training programs for fiscal year 2023 will support the program from July 1, 2023, through June 30, 2024. A portion of this account’s funding, \$1,772,000,000, becomes available on October 1, 2023, for the 2023 program year.

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

Collaboration Between Workforce Development Systems and State and Local Educational Agencies.—The Committee recognizes the unique role the workforce development system plays in providing in-school and out-of-school youth with opportunities that deepen learning and create pathways into high-quality jobs. The Committee also remains concerned with the adverse impacts of COVID–19 on educational attainment, particularly for students from historically marginalized communities. The Committee strongly encourages the Department, in partnership with the Department of Education, to facilitate greater collaboration between the workforce development system and State and local educational agencies to engage and support youth (particularly disconnected youth), and to strengthen completion rates of secondary and postsecondary education and improve pathways into high quality jobs. The Committee directs the Department to include information in its fiscal year 2024 CJ on such efforts.

Communities Affected by Substance Use.—The Committee directs the Secretary to prioritize funding within the dislocated worker national reserve [DWNRR] for grants to serve or retrain workers in communities impacted by the health and economic effects of widespread substance use, including methamphetamine use, addiction, and overdose.

Electric Vehicle Workforce.—The Committee supports the advancement of a national electric vehicle workforce. The Committee directs the Department to prioritize funds within TES to support the creation of workforce planning, training and education frameworks to address skills requirements for the electric vehicle and associated charging infrastructure industry’s labor force, including architects, property managers, fleet operators, charging system designers, electricians, electronic technicians, and other careers for which electric vehicle-related training programs do not currently exist. Efforts should include engagement with the electric industry, auto industry, university and community colleges, training institutes, and labor unions.

Industry Sector Partnerships.—The Committee recognizes the effectiveness of strong, diverse industry or sector partnerships in providing pathways into high-quality jobs, particularly for individuals with barriers to employment. The Committee directs the Department to provide additional, direct assistance to States and workforce development boards to support the development, convening, and implementation of industry or sector partnerships, as authorized under WIOA. The Committee requests information in the fiscal year 2024 CJ on any actions taken and any recommendations for statutory changes that can support further expansion of industry or sector partnerships.

Opportunity Youth.—The Committee encourages the Department to use funds provided to carry out sections 168(b) and 169(c) of WIOA to support demonstration programs that allow at-risk youth who are out-of-school, have limited work experience, and live in communities experiencing high rates of unemployment and high rates of community violence, to participate in the workforce.

Paid Work Experiences for Youth.—The Committee recognizes the effectiveness of paid work experiences in providing in-school and out-of-school youth with opportunities that strengthen learning and create pathways into high-quality jobs. The Committee strongly encourages the Department to provide additional, direct assistance to States and workforce development boards to expand opportunities for in-school and out-of-school youth to participate in paid work experiences, as authorized under WIOA. The Committee requests information in the fiscal year 2024 CJ on any such efforts, and any recommendations for statutory changes that can support further expansion of paid work experiences for youth.

Persistent Poverty.—The Committee supports targeted investments in impoverished areas, particularly in persistent poverty counties and in other high poverty census tracts. The term “high-poverty area” means any census tract with a poverty rate of at least 20 percent as measured by the 2015–2019 5-year data series available from the American Community Survey of the Census Bureau and the term “persistent poverty counties” means any county that has had 20 percent or more of its population living in poverty

over the past 30 years, as measured by the 1993 Small Area Income and Poverty Estimates, the 2000 decennial census, and the most recent Small Area Income and Poverty Estimates, or any territory or possession of the United States. The Committee directs the Department to include information in its fiscal year 2024 CJ on funding allocated to serve individuals in such areas.

Public Libraries.—The Committee continues to encourage ETA to expand its collaborative work with the Institute for Museum and Library Services to assist in the implementation of WIOA to help States and local boards integrate the education, employment, and training services provided by public libraries into the workforce investment system. The Committee directs ETA to work with IMLS to identify barriers to libraries participating in programs funded under WIOA and to include information in its fiscal year 2024 CJ on such efforts.

Submarine Construction Workforce.—The Committee directs ETA to continue its collaboration with the Departments of Defense and Education to address critical workforce needs in the submarine construction pipeline. The Committee directs ETA to include information in its fiscal year 2024 CJ on activities undertaken related to workforce development for the submarine construction pipeline.

Support for Individuals who have Been Involved with Criminal Justice System.—The Committee recognizes the importance of strengthening systemic supports for individuals who have been involved with the criminal justice system, including individuals who may be returning to their communities and reentering the workforce. The Committee is especially concerned with the need to improve educational attainment and pathways into high-quality jobs for such individuals. The Committee directs the Department, in partnership with other relevant Federal agencies and a broad base of stakeholders, to identify and address opportunities to strengthen the coordination and provision of educational, workforce development, and other services for individuals who have been involved with the criminal justice system. The Committee requests information in the fiscal year 2024 CJ on any such efforts, including any recommendations for statutory changes that can improve the coordination and provision of such services to individuals who have been involved with the criminal justice system.

Underemployed Workers.—The Committee is concerned about the continued difficulty of underemployed workers to transition to full employment and their difficulty in utilizing ETA-funded services. The Committee urges ETA to explore new avenues for training, including the use of virtual resources that take into account the time constraints of underemployed workers who may work multiple jobs or have caretaking responsibilities that limit their ability to use in-person services.

Water and Wastewater Operators.—The Committee continues to be concerned by the nationwide shortage of water and wastewater operators, particularly in rural areas. The Committee directs the Secretary to make funding available through workforce development and apprenticeship activities consistent with National Guideline Standards of Apprenticeship for Water and Wastewater System Operations Specialists and the WIOA system, to establish, im-

plement, and expand registered apprenticeship programs to address shortages of such works.

Wildland Firefighting Workforce.—The Committee directs the Department to prioritize funds within TES to support wildland firefighter workforce training needs, including developing, expanding, and improving training programs at institutions of higher education in partnership with local workforce development boards.

Wireless Infrastructure.—The Committee encourages the Department to continue investments in the development of the wireless infrastructure workforce, including apprenticeships in the wireless sector.

Grants to States

The Committee recommends \$2,959,332,000 for Training and Employment Services Grants to States.

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

Adult Employment and Training.—For adult employment and training activities, the Committee recommends \$885,649,000.

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

Funds are made available in this bill for adult employment and training activities in program year 2023, which occurs from July 1, 2023, through June 30, 2024. The bill provides that \$173,649,000 is available for obligation on July 1, 2023, and that \$712,000,000 is available on October 1, 2023. Both categories of funding are available for obligation through June 30, 2024.

Youth Training.—For youth training activities, the Committee recommends \$958,130,000. The purpose of this program is to provide low-income youth who are facing barriers to employment with services that prepare them to succeed in the knowledge-based economy. Funds are made available for youth training activities in program year 2023, which occurs from April 1, 2023, through June 30, 2024.

Dislocated Worker Assistance.—For dislocated worker assistance, the Committee recommends \$1,115,553,000. This program is a State-operated effort that provides training services and support to help permanently separated workers return to productive unsubsidized employment. In addition, States must use State-wide reserve funds for rapid response assistance to help workers affected by mass layoffs and plant closures. States must also use these funds to carry out additional State-wide employment and training activities, such as providing technical assistance to certain low-performing local areas, evaluating State programs, and assisting with the operation of one-stop delivery systems. States may also use funds for implementing innovative training programs.

Funds made available in this bill support activities in program year 2023, which occurs from July 1, 2023, through June 30, 2024. The bill provides that \$255,553,000 is available for obligation on July 1, 2023, and that \$860,000,000 is available on October 1,

2023. Both categories of funding are available for obligation through June 30, 2024.

National Programs

Dislocated Worker Assistance National Reserve

The Committee recommends \$330,859,000 for the Dislocated Worker Assistance National Reserve, which is available to the Secretary for activities such as responding to mass layoffs, plant and/or military base closings, and natural disasters, as well as for technical assistance, training, and demonstration projects.

Funds made available for the National Reserve in this bill support activities in program year 2023. The bill provides that \$130,859,000 is available for obligation on July 1, 2023, and that \$200,000,000 is available on October 1, 2023. Both categories of funding are available for obligation through September 30, 2024.

Advancing the Direct Support Workforce as a Career.—The demand for the direct support workforce, including personal care attendants, direct care workers, home health workers, and direct support professionals, was increasing dramatically prior to the pandemic. With the onset of the public health emergency and the demands on families, the need for a stable, well-qualified direct care workforce is essential. This workforce provides two major functions. First, direct support workers provide services in people's homes, ensuring they receive daily life saving medical care, supports to live independently, and help completing daily functional needs such as eating, bathing, and mobility. Second, direct support workers help individuals with disabilities and older adults continue to live in their own home and be active in their communities while avoiding the high costs of hospital, nursing home and other congregate care facilities. Accordingly, the Committee recommendation includes \$10,000,000 for competitive grants, to be awarded in coordination with the Administration for Community Living, for the delivery of innovative strategies to significantly expand, stabilize, and retain direct support workers who provide home and community-based services to people with disabilities and older adults. Grants should be awarded to partnerships of non-governmental entities and State or local governments to develop and implement strategies to recruit, educate, train, retain, and promote career advancement of direct support workers. Strategies for improving the direct support workforce must include a goal to significantly reduce turnover and improve retention of such workers, and to reduce barriers to entry for a diverse and high-quality direct support workforce, including strategies for improving wages and benefits, professional development and other worker supportive services, and advancement opportunities.

Automation Impacted Industries Pilot Program.—The committee supports funding for an Automation Impacted Industries Pilot Program to award competitive grants to industry or sector partnerships to support demonstrations and pilot projects relating to the training needs of workers who are, or are likely to become, dislocated workers as a result of automation.

Career Pathways for Youth Grants.—The Committee continues to recognize that multiple career pathways should be available to

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

Multi-state National Dislocated Coal Miners Assistance Grant Program.—The Committee is aware of the difficulties experienced by dislocated coal miners as a result of continuing energy sector restructuring. The Committee recommendation includes \$10,000,000 to establish a multi-State National Dislocated Coal Miners Assistance Grant program that will be available to non-profit organizations that provide employment and training assistance, as well as related supportive services, to individuals who are dislocated by coal plant closures or substantial layoffs at coal mine operations and their immediate family.

Strengthening Community College Training Grants [SCCTG].—The Committee recommendation includes \$50,000,000 for SCCTG. This program builds the capacity of community colleges to address workforce development needs in in-demand industries and career pathways leading to quality jobs.

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

Indian and Native American Programs

The Committee recommends \$60,000,000 for Indian and Native American Programs. These programs are designed to improve the academic, occupational, and literacy skills of Native Americans, Alaskan Natives, and Native Hawaiians to aid the participants in

securing permanent, unsubsidized employment. Allowable training services include adult basic education, general educational development attainment, literacy training, English language training, as well as the establishment of linkages with remedial education.

Migrant and Seasonal Farmworker Programs

The Committee recommends \$96,711,000 for migrant and seasonal farmworkers programs, which serve members of economically disadvantaged families whose principal livelihood is derived from migratory and other forms of seasonal farm work, fishing, or logging activities. Enrollees and their families are provided with employment, training, and related services intended to prepare them for stable, year-round employment within and outside of the agriculture industry.

The Committee recommendation provides that \$89,315,000 be used for State service area grants. The Committee recommendation also includes bill language directing that \$6,556,000 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 \$840,000 to be used for section 167 training, technical assistance, and related activities, including funds for migrant rest center activities.

YouthBuild

The Committee recommendation includes \$113,000,000 for YouthBuild, which helps provide disconnected youth with work readiness and industry-driven credential attainment opportunities.

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

Reentry Employment Opportunities [REO]

The Committee recommends \$125,000,000 for the REO program, including \$25,000,000 for national and regional intermediaries. The REO program provides current or formerly incarcerated youth and adults involved in the justice system with occupational skills training that leads to industry recognized credentials and apprenticeships leading to employment in good, well-paying jobs and careers with opportunities for advancement. Programs are carried out directly through State and local governmental entities and community-based organizations, as well as indirectly through intermediary organizations.

The Committee encourages the Department to prioritize grants to intermediaries and community-based organizations that will address the inequities deepened by the pandemic by serving populations with multiple barriers to employment and providing wrap-around services to the individuals served.

Apprenticeship Grants

The Committee recommendation includes \$300,000,000 for Apprenticeship Grants.

The Committee continues to support the prioritization of funding to expand registered apprenticeships into new industries and for underserved or underrepresented populations. The Committee supports the use of apprenticeship grants that provide worker education in in-demand and emerging fields, including first responder; disaster resilience, response, and recovery; utility (energy and water) and resource management; transportation and infrastructure (including green infrastructure); goods movement sectors such as global logistics, rail and other freight-related employment; and outdoor recreation economy-related employment. Additionally, the Committee encourages the use of “next-gen” apprenticeship grants to encourage higher education institutions to support registered apprenticeships in emerging and nontraditional industries. This can expand registered apprenticeship to industries and careers that are not currently using or are underutilizing this system, deliver transferable, durable 21st century skills, and create affordable transfer opportunities to a college education for our youth. Further, the Committee encourages the Department to fund apprenticeship opportunities in local communities that have high rates of unemployment and high rates of community violence.

Workforce Data Quality Initiative

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

The Committee encourages the Department to prioritize funding for competitive grants to develop and enhance longitudinal data system that integrate data across all levels of education and workforce development. This will help build State and local capacity to track employment and educational outcomes of WIOA program participants, including those with disabilities, and provide information about job success rates and training programs. Funding should also be prioritized for applications that demonstrate data governance policies and security measures that protect the rights of individuals, or that propose to implement such policies.

National Youth Employment Program

Due to budget constraints the Committee recommendation does not include funding for a new National Youth Employment program.

Veterans Clean Energy Training

Due to budget constraints the Committee recommendation does not include funding for a new Veterans Clean Energy Training program.

Civilian Climate Corps

Due to budget constraints the Committee recommendation does not include funding for a new Civilian Climate Corps program.

Congessionally Directed Spending

The Committee recommendation includes \$92,535,000 for the projects, and in the amounts, specified in the table at the end of this explanatory statement.

JOB CORPS

Appropriations, 2022	\$1,748,655,000
Budget estimate, 2023	1,778,964,000
Committee recommendation	1,773,655,000

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

The Committee recommendation for administrative costs is \$35,330,000.

The Committee recommends a total of \$135,000,000 in construction, renovation, and acquisition [CRA] funds. This amount is available from July 1, 2023, to June 30, 2026. The Committee continues bill language allowing the Secretary to transfer up to 15 percent of CRA funds, if necessary, to meet the operational needs of Job Corps centers or to achieve administrative efficiencies. The bill continues to require the Secretary to notify the Committees on Appropriations of the House of Representatives and the Senate at least 15 days in advance of any transfer. The Committee expects any notification to include a justification.

The Committee encourages the Department to identify alternative methods to increase the capacity for Job Corps services or job training opportunities in North Central Florida.

Civilian Conservation Centers.—The Committee directs the Department to prioritize the development of new natural resource and conservation trade offerings, particularly focused on wildland fire-fighting and emergency response. The Committee directs the Department to include information in its fiscal year 2024 CJ on such efforts, including any potential barriers to introducing new trades at Job Corps Civilian Conservation Centers.

Atlanta Job Corps Center.—While recognizing the significant backlog of construction related needs, including urgent and emergency repair requests and facility deficiencies, the Committee strongly encourages the prioritization of construction projects in areas where a Job Corps Center has been forced to close because of facility deficiencies. Accordingly, the Committee requests a briefing within 90 days of enactment on plans to reopen the Atlanta Job Corps Center.

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

Rural Training Sites.—The Committee encourages the Department to support and incentivize high quality center operators to develop and enhance partnerships with existing rural training sites to enhance opportunities and work experiences for students in un-

derserved rural or remote communities. Such rural partnerships should use student-focused industry-backed curricula, prepare students for employment in high-demand fields, offer students the opportunity to take coursework leading to college credit, and demonstrate strong employer partnerships within the region in which the center is located. Such partnerships will also promote the ability of Job Corps centers to meet local workforce and cultural needs in communities far removed from their locations.

Slot Utilization.—As millions of disconnected youth struggle with housing instability, food insecurity, and unemployment, the Committee encourages the full resumption of Job Corps operations, including the reintegration of nonresidential students into normal classes, similar to other schools and institutes of higher education across the country.

Wages and Benefits.—The Committee has previously expressed concern regarding the impact of the transition to fixed-price Job Corps contracts on staff compensation. Similarly, the Committee requests information in the fiscal year 2024 CJ on the costs of no longer exempting Job Corps contracts from the Service Contract Act and the effect on staff compensation.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriations, 2022	\$405,000,000
Budget estimate, 2023	405,000,000
Committee recommendation	405,000,000

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

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriations, 2022	\$540,000,000
Budget estimate, 2023	494,400,000
Committee recommendation	494,400,000

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

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

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Appropriations, 2022	\$3,711,331,000
Budget estimate, 2023	4,258,173,000
Committee recommendation	4,087,150,000

The Committee recommendation includes \$3,998,084,000 authorized to be drawn from the Employment Security Administration account of the Unemployment Trust Fund and \$89,066,000 to be provided from the general fund of the Treasury.

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

Unemployment Insurance

The Committee recommends a total of \$3,184,635,000 for Unemployment Insurance [UI] activities. For UI State operations, the Committee recommends \$2,800,635,000, the same as the budget request.

The Committee directs the Department to provide a report to the Committee on Appropriations and Committee on Finance on the effect of prior underfunding of UI State Operations on States' abilities to provide timely service to the public. The report should include whether Federal funding to States fully pays for the administration of Federal benefit programs, including Unemployment Compensation for Ex-Servicemembers and Unemployment Compensation for Federal Employees, and the special benefit programs implemented during the pandemic (such as Pandemic Unemployment Assistance, Federal Pandemic Unemployment Compensation, and Pandemic Emergency Unemployment Compensation).

The Committee recommendation includes \$375,000,000 for Reemployment Services and Eligibility Assessments, to expand intensive, individualized reemployment assistance, and to help address and prevent long-term unemployment, and reduce improper payments. This includes \$117,000,000 in base funding and \$258,000,000 in allocation adjustment funding. The recommendation also includes \$9,000,000 for the UI Integrity Center of Excellence, including supporting an integrated data hub, training modules, and data analytics capacity to help States reduce fraud.

Finally, the Committee recommends \$36,000,000 for UI national activities, which will support activities that benefit the entire Federal-State UI system, including supporting the continuation of IT upgrades and technical assistance.

Employment Service

For the Employment Service allotments to States, the Committee recommends \$685,052,000. This amount includes \$21,413,000 in general funds together with an authorization to spend \$663,639,000 from the Employment Security Administration account of the Unemployment Trust Fund.

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

The Committee recommendation includes \$2,500,000 to continue efforts to reduce the processing backlog for the work opportunity tax credit program and for assisting States to modernize information technology for processing of certification requests, which may include training and technical assistance. Consistent with the effort to modernize information technology for processing, the Committee supports consistent rules across States. Further, the Com-

mittee recognizes that processing of requests for remote workers may best be accomplished in the State where they reside and not where their employer is located.

Foreign Labor Certification

For carrying out the Department’s responsibilities related to foreign labor certification activities, the Committee recommends \$64,528,000. In addition, 5 percent of the revenue from H-1B fees is available to the Department for costs associated with processing H-1B alien labor certification applications, and \$24,282,000 is available for related State grants.

One Stop Career Centers/Labor Market Information

For one-stop career centers and labor market information, the Committee recommends \$67,653,000.

The Committee is encouraged by progress made through the Department’s efforts to incentivize States to reduce barriers to entry into licensed occupations and increase license portability to facilitate mobility of workers in such occupations, with an emphasis on transitioning service members, veterans, and military spouses. The Committee looks forward to receiving the Occupational Licensing report detailing best practices learned and a breakdown of future resources needed for continued implementation of such initiative. The Committee encourages the Department to expand on these past efforts to encourage occupational licensing reform, which could include grants to States, and associations of States, to review, eliminate and reform licensing requirements, and to promote portability of State licenses. Grant funding would support institutions of higher education and occupational licensing partners to address barriers to licensure for veterans and transitioning service members, immigrants with work authorization, individuals with a criminal history, and dislocated, low-wage workers.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

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

PROGRAM ADMINISTRATION

Appropriations, 2022	\$164,415,000
Budget estimate, 2023	222,633,000
Committee recommendation	193,415,000

The Committee recommendation of \$193,415,000 for program administration includes \$133,287,000 in general funds and \$60,128,000 from the Employment Security Administration account of the Unemployment Trust Fund.

General funds in this account pay for the Federal staff needed to administer employment and training programs under WIOA, Older Americans Act [OAA] (Public Law 116-131), the Trade Act of 1974 (Public Law 93-618), and the National Apprenticeship Act. Trust funds provide for the Federal administration of employment

security, training and employment, and executive direction functions.

EMPLOYEE BENEFITS SECURITY ADMINISTRATION
SALARIES AND EXPENSES

Appropriations, 2022	\$185,500,000
Budget estimate, 2023	233,867,000
Committee recommendation	217,761,000

The Committee recommends \$217,761,000 for the Employee Benefits Security Administration [EBSA]. EBSA is responsible for the enforcement of title I of the Employee Retirement Income Security Act [ERISA] in both civil and criminal areas and for enforcement of sections 8477 and 8478 of the Federal Employees’ Retirement Security Act of 1986 (Public Law 99–335). EBSA administers an integrated program of regulation, compliance assistance and education, civil and criminal enforcement, and research and analysis. Bill language allows EBSA to obligate up to \$3,000,000 for 2 fiscal years for the expert witness program. The budget requests similar language, except such funds would remain available until expended. The authority is needed for services on cases extending beyond fiscal year limitation.

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

Diverse-Owned Asset Management Firms.—The Committee directs the EBSA to submit a report to the Appropriations Committees not later than 180 days after enactment of this act on barriers to usage of diverse-owned asset management firms among pension plans and other retirement funds, and best practices among funds engaged in efforts to promote usage of such firms.

Mental Health Parity.—The Committee recommendation includes additional funding for systemic and targeted audits of health plans to ensure parity between mental and physical healthcare coverage.

PENSION BENEFIT GUARANTY CORPORATION

Appropriations, 2022	\$472,955,000
Budget estimate, 2023	493,314,000
Committee recommendation	493,314,000

The Pension Benefit Guaranty Corporation’s [PBGC] estimated obligations for fiscal year 2023 include single-employer benefit payments of \$7,344,000,000, multi-employer financial assistance of \$214,000,000, Investment Management Fees Program of \$139,800,000 and consolidated administrative expenses of \$493,314,000. In addition, \$7,626,000 is available for the Office of Inspector General. Administrative expenses are comprised of three activities: pension insurance activities, pension plan termination expenses, and operational support. These expenditures are financed by permanent authority. PBGC also anticipates obligations of \$23,418,000,000 for Special Financial Assistance and \$16,000,000 for related administrative expense from the American Rescue Plan Act of 2021.

Previously, the Committee accepted the PBGC’s proposal to reform the administrative apportionment classifications from three

budget activities to one budget activity to make operations more efficient and improve stewardship of resources. That consolidated approach for the three activities is continued, but PBGC is directed to continue providing detail every year on the three activities in its annual CJ.

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

The bill continues authority for a contingency fund for the PBGC that provides additional administrative resources when the number of participants in terminated plans exceeds 100,000. When that threshold is reached, an additional \$9,200,000 becomes available through September 30, 2027, for every 20,000 additional participants in terminated plans. The bill also continues authority allowing the PBGC additional obligation authority for unforeseen and extraordinary pre-termination expenses, after approval by the Office of Management and Budget and notification of the Committees on Appropriations of the House of Representatives and the Senate. Finally, the bill includes authority for PBGC to expend not more than an additional \$100 per affected person for credit or identity monitoring to individuals upon suffering a security incident or privacy breach in the event PBGC's expenses exceed \$250,000. Those funds are available for obligation through September 30, 2027.

WAGE AND HOUR DIVISION

SALARIES AND EXPENSES

Appropriations, 2022	\$251,000,000
Budget estimate, 2023	307,678,000
Committee recommendation	288,120,000

The Committee recommends \$288,120,000 for the Wage and Hour Division [WHD].

WHD is responsible for administering and enforcing laws that provide minimum standards for wages and working conditions in the United States. The Fair Labor Standards Act (Public Law 75-718), employment rights under the Family and Medical Leave Act (Public Law 103-3), and the Migrant and Seasonal Agricultural Worker Protection Act (Public Law 97-470) are several of the important laws that WHD is charged with administering and/or enforcing.

WHD administers and enforces laws covering more than 148 million workers. The Committee is very concerned that the number of WHD investigators reached a 50-year low earlier this year. This decline, combined with the number of workers covered by laws enforced by WHD has made it more difficult for WHD to carry out its core responsibilities to enforce the Federal minimum wage, overtime pay, recordkeeping, and child labor requirements of the Fair Labor Standards Act. The Committee recommendation will

help reverse this decline by providing \$37,120,000 more than the fiscal year 2022 enacted level.

Modernizing Information Technology.—The Committee understands WHD lacks the resources necessary to make more progress on modernizing WHD information technology and take advantage of tools made available by the Department’s enterprise architecture. The Committee supports the request for additional resources to complete development of case management and data analytics modernization efforts that will help WHD better achieve its strategic enforcement goals.

Strengthening Stakeholder Engagement.—The Committee appreciates WHD’s plans to use additional resources for increased stakeholder engagement that supports the establishment or improvement of strategic partnerships to strengthen the protection of worker rights, particularly historically underserved populations most vulnerable to wage violations.

Expanding Access to WHD.—The Committee supports WHD plans to expand options for workers to file complaints, including through 24-hour, seven-days-a-week access to its virtual call center, increased translation of materials and an online complaint option. The Committee notes with great concern reports of widespread workplace harassment and mistreatment of vulnerable domestic workers. WHD should continue its outreach efforts to stakeholders that provide supportive services or legal representation for workers vulnerable to exploitive labor conditions. The Committee requests an update on actions taken and future plans for each of the important investments highlighted under this heading in the fiscal year 2024 and subsequent year CJs.

Misclassification of Workers as Independent Contractors.—The Committee notes, with concern, that reports of workers who are misclassified as independent contractors have been steadily rising in recent years, a development that transfers costs of doing business to workers, denies them the rights and protections of bedrock workplace protections, and depletes Federal coffers by limiting payroll taxes. The Committee is aware of WHD data since July 2021 showing that in more than 40 percent of cases involving employees misclassified as independent contractors these workers were not paid minimum wage and/or overtime required by the FLSA. The Committee directs the Department to support the creation of any research, data collection, or analysis necessary to better understand employee misclassification’s prevalence and impacts on wage and hour violations in the United States. The Committee requests the Department issue a report detailing the findings from such research not later than 1 year after the enactment of this act.

Reporting of Subminimum Wages Paid to Individuals with Disabilities.—The Wage and Hour Division shall collect data at the beginning of each fiscal year and submit in an electronic format yearly reports to the Committees on Health, Education, Labor, and Pensions and Appropriations of the Senate and the Committees on Education and Labor and Appropriations of the House of Representatives. The report shall include the following:

—The name and address of each employer holding a certificate under 29 USC 214(c);

- The starting date and ending date of each certificate for each employer under 29 USC 214(c);
- Information about the certificate for each employer under 29 USC 214(c), including if the certificate is an initial certificate or renewal and if the certificate is issued or pending;
- The current number of workers employed by the employer holding the certificate under 29 USC 214(c) at the time of the data collected;
- The average, minimum and maximum wages and the standard deviation of wages for all employees (data obtained from 29 USC 211(c)) for each employer holding a certificate under 29 USC 214(c) at the time of data collection; and
- The average, minimum and maximum hours and the standard deviation of hours worked by employees (data obtained from 29 USC 211(c)) for each employer holding a certificate under 29 USC 214(c) for all workers under such certificate at the time of data collection.

OFFICE OF LABOR-MANAGEMENT STANDARDS
SALARIES AND EXPENSES

Appropriations, 2022	\$45,937,000
Budget estimate, 2023	49,951,000
Committee recommendation	48,515,000

The Committee recommends \$48,515,000 for the Office of Labor-Management Standards [OLMS].

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

Additional funding provided by the Committee recommendation will strengthen OLMS’ ability to provide unionized workers with the protections to which they are entitled under the LMRDA and develop and provide compliance assistance to support labor organizations in complying with the LMRDA.

OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS
SALARIES AND EXPENSES

Appropriations, 2022	\$108,476,000
Budget estimate, 2023	147,051,000
Committee recommendation	120,500,000

The Committee recommends \$120,500,000 for the Office of Federal Contract Compliance Programs.

This Office protects workers and potential employees of Federal contractors from employment discrimination prohibited under Executive Order 11246, section 503 of the Rehabilitation Act of 1973, and the Vietnam Era Veterans’ Readjustment Assistance Act of 1974. These prohibitions make it unlawful for contractors and sub-contractors doing business with the Federal Government to discriminate in employment because of race, color, religion, sex (in-

cluding sexual orientation and gender identity), national origin, disability, or status as a protected veteran.

The Committee recommendation includes \$120,500,000, an increase of \$12,024,000, to begin to rebuild the lost capacity of OFCCP which has experienced a 40 percent reduction in its staffing level as compared to a decade ago. The Committee is particularly supportive of OFCCP efforts and plans to advance pay equity where significant gender pay inequity persists, leaving full-time working women paid approximately 83 cents of every dollar paid to men, with even larger gaps for working women of color.

OFFICE OF WORKERS’ COMPENSATION PROGRAMS

SALARIES AND EXPENSES

Appropriations, 2022	\$120,129,000
Budget estimate, 2023	145,977,000
Committee recommendation	129,600,000

The Committee recommends \$129,600,000 for the Office of Workers’ Compensation Programs [OWCP]. The bill provides authority to expend \$2,205,000 from the special fund established by the Longshore and Harbor Workers’ Compensation Act. In addition, \$42,194,000 is available by transfer from the Black Lung Disability Trust Fund.

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

SPECIAL BENEFITS

Appropriations, 2022	\$244,000,000
Budget estimate, 2023	250,000,000
Committee recommendation	250,000,000

The Committee recommends \$250,000,000 for this account. This mandatory appropriation, which is administered by OWCP, primarily provides benefits under FECA.

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

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

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

The Committee continues language to provide authority to deposit into the special benefits account of the employees' compensation fund those funds that the Postal Service, the Tennessee Valley Authority, and other entities are required to pay to cover their fair share of the costs of administering the claims filed by their employees under FECA.

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

SPECIAL BENEFITS FOR DISABLED COAL MINERS

Appropriations, 2022	\$32,970,000
Budget estimate, 2023	36,031,000
Committee recommendation	36,031,000

The Committee recommends a mandatory appropriation of \$36,031,000 in fiscal year 2023 for special benefits for disabled coal miners. This is in addition to the \$11,000,000 appropriated last year as an advance for the first quarter of fiscal year 2023, for a total program level of \$47,031,000 in fiscal year 2023.

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

The Committee also recommends an advance appropriation of \$10,250,000 for the first quarter of fiscal year 2024. These funds will ensure uninterrupted benefit payments as promised to coal miners, their widows, and dependents.

DIVISION OF ENERGY EMPLOYEES OCCUPATIONAL ILLNESS
COMPENSATION

SALARIES AND EXPENSES

Appropriations, 2022	\$63,428,000
Budget estimate, 2023	64,564,000
Committee recommendation	64,564,000

The Committee recommends \$64,564,000 for the Division of Energy Employees Occupational Illness Compensation Program [EEOICP]. This is a mandatory appropriation.

The Division administers the Energy Employees Occupational Illness Compensation Program Act [EEOICPA] (Public Law 106-398), which provides benefits to eligible employees and former employees of the Department of Energy, its contractors and subcontractors, or to certain survivors of such individuals. The mission also includes delivering benefits to certain beneficiaries of the Radiation Exposure Compensation Act (Public Law 106-245). The Division is part of OWCP.

BLACK LUNG DISABILITY TRUST FUND

Appropriations, 2022	\$331,505,000
Budget estimate, 2023	394,896,000
Committee recommendation	394,896,000

The bill provides an estimated \$394,896,000 as requested for this mandatory appropriations account. This estimate is comprised of \$81,310,000 for administrative expenses and an estimated \$313,586,000 for benefit payment and interest costs.

The bill continues to provide indefinite authority for the Black Lung Disability Trust Fund to provide for benefit payments. The Trust Fund pays all black lung compensation/medical and survivor benefit expenses when no responsible mine operation can be assigned liability or refuses to pay for such benefits, as well as all administrative costs that are incurred in administering the benefits program and operating the trust fund. As requested in the budget, the bill provides for transfers from the trust fund for administrative expenses for the following Department agencies: up to \$42,194,000 for the part C costs of the Division of Coal Mine Workers' Compensation Programs; up to \$38,407,000 for Departmental Management, Salaries and Expenses; and up to \$353,000 for Departmental Management, Inspector General. The bill also allows a transfer of up to \$356,000 for the Department of the Treasury.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2022	\$612,015,000
Budget estimate, 2023	701,405,000
Committee recommendation	679,809,000

The Committee recommends \$679,809,000 for the Occupational Safety and Health Administration [OSHA], which is responsible for enforcing the Occupational Safety and Health Act of 1970 (Public Law 91-596) in the Nation's workplaces.

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

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

from general schedule safety inspections, except for the small farms covered by the broader exemption.

COVID-19 Permanent Standard for Healthcare Workers and Infectious Disease Standard.—The Committee recognizes the continued need to improve protections for all workers in light of the ongoing pandemic and potential for future pandemics. The Committee appreciates the Spring 2022 Unified Agenda of Regulatory and Deregulatory Actions released on June 21, 2022 identifies September 2022 for issuance of the final rule for the healthcare COVID-19 standard. However, the May 2023 timeline for the notice of proposed rulemaking [NPRM] for the infectious diseases standard would mean its development has taken 13 years. The Committee believes OSHA should accelerate its efforts to increase protections for workers and issue the infectious disease standard NPRM as soon as possible.

State Plan States.—The Committee recommends \$121,000,000 for grants to States under section 23(g) of the Occupational Safety and Health Act (Public Law 91-596). These funds primarily are provided to States that have taken responsibility for administering their own occupational safety and health programs for the private sector and/or the public sector. State plans must be at least as effective as the Federal program and are monitored by OSHA. The bill continues language that allows OSHA to provide grants of up to 50 percent for the costs of State plans approved by the agency. The Committee recommendation includes an additional \$8,000,000 to strengthen the capacity of such State plans to maintain and enforce safety and health standards that are at least as effective as OSHA's Federal program and provide the Federal share to any additional States that have chosen to administer their own safety and health programs.

NIOSH and OSHA Study on Technology in the Workplace.—The Committee believes that a greater understanding in the nexus of the role of technology in improving occupational safety and health is critical. Therefore, the Committee directs the OSHA and NIOSH to convene stakeholders to examine the role of technology in improving safety, health and wellbeing. In particular, efforts are needed to make safety-related technology innovation more accessible, to identify the most hazardous situations for the American workforce across jobs, occupations, and industries, and weigh the risks/benefits of adopting safety controls by employers. The Committee requests recommendations on these topics to specifically focus on reducing injuries, illnesses, and fatalities.

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

The Committee recommendation also includes \$12,787,000 for the OSHA Susan Harwood Training Grant program, with up to \$6,500,000 for capacity building development grants. The Committee urges OSHA to prioritize these funds to support non-profit,

community-based groups and other non-profit organizations with the capability to reach vulnerable workers in low-wage industries and workers in dangerous industries.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2022	\$383,816,000
Budget estimate, 2023	423,449,000
Committee recommendation	409,551,000

The Committee recommendation includes \$409,551,000 for the Mine Safety and Health Administration [MSHA].

MSHA enforces the Federal Mine Safety and Health Act (Public Law 91-173) by conducting inspections and special investigations of mine operations, promulgating mandatory safety and health standards, cooperating with the States in developing effective State programs, and improving training in conjunction with States and the mining industry.

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

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

The Committee continues to emphasize the importance of mine safety enforcement, and instructs MSHA to fully implement the requirements of Section 103 of the Federal Mine Safety and Health Act of 1977 (Public Law 91-173). MSHA shall make inspections of each underground coal mine in its entirety at least four times a year and each surface coal or other mine in its entirety at least two times a year. Further, MSHA shall fully and effectively enforce the Final Rule Reducing Miners' Exposure to Coal Dust and not use any funds to weaken or eliminate the Final Rule Lowering Miners' Exposure to Respirable Coal Mine Dust.

Respirable Crystalline Silica Standard [RCS].—The Committee is aware of numerous reports from recent years indicating concerning trends in black lung cases, particularly in central Appalachia. According to these studies, one in every five miners with 25 years or more experience has black lung. In many of these miners, the disease has progressed to its most severe stage as a result of coal and silica dust inhalation. The Committee appreciates the administration's planned September 2022 Notice of Proposed Rule-making to address the existing permissible exposure limit of RCS

for all miners and to update the existing respiratory protection standards for miner exposure to RCS. The Committee expects MSHA to finalize this rulemaking as soon as possible and directs the Department to provide regular updates on progress toward a final rule.

BUREAU OF LABOR STATISTICS
SALARIES AND EXPENSES

Appropriations, 2022	\$687,952,000
Budget estimate, 2023	741,744,000
Committee recommendation	723,454,000

The Committee recommends \$723,454,000 for the Bureau of Labor Statistics [BLS]. This amount includes \$68,000,000 from the Employment Security Administration account of the Unemployment Trust Fund and \$655,454,000 in Federal funds. The Committee recommendation excludes \$15,410,000 within the budget proposal for one-time costs associated with the physical move of the BLS headquarters that were fully funded in last year’s bill.

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

Contingent and Alternative Work Arrangements Supplement.—The Committee is pleased to see BLS plans to field a redesigned Contingent Worker Supplement in July 2023 using conclusions and recommendations on the Contingent Worker Supplement from the Committee on National Statistics of the National Academy of Sciences, Engineering, and Medicine [NASEM] consensus report issued in July 2020. The Committee requests a briefing on the redesigned survey prior to its issuance. The BLS should continue to report on contingent and alternative work arrangements every 2 years thereafter.

National Longitudinal Survey of Youth [NLSY].—The Committee continues to recognize the importance of the NLSY, which has provided valuable information about labor market trends for decades. The Committee recommends \$14,500,000 for the purposes of continuing to plan and develop the new NLSY cohort established by the Further Consolidated Appropriations Act, 2020 and maintained in the last two fiscal years.

The Committee expects BLS will develop an appropriate methodology that will maintain continuity in key measurements across the cohorts, which will be of value to understanding our changing economy and society. The Committee intends for the funds to be used to support continued planning and development of the new cohort and, specifically in fiscal year 2023, on design efforts, including methodological areas such as sampling, survey operations, content determinations, questionnaire and materials development, dissemination planning, and systems work. The Committee expects BLS to continue fielding the NLSY79 and NLSY97 cohorts.

Non-Profit Employment and Wage Data.—The Committee requests BLS report in its fiscal year 2024 CJ the cost and operational steps necessary to provide distinct, public, and quarterly

data on non-profit employment. Covered non-profit data should include the number of establishments, employment figures, and average worker wages at the national, state, county, and Metropolitan Statistical Area levels, and be provided by subfield. Specifically, the report shall analyze the cost and steps for including this data as part of the BLS Quarterly Census of Employment and Wages program, but may include other options for data compilation and release.

OFFICE OF DISABILITY EMPLOYMENT POLICY

Appropriations, 2022	\$40,500,000
Budget estimate, 2023	58,566,000
Committee recommendation	42,928,000

The Committee recommends \$42,928,000 for the Office of Disability Employment Policy [ODEP] to provide leadership, develop policy and initiatives, support technical assistance and implementation and award grants furthering the objective of eliminating physical and programmatic barriers to the training, labor force participation and employment of people with disabilities and to design and implement research and technical assistance grants and contracts that support the transition to competitive, integrated employment for youth and adults with disabilities. The bill includes requested language continuing to allow not less than \$9,000,000 to be used for research and demonstration projects related to testing effective ways to promote greater labor force participation of people with disabilities. These funds may be transferred to the “State Unemployment Insurance and Employment Service Operations” account for such purpose. The Committee requests notification at least 14 days prior to any such transfer.

Competitive, Integrated Employment.—The Committee believes ODEP should prioritize promoting competitive integrated employment and supporting States, service providers and individuals with disabilities as they transition away from subminimum wage and segregated work. The Committee requests an update on actions taken and future plans on this work in the Department’s fiscal year 2024 and subsequent year CJs.

Disability Divide in the Workforce.—The Committee recognizes the difficulty in securing employment for workers with disabilities. The Committee directs the Department to expand its Employer Assistance and Resource Network on Disability Inclusion [EARN] to create additional partnerships and resources that reinforce competitive integrated employment in critical workforce need areas. EARN should also incorporate any effective strategies from the Neurodiverse Federal Workforce pilot program in its resources and services.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Appropriations, 2022	\$367,697,000
Budget estimate, 2023	492,104,000
Committee recommendation	429,980,000

The Committee recommendation includes \$429,980,000 for the Departmental Management account. Of this amount, \$429,672,000

is available from general funds and \$308,000 is available by transfer from the Employment Security account of the Unemployment Trust Fund. In addition, \$38,407,000 is available by transfer from the Black Lung Disability Trust Fund.

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

The Committee recommendation includes \$118,125,000 for the Bureau of International Labor Affairs [ILAB] to carry out its statutory responsibilities, of which \$83,000,000 is available for obligation through December 31, 2023. These funds are in addition to the supplemental appropriations for ILAB in Public Law 116–113, the United States-Mexico-Canada Agreement Implementation Act, for its responsibilities under that law.

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

The Department shall report on plans for and uses of all funds available to DOL in the United States-Mexico-Canada Agreement Implementation Act (Public Law 116–113) in the fiscal year 2024 and subsequent year CJs. Such plans and updates shall also include information on how funds are being used for monitoring, oversight, and technical assistance in support of the purposes of such act, including Mexico's implementation of nationwide labor reforms and compliance with labor obligations.

The Committee continues to support the critical role ILAB plays in working to eradicate child labor, forced labor, and human trafficking, including through its research and reporting in its Findings on the Worst Forms of Child Labor, List of Goods Produced by Child Labor or Forced Labor, List of Products Produced by Forced or Indentured Child Labor. The Committee recommendation includes additional resources for publication of these important reports, including to expand efforts to trace goods through supply chains and identify inputs made with child and child labor.

Evaluation, and Evidence-Building and Use.—The Committee recommendation provides \$9,564,000 for program evaluation and allows these funds to be available for obligation through September 30, 2024. The Committee bill also continues the authority of the Secretary to transfer these funds to any other account in the Department for evaluation purposes. The Committee bill continues authority to use up to 0.75 percent of certain Department appropriations for evaluation activities identified by the chief evaluation officer. The Committee expects to be notified of the planned uses of funds derived from this authority.

Foundation for Evidence-Based Policymaking Act.—The Committee continues to believe that the execution of the Foundations for Evidence-Based Policymaking Act will enhance the evidence-building capacity of Federal agencies, strengthen privacy protections, improve secure access to data, and provide more and higher quality evidence to policymakers. Therefore, the Committee directs the Department to continue to include in the fiscal year 2024 and future CJs updates on the implementation and planned implementation of such act for the current and future budget years.

The recommendation includes \$32,304,000 for the Office of the Assistant Secretary for Administration and Management.

The recommendation includes \$38,000,000 for the Adjudication activity.

The Committee recommendation provides \$26,000,000 for the Women's Bureau. The Committee continues bill language allowing the Bureau to award grants, including not less than \$2,500,000 for grants authorized by the Women in Apprenticeship and Nontraditional Occupations Act. The Committee is particularly supportive of the Bureau's plans to expand WANTO grants and continue to support paid leave programs.

Gender-Based Pay and Other Discrimination.—The Committee is pleased the administration issued a National Strategy on Gender Equity and Equality that includes important roles for Department agencies. The Committee supports plans of OFCCP to advance pay equity through its enforcement and compliance assistance activities. In addition, the Women's Bureau plans to support research, stakeholder engagement and strategies to combat pay discrimination and other gender-based employment discrimination. The Committee requests an update on this work in the fiscal year 2024 and future CJs, including coordination between the Department's agencies and with other Federal agencies.

Paid Family Leave Tax Credit Awareness.—The Committee recommendation includes \$1,000,000 to begin coordinating and evaluating a campaign designed to increase awareness of tax credits for paid family and medical leave authorized under section 45S of the Internal Revenue Code of 1986 and similar provisions. Furthermore, the Committee directs the Department to submit a report within 270 days after the completion of the awareness campaign that examines the effectiveness of the tax credit for paid family and medical leave authorized under section 45S of the Internal Revenue Code of 1986, as well as any similar tax credit that encourages employers to provide paid family and medical leave. The report should focus on how the Department can use the tax credit or paid leave program to aid in increasing access to paid family and medical

leave; promote the creation of new paid family and medical leave policies among employers; and encourage employee or employer behavior that might not otherwise have occurred in the absence of a credit or paid leave program.

VETERANS’ EMPLOYMENT AND TRAINING

Appropriations, 2022	\$325,341,000
Budget estimate, 2023	330,968,000
Committee recommendation	332,341,000

The Committee recommendation of \$332,341,000 for the Veterans’ Employment and Training Service [VETS] includes \$64,500,000 in general revenue funding and \$267,841,000 to be expended from the Employment Security Administration account of the Unemployment Trust Fund.

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

The Committee provides \$183,000,000 for the Jobs for Veterans State Grants [JVSG] program. This funding will enable Disabled Veterans’ Outreach Program specialists and Local Veterans’ Employment Representatives to continue providing intensive employment services to veterans and eligible spouses; transitioning service members early in their separation from military service; wounded warriors recuperating in military treatment facilities or transition units; and spouses and family caregivers to help ensure the family has income to provide sufficient support. The Committee maintains language providing authority for JVSG funding to be used for data systems and contract support to allow for the tracking of participant and performance information.

The Committee provides \$33,379,000 for the Transition Assistance Program [TAP] to support apprenticeship opportunities and employment workshops at military installations, and in virtual classrooms, worldwide for exiting service members and spouses.

The Committee recommendation includes \$48,048,000 for Federal administration costs. This funding level will support oversight and administration of the VETS grant programs, TAP employment workshops, and compliance and enforcement activities.

The Committee recommends \$64,500,000 for the Homeless Veterans’ Reintegration Program [HVRP] to help homeless veterans attain the skills they need to gain meaningful employment. The bill allows Incarcerated Veterans’ Transition funds to be awarded to serve veterans who have recently been released from incarceration but are at risk of homelessness.

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

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

INFORMATION TECHNOLOGY MODERNIZATION

Appropriations, 2022	\$28,269,000
Budget estimate, 2023	47,969,000
Committee recommendation	33,380,000

The Committee recommends \$33,380,000 for the Information Technology [IT] Modernization account. Funds available in this account have been used for two primary activities. The first is departmental support systems, for which \$8,000,000 is provided. The second activity, IT Infrastructure Modernization, supports necessary activities associated with the Federal Data Center Consolidation Initiative.

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

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2022	\$90,847,000
Budget estimate, 2023	107,865,000
Committee recommendation	102,417,000

The Committee recommends \$102,417,000 for the DOL Office of the Inspector General. The bill includes \$96,757,000 in general funds and authority to transfer \$5,660,000 from the Employment Security Administration account of the Unemployment Trust Fund. In addition, an amount of \$353,000 is available by transfer from the Black Lung Disability Trust Fund. The bill includes new language allowing up to \$2,000,000 of such amounts to be available until expended.

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

GENERAL PROVISIONS

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

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

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

Section 104. The bill continues a provision requiring that funds available under section 414(c) of the American Competitiveness and Workforce Improvement Act (Public Law 106-313) may only be used for competitive grants that train individuals over the age of

16 who are not enrolled in school, in occupations and industries for which employers are using H-1B visas to hire foreign workers.

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

Section 106. The bill modifies a provision regarding transfer authority related to funds for technical assistance and program integrity.

Section 107. The bill continues a provision allowing up to 0.75 percent of discretionary appropriations provided in this act for all Department agencies to be used by the Office of the Chief Evaluation Officer for evaluation purposes consistent with the terms and conditions in this act applicable to such office.

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

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

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

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

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

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

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

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

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

Section 117. The bill includes a new provision regarding the provision of technical assistance.

TITLE II

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

HEALTH RESOURCES AND SERVICES ADMINISTRATION

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

BUREAU OF PRIMARY HEALTH CARE

Appropriations, 2022	\$1,748,772,000
Budget estimate, 2023	1,839,022,000
Committee recommendation	1,918,772,000

The Committee recommendation for the activities of the Bureau of Primary Health Care is \$1,918,772,000.

Community Health Centers

The Committee provides \$1,918,772,000, an increase of \$170,000,000 above the fiscal year 2022 enacted level. Programs supported by this funding include community health centers, migrant health centers, healthcare for the homeless, school-based, and public housing health service grants. The Committee continues to support the ongoing effort to increase the number of people who have access to medical services at health centers. Health centers play a vital role in ensuring access to primary care in underserved areas of the country, including urban, rural, and frontier areas.

In addition, within the amount provided, the Committee provides up to \$120,000,000 under the Federal Tort Claims Act [FTCA] (Public Law 102–501 and Public Law 104–73), available until expended. These funds are used to pay judgments and settlements, occasional witness fees and expenses, and related administrative costs. The Committee intends FTCA coverage funded through this bill to be inclusive of all providers, activities, and services included within the health centers’ federally approved scope of project.

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

Children’s Mental Health Services.—The COVID–19 pandemic has had serious impacts on children’s mental, psychological, and

emotional well-being, especially in low-income and minority communities. This impact will likely last for an extended period. The Committee continues to urge HRSA to provide funding to Health Centers to support vital mental health services for children.

Ending the HIV Epidemic.—The Committee provides \$172,250,000 within the health centers program for the Ending the HIV Epidemic initiative, \$50,000,000 above the fiscal year 2022 enacted level. The initiative provides funding to Health Centers in high-need jurisdictions to increase prevention and treatment services for people at high risk for HIV transmission, including Pre-Exposure Prophylaxis [PrEP] related services, outreach, and care coordination through new grant awards in areas currently served by health centers. For the third year of this initiative, the Committee provides increased funding that will result in a total participation of approximately 400 health centers across the country.

Integrating High-Quality Contraceptive Care.—The Committee is aware that while most primary care physicians provide women's health services, many are not able to provide patients with a broad range of contraceptive care options, including long-acting reversible contraceptive methods that require specialized training and skill development. The Committee includes \$50,000,000 to support grants for training and quality improvement efforts to make available patient-centered contraceptive care within health center primary care settings. Grantees may use funds to support training and quality improvement to implement best practices in contraceptive care, including reproductive health screening, patient-centered contraceptive counseling, and access to the full range of FDA-approved, cleared, or granted contraceptive products that are determined by an individual's medical provider to be medically appropriate. These activities would improve health equity, strengthen maternal health and prenatal care, and empower patients to decide if and when they want to become pregnant.

Native Hawaiian Health Care.—The Committee includes no less than \$30,000,000 for the Native Hawaiian Health Care Program. Of the total amount appropriated for the Native Hawaiian Health Care Program, not less than \$10,000,000 shall be provided to Papa Ola Lokahi for administrative purposes authorized under 42 U.S.C. 11706, including to expand research and surveillance related to the health status of Native Hawaiians and strengthen the capacity of the Native Hawaiian Health Care Systems to provide comprehensive health education and promotion, disease prevention services, traditional healing practices, and primary health services to Native Hawaiians.

School-Based Health Centers [SBHCs] and Health Center School-Based Service Sites.—Recognizing the critical role of Health Centers as part of our Nation's healthcare safety net, and that Health Centers providing services at sites located at schools within the communities they serve are currently one of the most effective sources of mental healthcare for children and adolescents, the Committee includes \$55,000,000, an increase of \$20,000,000 above the fiscal year 2022 enacted level, for awards to Health Centers operating school-based service sites to increase their capacity to meet the increasing demand for health services, including mental health services. The Committee also includes \$50,000,000 to make grants

to fund the School-Based Health Center Program and expand services at SBHCs pursuant to 42 USC 280h-5. SBHCs provide a convenient access point to high-quality, comprehensive primary healthcare, mental health services, preventive care, social services, and youth development to primarily children and adolescents from low-income families.

Technical Assistance.—The Committee provides no less than \$2,500,000 within the amount provided for health centers to enhance technical assistance and training activities, further quality improvement initiatives, and continue the development of and support for health center-controlled networks so that new and existing centers can improve patient access to quality health services.

Free Clinics Medical Malpractice Coverage.—The Committee provides \$1,000,000 for payments of claims under the FTCA to be made available for free clinic health professionals as authorized by section 224(o) of the Public Health Service [PHS] Act (Public Law 104–73). This appropriation extends FTCA coverage to medical volunteers in free clinics to expand access to healthcare services to low-income individuals in medically underserved areas.

BUREAU OF HEALTH WORKFORCE

Appropriations, 2022	\$1,295,742,000
Budget estimate, 2023	1,619,884,000
Committee recommendation	1,515,876,000

The Committee recommendation for the activities of the Bureau of Health Workforce is \$1,515,876,000. The Bureau of Health Workforce provides policy leadership and grant support for health professions workforce development. The mission of the Bureau is to identify shortage areas while working to eliminate them. Its programs are intended to ensure that the Nation has the right clinicians, with the right skills, working where they are needed.

The Committee eliminates the prohibition on using HRSA funds to support alternative dental providers. Dental therapists are accredited and licensed providers who play a similar role in dentistry to that of physician assistants in medicine, and work under the supervision of a dentist to provide routine dental care like exams and fillings. Dental therapy is currently practiced in more than 50 countries and has been legal in parts of the United States for more than 15 years, beginning in Alaska and now in 13 States. Ending this prohibition will give States the flexibility to further expand access and equity in dental care, particularly in poor, underserved and rural communities. In 2019, only about half of the 19 million children enrolled in Medicaid had a dental visit during that year. Studies show that poor oral health in children is linked to poor performance in school. Dental therapists could play an important role in addressing this access gap.

The Committee also encourages HRSA to conduct outreach, provide technical assistance, and give priority in awarding cooperative agreements and grants to entities in high poverty rates and historically marginalized communities. These communities disproportionately suffer from a high prevalence of substance use disorders, suicide, and poverty, combined with severe mental health provider shortages at rates less than half the National benchmark for full-time equivalent mental health providers, psychologists, and psychi-

atrists. The Committee urges HRSA to work with these communities to develop their mental health workforce and requests an update in the fiscal year 2024 CJ on best practices and strategies to attract mental healthcare practitioners to these disproportionately impacted communities.

National Health Service Corps

The Committee provides \$135,600,000 for the National Health Service Corps [Corps], an increase of \$14,000,000 above the fiscal year 2022 enacted level. The Committee recognizes the success of the Corps program in building healthy communities in areas with limited access to care. The program has shown increases in retention of healthcare professionals located in underserved areas.

Within this total, the Committee includes an increase of \$10,000,000 to expand access to quality opioid and substance use disorder [SUD] treatment in rural and underserved areas nationwide as described in the fiscal year 2023 request. The Committee continues language that expands eligibility for loan repayment awards through the Corps to include SUD counselors. The Committee also continues to include section 206 of this act to modify the rules governing the Corps to allow every Corps member 60 days to cancel their contract.

The Committee recognizes the importance of the Corps in increasing the number of health providers in Health Provider Shortage Areas [HPSAs]. The Committee also recognizes that while 70 percent of all HPSAs were rural or partially rural in 2019, only 36 percent of NHSC providers served in rural areas. The Committee encourages HRSA to increase the number of Corps providers in rural areas and prioritize applicants from rural areas who are more likely to stay beyond their required service commitment. The Committee is also concerned there are Medically Underserved Areas and HPSAs with a high percentage of active physicians who are age 60 or older and nearing retirement. HRSA should consider prioritizing funding for physician workforce development in these areas to avoid extreme shortages.

Maternity Care Target Areas [MCTAs].—The Committee includes \$5,000,000, an increase of \$4,000,000 above the fiscal year 2022 enacted level, within the Corps to implement requirements contained in the Improving Access to Maternity Care Act, including establishing criteria for and identifying MCTAs and collecting and publishing data on the availability and need for maternity care health services in health professional shortage areas.

Training for Diversity

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

Centers of Excellence

The Committee recommends \$28,422,000 for the Centers of Excellence Program, \$4,000,000 above the fiscal year 2022 enacted level. This program provides grants to health professions schools and other institutions to serve as resource and education centers

for the recruitment, training, and retention of underrepresented minority students and faculty. The Committee notes that COEs educate a disproportionate share of health professionals from minority and underserved backgrounds and address the need for a diverse and culturally competent healthcare workforce.

Health Careers Opportunity Program

The Committee includes \$18,500,000 for the Health Careers Opportunity Program [HCOP], \$3,050,000 above the fiscal year 2022 enacted level. The Committee notes that HCOPs assist students from minority and economically disadvantaged backgrounds navigate careers into the health professions.

Faculty Loan Repayment

The Committee provides \$2,310,000, an increase of \$1,084,000 above the fiscal year 2022 enacted level, for the Faculty Loan Repayment Program. This program provides loan repayment to health profession graduates from disadvantaged backgrounds who serve as faculty at eligible health professions academic institutions.

Scholarships for Disadvantaged Students

The Committee provides \$55,014,000 for Scholarships for Disadvantaged Students, an increase of \$2,000,000. This program provides grants to eligible health professions and nursing schools to award scholarships to students from disadvantaged backgrounds who have financial need.

Primary Care Training and Enhancement

The Committee provides \$54,924,000 for the Primary Care Training and Enhancement [PCTE] program, an increase of \$6,000,000 above the fiscal year 2022 enacted level, to support the expansion of training in internal medicine, family medicine, and pediatrics. Funds may be used to develop training programs or provide direct financial assistance to students and residents.

Eating Disorders Screening and Referrals.—The COVID–19 pandemic worsened eating disorders across the Nation, with one study reporting a doubling and tripling of eating disorder caseloads in children’s hospitals. Despite the physical and psychiatric acuity associated with eating disorders, many patients remain undetected and untreated, in part due to a lack of specialized training for health professionals. In fact, only 20 percent of surveyed medical residency programs offer elective training in eating disorders and only 6 percent require such training. Within the total for PCTE, the Committee provides up to \$1,000,000, in coordination with SAMHSA’s Center of Excellence for Eating Disorders, to provide trainings for primary care health professionals to screen, intervene, and refer patients to treatment for the severe mental illness of eating disorders, as authorized under section 13006 of the 21st Century Cures Act (Public Law 114–255).

Integrating High-Quality Contraceptive Care.—The Committee is aware that while most primary care physicians provide health services, many are not able to provide patients with a broad range of contraceptive care options, including long-acting reversible contraceptive methods that require specialized training and skill develop-

ment. An appropriately trained primary care workforce is necessary to ensure that all patients have access to contraceptive counseling and services. Within the total for PCTE, the Committee includes \$5,000,000 to provide training to primary care physicians in counseling, provision, and follow up care for all forms of highly effective reversible contraception methods.

Training in Oral Health Care

The Committee provides \$42,673,000 for Training in Oral Health Care programs, which includes not less than \$1,000,000 each for general and pediatric dentistry. Funds may be used to expand training in general dentistry, pediatric dentistry, public health dentistry, dental hygiene, and other oral health access programs. Funds may also be used to plan and operate training programs, as well as to provide financial assistance to students and residents.

Medical Student Education

The Committee continues to provide \$55,000,000 to support colleges of medicine at public universities located in the top quintile of States projected to have a primary care provider shortage in 2025.

Interdisciplinary, Community-Based Linkages

Area Health Education Centers

The Committee provides \$47,000,000 for Area Health Education Centers [AHECs], an increase of \$2,000,000. The program links university health science centers with community health service delivery systems to provide training sites for students, faculty, and practitioners. The program supports three types of projects: core grants to plan and implement programs; special initiative funding for schools that have previously received AHEC grants; and model programs to extend AHEC programs with 50 percent Federal funding.

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

Behavioral Health Workforce Education and Training Program

The Committee provides \$213,000,000 for Behavioral Health Workforce Education and Training Program [BHWET], \$90,000,000 above the fiscal year 2022 enacted level. This program establishes and expands internships or field placement programs in behavioral health serving populations in rural and medically underserved areas.

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

provide addiction prevention, treatment, and recovery services across healthcare sectors.

Behavioral Health Integration into Community-Based Settings.—Within BHWET, the Committee includes \$10,000,000 to promote the healthy social and emotional development and behavioral health needs of families in communities that are traditionally underserved or are part of a Mental Health Professional Shortage Area.

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

Substance Use Disorder Treatment and Recovery [STAR] Loan Repayment Program.—The Committee also includes \$50,000,000 for this program within the total for BHWET, \$26,000,000 above the fiscal year 2022 enacted level. This program addresses shortages in the SUD workforce by providing for the repayment of education loans for individuals working in a full-time SUD treatment job that involves direct patient care in either a Mental Health Professional Shortage Area or a county where the overdose death rate exceeds the National average.

Social Workers.—While the Committee is aware that the behavioral health workforce is seeing shortages in all professions, HRSA is encouraged to ensure that social workers are receiving equitable treatment from the program given their multifaceted roles in healthcare settings. Additionally, the Committee encourages HRSA to ensure that program awardees are actively working to recruit a diverse field of behavioral health professionals.

Geriatric Workforce Enhancement Program

The Committee provides \$47,245,000 for the Geriatric Workforce Enhancement Program, an increase of \$2,000,000. This program supports training to integrate geriatrics into primary care delivery and develops academic primary care community based partnerships to address gaps in healthcare for older adults.

Mental and Behavioral Health Programs

The Committee includes \$44,053,000 for Mental and Behavioral Health Programs, an increase of \$5,000,000 above the fiscal year 2022 level.

Graduate Psychology Education [GPE].—Within the total for Mental and Behavioral Health Programs, the Committee includes \$25,000,000, an increase of \$5,000,000 above the fiscal year 2022 enacted level, for the inter-professional GPE Program to increase the number of health service psychologists trained to provide integrated services to high-need, underserved populations in rural and urban communities. The Committee recognizes the severe impact of COVID-19 on Americans' mental and behavioral health and urges HRSA to strengthen investments in the training of health service psychologists to help meet these demands. The Committee also recognizes the growing need for highly trained mental and behavioral health professionals to deliver evidence-based behavioral interventions for pain management in addressing the opioid epidemic.

Health Professions Workforce Information and Analysis

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

Public Health Workforce Development

The Committee provides \$18,000,000, an increase of \$1,000,000, for Public Health Workforce Development. This program line, also called Public Health and Preventive Medicine, funds programs that are authorized in titles III and VII of the PHS Act (Public Law 111-148) and supports awards to schools of medicine, osteopathic medicine, public health, and integrative medicine programs.

Nursing Workforce Development Programs

The Committee provides \$318,472,000, an increase of \$38,000,000, for Nursing Workforce Development programs. These programs provide funding to address all aspects of nursing workforce demand, including education, practice, recruitment, and retention.

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

Advanced Education Nursing

The Committee recommends \$105,581,000, an increase of \$26,000,000, for Advanced Education Nursing programs, which increase the number of qualified nurses in the workforce by improving nursing education through curriculum and faculty development. The Committee recognizes the importance of strengthening the primary care workforce and training providers to work in community-based settings, particularly by funding Advanced Nursing Education and Residency Programs.

Certified Nurse Midwives.—The Committee includes \$25,000,000 to grow and diversify the maternal and perinatal health nursing workforce by increasing and diversifying the number of Certified Nurse Midwives with a focus on practitioners working in rural and underserved communities. The program will help advance equity and address disparities in maternal mortality by awarding scholarships to students and Registered Nurses to cover the total cost of tuition for the duration of the nurse midwifery program.

Sexual Assault Nurse Examiners Program.—The Committee provides \$15,000,000, an increase of \$1,000,000, to expand training and certification of Registered Nurses, Advanced Practice Reg-

istered Nurses, and Forensic Nurses to practice as sexual assault nurse examiners [SANEs].

Nurse Education, Practice, Quality and Retention Program

The Committee includes \$59,413,000 for competitive grants within the Nurse Education, Practice, Quality and Retention program to enhance nurse education and strengthen the nursing workforce through the expansion of experiential learning opportunities. Within this total, the Committee provides \$10,750,000, an increase of \$5,000,000, to expand competitive grants to enhance nurse education through the expansion of experiential learning opportunities. HRSA is directed to ensure that these grants include as an allowable use the purchase of simulation training equipment. HRSA shall give priority to grantees with a demonstrated commitment to training rural health professionals in a State with high rates of chronic age-related illness including stroke, heart disease and chronic obstructive pulmonary disease.

Nurse Practitioner Fellowship Program

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

Nurse Corps Scholarship and Loan Repayment

The Committee includes \$95,635,000 for Nurse Corps, \$7,000,000 above the fiscal year 2022 enacted level. This program supports scholarships and loan repayment assistance for nurses and nursing students committed to working in communities with inadequate access to care.

Nursing Workforce Diversity

The Committee includes \$23,343,000 for Nursing Workforce Diversity to increase nursing education opportunities for individuals from disadvantaged backgrounds by providing student stipends, scholarships, and preparation and retention activities.

Children's Hospitals Graduate Medical Education

The Committee provides \$385,000,000 for the Children's Hospitals Graduate Medical Education [CHGME] program, an increase of \$10,000,000. The Committee strongly supports the CHGME program, which provides support for graduate medical education training programs in both ambulatory and in-patient settings within freestanding children's teaching hospitals. CHGME payments are determined by a per-resident formula that includes an amount for direct training costs added to a payment for indirect costs. Payments support training of resident physicians as defined by Medicare in both ambulatory and inpatient settings.

Pediatric Subspecialty Loan Repayment Program

The Committee recognizes that significant shortages of pediatric medical subspecialists, pediatric surgical specialists, child and adolescent psychiatrists, and other pediatric mental health professionals is impeding access to care for children and adolescents in underserved areas. The Committee includes \$15,000,000, an increase of \$10,000,000, for section 775 of the PHS Act. The Committee understands that high student loan debt is a significant barrier to providers choosing to complete training that would enable them to provide specialized care to children with special needs.

Preventing Burnout in the Healthcare Workforce

The Committee includes \$30,000,000 for activities authorized in the Dr. Lorna Breen Health Care Provider Protection Act (Public Law 117–105) to provide comprehensive and evidence-based support to prevent suicide, burnout, and mental and behavioral health conditions among healthcare providers.

National Practitioner Data Bank

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

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

MATERNAL AND CHILD HEALTH

Appropriations, 2022	\$1,018,624,000
Budget estimate, 2023	1,248,084,000
Committee recommendation	1,251,284,000

The Committee recommendation for the Maternal and Child Health [MCH] Bureau is \$1,251,284,000, an increase of \$232,660,000 above the fiscal year 2022 level. 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 \$951,700,000, an increase of \$204,000,000, for the MCH Block Grant, which provides a flexible source of funding that allows States to target their most urgent maternal and child health needs. Within this total, the Committee also proposes increases for a number of special projects to address the nation’s rising rate of maternal mortality. The program supports a broad range of activities, including providing prenatal care, well-child services, and immunizations; reducing infant mortality; preventing injury and violence; expanding access to oral healthcare; addressing racial and ethnic disparities; and providing

comprehensive care through clinics, home visits, and school-based health programs.

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

Addressing Social Determinants of Maternal Health.—The Committee includes 30,000,000 to provide grants to community-based organizations to support reducing maternal mortality and adverse maternal outcomes, as described in the fiscal year 2023 budget request. Projects may include expanding access to maternal mental health and SUD services, providing resources to address social determinants of maternal health, developing digital tools to enhance maternal healthcare, and technology-enabled collaborative learning and capacity building models for pregnant and postpartum women

Alliance for Maternal Health Safety Bundles.—The Committee includes \$15,300,000, an increase of \$3,300,000, within SPRANS to support continued implementation of the Alliance for Innovation on Maternal Health Program’s maternal safety bundles to all U.S. States, the District of Columbia, and U.S. territories, as well as Tribal entities. Maternal safety bundles are a set of targeted and evidence-based best practices that, when implemented, improve patient outcomes and reduce maternal mortality and severe maternal morbidity.

Behavioral Health Integration Into Community-Based Settings.—The Committee includes \$30,000,000 to provide grants to engage and train community partners in underserved communities to link mothers and children with resources to address their mental and behavioral health needs, as well as children’s social and emotional development. This effort will be carried out in partnership with the Behavioral Health Workforce Education and Training program.

Early Childhood Development Expert Grants.—The Committee provides \$10,000,000, an increase of \$5,000,000, to expand placements of early childhood development experts in pediatrician offices with a high percentage of Medicaid and Children’s Health Insurance Program patients.

Expanding the Doula Workforce.—The Committee includes \$20,000,000 to provide grants to community-based organizations to develop and expand programs to recruit doula candidates, support their training/certification, and then employ them as doulas to support improved birth outcomes in the community.

Implicit Bias Recognition Study.—The Committee provides \$1,000,000 for a partnership with NASEM to study and make recommendations for incorporating bias recognition in clinical skills testing for accredited schools of allopathic medicine and accredited schools of osteopathic medicine.

Implicit Bias Training Grants for Health Providers.—The Committee provides \$5,000,000 to support new grant awards to train healthcare providers on implicit bias with the goal of reducing racial disparities.

Infant-Toddler Court Teams.—The Committee includes \$15,000,000, an increase of \$2,000,000, to continue and expand research-based Infant-Toddler Court Teams to change child welfare practices to improve well-being for infants, toddlers, and their families.

Maternal Mental Health Hotline.—The Committee provides \$7,000,000, an increase of \$3,000,000, to expand support for a maternal mental health hotline. The COVID–19 pandemic has exacerbated maternal mental health conditions, with pregnant women and new mothers experiencing anxiety and depression at rates three to four times higher than before the pandemic. The hotline shall provide 24 hours a day voice and text support that is culturally and linguistically appropriate. Funds provided shall also be used to raise public awareness about maternal mental health issues and the hotline.

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

National Fetal Infant and Child Death Review [FICDR].—The bill includes \$5,000,000, an increase of \$3,000,000 above the fiscal year 2022 enacted level, for the National FICDR program to expand support and technical assistance to States and Tribal communities and improve the availability of data on sudden unexpected infant deaths.

Pregnancy Medical Home Demonstration.—The Committee provides \$25,000,000 to reduce adverse maternal health outcomes and maternal deaths by incentivizing maternal healthcare providers to provide integral healthcare services to pregnant women and new mothers to optimize maternal and infant health outcomes.

Regional Pediatric Pandemic Network.—The Committee provides \$25,000,000 within SPRANS to continue the work of the Regional Pediatric Pandemic Network to coordinate among the Nation’s pediatric hospitals and their communities to prepare for and coordinate research-informed responses to future pandemics. HRSA is directed to provide an equal increase in funding to each of the grantees.

State Maternal Health Innovation Grants.—The Committee provides \$55,000,000, an increase of \$26,000,000, to expand the program to support innovation among States to improve maternal health outcomes and address disparities in maternal health. With this funding, States collaborate with maternal health experts to implement State-specific action plans in order to improve access to maternal care services, identify and address workforce needs, and support postpartum and inter-conception care services.

Maternal and Child Health Programs

Sickle Cell Anemia

The Committee provides \$8,205,000, an increase of \$1,000,000, for grants and contracts to help coordinate service delivery for individuals with sickle cell disease, including genetic counseling and testing, long-term follow-up and care coordination, and training of health professionals.

Autism and Other Developmental Disorders

The Committee provides \$57,344,000, an increase of \$3,000,000, for the Autism and Other Developmental Disorders program. The program supports surveillance, early detection, education, and intervention activities for autism and other developmental disorders, as reauthorized in the Autism Collaboration, Accountability, Research, Education and Support Act of 2019 (Public Law 116–60).

The Committee provides funding for the Leadership Education in Neurodevelopmental and Related Disabilities [LEND] program to train interdisciplinary professionals to screen, diagnose, and provide evidence-based interventions to individuals with autism spectrum disorder and other developmental disabilities. This funding will enable the LEND network to fulfill its expanded statutory mandate to train interdisciplinary providers who will serve individuals across the lifespan, addressing a critical shortage of healthcare professionals for adults with autism and other developmental disabilities.

Healthy Start

The Committee provides \$145,000,000, an increase of \$13,160,000, for Healthy Start. The primary purpose of Healthy Start is to reduce infant mortality and generally improve maternal and infant health in at-risk communities. Grants are awarded to State and local health departments and nonprofit organizations to conduct an infant mortality review, develop a package of innovative health and social services for pregnant women and infants, and evaluate these efforts.

Maternal Mortality.—The Committee includes \$13,000,000 to support a new targeted expansion of an enhanced Healthy Start program model to approximately 10 new communities. The Committee also continues to provide no less than \$15,000,000 for Healthy Start grantees to support nurse practitioners, certified nurse midwives, physician assistants, and other maternal-child advance practice health professionals within all program sites nationwide.

Newborn Screening for Heritable Disorders

The Committee provides \$19,883,000 for the Newborn Heritable Disorders Screening program, as described in section 1109 of the Newborn Screening Saves Lives Act of 2008 (Public Law 113–240). This program provides funding to improve States' ability to provide newborn and child screening for heritable disorders. Newborn screening provides early identification and follow-up for treatment of infants affected by certain genetic, metabolic, hormonal, and/or functional conditions.

Universal Newborn Hearing Screening and Early Intervention

The Committee provides \$18,818,000. An increase of \$1,000,000, 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 \$27,334,000, an increase of \$5,000,000, for the Emergency Medical Services for Children program which focuses on improving the pediatric components of the emergency medical services system and improving the quality of care provided to children in the pre-hospital setting. Funding is available to every State emergency medical services office to improve the quality of emergency care for children and to pay for research and dissemination of best practices.

Screening and Treatment for Maternal Depression

The Committee provides \$12,000,000, an increase of \$5,500,000, for Screening and Treatment for Maternal Depression. HRSA is directed to make grants to States to establish, improve, or maintain programs to train professionals to screen, assess, and treat for maternal depression in women who are pregnant or who have given birth within the preceding 12 months.

Pediatric Mental Health Care Access

The Committee provides \$11,000,000 for expanding access to behavioral health services in pediatric primary care by supporting the development of pediatric mental healthcare telehealth access programs.

HIV/AIDS BUREAU

Appropriations, 2022	\$2,494,776,000
Budget estimate, 2023	2,654,781,000
Committee recommendation	2,630,306,000

The Committee recommendation includes \$2,630,306,000 for the HIV/AIDS Bureau, an increase of \$135,530,000. The mission of the Bureau is to address the unmet care and treatment needs of persons living with HIV/AIDS. The Bureau administers the Ryan White Care Act (Public Law 111–87), which provides a wide range of community-based services, including primary and home healthcare, case management, substance abuse treatment, mental health, and nutritional services.

Ending the HIV Epidemic [EHE].—The Committee provides \$260,000,000 for the EHE initiative, an increase of \$135,000,000 above the fiscal year 2022 enacted level. The investment will support HIV care and treatment services; support evidence informed practices to link, engage, and retain HIV-positive individuals in care; and continue to build capacity into the system. EHE is an HHS-wide effort to reduce new infections by 75 percent in the first 5 years of the initiative and by 90 percent over a 10-year period, with the goal of decreasing the number of new HIV infections to fewer than 3,000 per year.

Emergency Assistance

The Committee provides \$670,458,000 for emergency assistance grants to eligible metropolitan areas disproportionately affected by the HIV/AIDS epidemic. Grants are provided to metropolitan areas meeting certain criteria. Two-thirds of the funds are awarded by

formula, and the remainder is awarded through supplemental competitive grants.

Comprehensive Care Programs

The Committee provides \$1,344,240,000 for HIV healthcare and support services.

Funds are awarded to States to support HIV service delivery consortia, the provision of home- and community-based care services for individuals with HIV disease, continuation of health insurance coverage for low-income persons with HIV disease, and support for State AIDS drug assistance programs [ADAP]. The Committee provides \$900,313,000 for AIDS medications in ADAP.

Early Intervention Services

The Committee provides \$206,079,000 for early intervention grants. These funds are awarded competitively to primary healthcare providers to enhance healthcare services available to people at risk of HIV and AIDS. Funds are used for comprehensive primary care, including counseling, testing, diagnostic, and therapeutic services.

Children, Youth, Women, and Families

The Committee provides \$76,757,000 for grants for coordinated services to women, infants, children, and youth. Funds are awarded to a variety of providers, including community health centers, comprehensive hemophilia centers, county and municipal health departments, and other nonprofit community-based programs that provide comprehensive primary healthcare services to populations with or at risk for HIV.

AIDS Dental Services

The Committee provides \$13,414,000 for the AIDS Dental Services program. This program provides grants to dental schools, dental hygiene schools, and post-doctoral dental education programs to assist with the cost of providing unreimbursed oral healthcare to patients with HIV.

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

AIDS Education and Training Centers

The Committee provides \$34,358,000 for AIDS Education and Training Centers [AETCs], which train healthcare practitioners, faculty, and students who care for AIDS patients outside of the traditional health professions education venues and support curriculum development on the diagnosis and treatment of HIV infection for health professions schools and training organizations.

Special Projects of National Significance

The Committee provides \$25,000,000 for the Special Projects of National Significance program. This program supports the develop-

ment, evaluation, and dissemination of innovative models of HIV care and treatment to improve the retention and health outcomes of Ryan White HIV/AIDS Program clients.

HEALTH CARE SYSTEMS

Appropriations, 2022	\$133,093,000
Budget estimate, 2023	137,093,000
Committee recommendation	139,093,000

The Committee recommendation for the Health Care Systems Bureau is \$139,093,000, an increase of \$6,000,000 above the fiscal year 2022 enacted level.

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 \$31,049,000 for organ donation and transplantation activities that provide financial support for living donors and increase public education and awareness about organ donation.

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

National Living Donor Assistance Center [NLDAC].—The Committee supports the expansion of NLDAC to reimburse a comprehensive range of living donor expenses for the greatest possible number of donors, including lost wages, childcare, eldercare, and similar expenses for donor caretakers, and removing other disincentives to donation. The Committee supports significant expansion of income eligibility for the program to allow as many donors as possible to qualify and to ensure that financial reimbursement and monetary exchange take place outside of the organ donor-organ recipient relationship to the greatest extent possible.

National Cord Blood Inventory

The Committee provides \$19,266,000 for the National Cord Blood Inventory [NCBI]. The purpose of this program is to provide funds to cord blood banks to build an inventory of the highest quality cord blood units for transplantation.

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

C.W. Bill Young Cell Transplantation Program

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

availability, efficiency, and safety of transplants, and improve outcomes for all transplant recipients regardless of socioeconomic status, age, ethnic ancestry, or any other individually defining characteristic. The Committee requests a detailed spend plan within 30 days of enactment.

Office of Pharmacy Affairs

The Committee provides \$12,238,000 for the Office of Pharmacy Affairs [OPA]. OPA administers the 340B drug pricing program, which requires drug manufacturers to provide discounts or rebates to a set of programs and hospitals that serve a disproportionate share of low-income patients. The 340B program is a critical lifeline to many of its program participants, including FQHCs, FQHC Look-Alikes, children's hospitals, Ryan White HIV/AIDS clinics, and other safety-net hospitals and providers. These covered entities are model stewards of the program and reinvest 340B savings to "stretch scarce Federal resources as far as possible, reaching more eligible patients and providing more comprehensive services", as Congress intended.

The Committee is concerned that manufacturers continue to deny 340B pricing for drugs purchased by covered entities for use in contract pharmacies. The Committee supports HRSA's continued use of its authorities and any available measures, including the imposition of civil penalties, as appropriate, to hold those drug manufacturers in violation of the law directly accountable. The Committee directs HRSA to provide a report no later than 120 days after enactment of this act on actions taken to safeguard covered entities' lawful access to discounted drugs.

Poison Control Centers

The Committee provides \$27,846,000, an increase of \$2,000,000, for Poison Control Centers [PCCs]. The Committee directs HRSA to provide increased funds directly to the PCCs and requests a spend plan for the funds within 30 days of enactment. Further, the Committee requests an update within 30 days of enactment on the status of efforts to work with the Federal Communications Commission to address the geolocation needs for incoming calls.

National Hansen's Disease Program

The Committee includes \$13,706,000 for the Hansen's Disease Program, \$122,000 for Hansen's Disease Buildings and Facilities, and \$1,857,000 for Payments to Hawaii for Treatment of Hansen's Disease. These funding levels are the same as the fiscal year 2022 enacted levels and the amounts requested in the fiscal year 2023 budget request. The programs support inpatient, outpatient, long-term care, as well as training and research in Baton Rouge, Louisiana; a residential facility at Carville, Louisiana; 11 outpatient clinic sites in the continental U.S. and Puerto Rico; repair and maintenance of buildings at the Gillis W. Long Hansen's Disease Center; and medical care and treatment of persons with Hansen's disease in hospital and clinic facilities at Kalaupapa, Molokai, and Honolulu, Hawaii.

RURAL HEALTH

Appropriations, 2022	\$366,112,000
Budget estimate, 2023	373,709,000
Committee recommendation	392,137,000

The Committee recommendation for Rural Health programs is \$392,137,000, an increase of \$26,025,000.

The Federal Office of Rural Health Policy [FORHP] administers HHS rural health programs, coordinates activities related to rural healthcare within HHS, and analyzes the possible effects of policy on the more than 60 million residents of rural communities. FORHP advises the Secretary on the effects of Medicare and Medicaid on rural citizens' access to care, the viability of rural hospitals, and the availability of physicians and other health professionals.

Rural Communities Opioids Response.—The Committee includes \$145,000,000, an increase of \$10,000,000, to expand the Rural Communities Opioids Response program [RCORP], which supports treatment for and prevention of substance use disorder, focusing on rural communities with the highest risk for substance use disorders. Within the funding provided, the Committee includes \$10,000,000 to continue the three Rural Centers of Excellence [Centers], as established by Public Law 115–245 and continued through Public Law 116–260 and 117–103. The Committee recognizes the success of the Centers in addressing opioid abuse, but is concerned about growing issues of rural alcohol and tobacco addiction. Funding provided to the Centers may also be used for research and dissemination activities to address rural tobacco and alcohol addiction. Within the total provided for RCORP, the Committee also includes \$4,000,000 of the funds available for career and workforce training services for the Northern Border Regional Commission region to assist individuals affected by an opioid abuse disorder.

Rural Maternity and Obstetrics Management Strategies [RMOMS].—The Committee recommendation includes \$10,000,000 for RMOMS, an increase of \$4,000,000. RMOMS supports grants to improve access to and continuity of maternal and obstetrics care in rural communities by increasing the delivery of and access to pre-conception, pregnancy, labor and delivery, and postpartum services, as well as developing sustainable financing models for the provision of maternal and obstetrics care.

Rural Health Outreach

The Committee provides \$90,000,000, an increase of \$4,025,000, for the Rural Health Outreach program. This program supports projects that demonstrate new and innovative modes of outreach in rural areas, such as integration and coordination of health services. Outreach grant programs include Outreach Service Grants, Rural Network Development Grants, Delta States Network Grant Program, Network Planning Grants, and Small Health Care Provider Quality Improvement Grants.

Delta States Rural Development Network Grant Program.—The Committee provides not less than \$27,000,000 for the Delta States Rural Development Network Grant Program and the Delta Region

Community Health Systems Development Program. The Committee encourages HRSA to continue to consult with the Delta Regional Authority [DRA] on awarding, implementing, administering, and monitoring grants under the Delta States Rural Development Network Grant Program in fiscal year 2023. The Committee continues to encourage HRSA to align its awards as closely as possible with DRA's strategic vision and its economic and community development plans. In addition, of the funds provided, the Committee provides not less than \$15,000,000 to support HRSA's collaboration with DRA to continue the Delta Region Community Health Systems Development Program to help underserved rural communities identify and better address their healthcare needs, and to help small rural hospitals improve their financial and operational performance. Within 90 days of enactment, the Committee directs HRSA and DRA to jointly brief the Committee on this program's progress.

Northern Border Regional Grant Program.—The Committee encourages HRSA to consult with the Northern Border Regional Commission [NBRC] on awarding, implementing, administering, and monitoring grants under rural health outreach and to align awards as closely as possible with the region's strategic vision and economic and community development plans. The Committee provides no less than \$3,000,000 for HRSA's collaboration with the NBRC to provide direct support to member States to help underserved rural communities with planning and implementing service coordination improvements that better population health.

Rural Health Research

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

Rural Hospital Flexibility Grants

The Committee provides \$62,777,000 for Rural Hospital Flexibility grants and the Small Hospital Improvement Program. Under these grant programs, HRSA works with States to provide support and technical assistance to Critical Access Hospitals to focus on quality and performance improvement and to integrate emergency medical services.

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

State Offices of Rural Health

The Committee provides \$12,500,000 for State Offices of Rural Health. These offices help States strengthen rural healthcare delivery systems by enabling them to coordinate care and improve support and outreach in rural areas.

Black Lung Clinics

The Committee provides \$11,845,000 for the Black Lung Clinics program. This program funds clinics that treat respiratory and pulmonary diseases of active and retired coal miners, steel mill workers, agricultural workers, and others with occupationally related respiratory and pulmonary impairments. These clinics reduce the incidence of high-cost inpatient treatment for these conditions.

Radiation and Exposure Screening and Education Program

The Committee provides \$1,889,000 for activities authorized by the Radiation Exposure Compensation Act (Public Law 109-482). This program provides grants for the education, prevention, and early detection of radiogenic cancers and diseases resulting from exposure to uranium during mining and milling at nuclear test sites.

Telehealth

The Committee provides \$40,050,000, an increase of \$5,000,000, for the Office for the Advancement of Telehealth [OAT], which promotes the effective use of technologies to improve access to health services for people who are isolated from healthcare and to provide distance education for health professionals. The Committee strongly supports OAT and their mission to expand high quality medical care to rural communities that do not have adequate access to medical providers including many medical specialties.

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

Rural Residency Planning and Development

The Committee provides \$12,500,000 for the Rural Residency Planning and Development program. The Committee commends FORHP for efforts to expand the physician workforce in rural areas and supports continuation and expansion of the program to develop new rural residency programs, or Rural Training Tracks [RTTs].

The Committee provides \$2,000,000 to increase family medicine/obstetrics training programs in States with high infant morbidity rates. The funding will reduce infant mortality and maternal morbidity by improving availability and accessibility of prenatal care through increasing family medicine/obstetrics training programs and graduates, increasing Family Medicine and OB/GYN faculty to train physicians, and by providing equipment, such as ultrasound, electronic fetal monitors, and telemedicine equipment with the

training and support for this equipment to rural areas. HRSA is directed to brief the Committee on their plans no less than 15 days prior to releasing a Funding Opportunity Announcement.

FAMILY PLANNING

Appropriations, 2022	\$286,479,000
Budget estimate, 2023	400,000,000
Committee recommendation	512,000,000

The Committee provides \$512,000,000 for the title X Family Planning program. This program supports preventive and primary healthcare services at clinics nationwide. The Title X program is a vital component of the healthcare safety net and is essential to addressing health inequities.

The Committee directs the Secretary to ensure that grantees certify that they: (1) provide medically accurate and complete counseling, including referral as requested, on all matters; (2) will not condition the receipt of Title X-supported services on patients remaining sexually abstinent until marriage; and (3) will not make any appointments or referrals for patients that are contrary to the patient's wishes. The bill requires that all recipients of funds under this heading offer services consistent with the best available evidence-based standards, including the Quality Family Planning guidelines from the CDC and the Office of Population Affairs [OPA].

Recommendations for Quality Family Planning Services.—The Committee directs the Secretary to begin the process of revising “Providing Quality Family Planning Services,” evidence-based recommendations from the CDC and OPA that were last updated in 2017. Revisions should incorporate new evidence and support holistic reproductive and sexual health needs. The Committee requests a briefing on the status of this process no later than 180 days of enactment.

Estimated Need for Services.—The Committee requests the Secretary to conduct, complete and provide to the Committees on Appropriations a study, within 270 days of enactment, determining the current estimated need for Title X services, updating the 2016 study published in the American Journal of Public Health.

PROGRAM MANAGEMENT

Appropriations, 2022	\$1,213,196,000
Budget estimate, 2023	168,971,000
Committee recommendation	1,029,152,000

The Committee provides \$1,029,152,000 for program management activities. Within the total, \$168,971,000 is provided for program management, an increase of \$9,671,000 above the fiscal year 2022 level.

Congressional Directed Spending.—Within the total for program management, the Committee also includes \$860,181,000 for projects financing the construction and renovation (including equipment) of healthcare and other facilities and for one-time grants supporting other health-related activities. The projects are specified in the table at the end of this explanatory statement.

VACCINE INJURY COMPENSATION PROGRAM TRUST FUND

Appropriations, 2022	\$13,200,000
Budget estimate, 2023	26,200,000
Committee recommendation	20,200,000

The Committee includes \$20,200,000 for administrative costs associated with the Vaccine Injury Compensation Program, an increase of \$7,000,000 above the fiscal year 2022 enacted level. 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.

COVERED COUNTERMEASURES PROCESS FUND

Appropriation, fiscal year 2022	\$5,000,000
Budget request, fiscal year 2023	15,000,000
Committee Recommendation	7,000,000

The Committee includes \$7,000,000 for administrative costs associated with the Countermeasures Injury Compensation Program [CICP], an increase of \$2,000,000 above the fiscal year 2022 enacted level. The CICP provides benefits to individuals who are seriously injured as a result of a vaccination, medication, device, or other item recommended to diagnose, prevent or treat a declared pandemic, epidemic or security threat.

CENTERS FOR DISEASE CONTROL AND PREVENTION

The Committee recommendation provides a program level of \$10,500,829,000 for the Centers for Disease Control and Prevention [CDC], which includes \$55,358,000 in mandatory funds under the terms of the Energy Employees Occupational Illness Compensation Program Act [EEOICPA], and \$903,300,000 in transfers from the Prevention and Public Health [PPH] Fund.

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

IMMUNIZATION AND RESPIRATORY DISEASES

Appropriations, 2022	\$868,155,000
Budget estimate, 2023	1,250,930,000
Committee recommendation	1,118,130,000

The Committee recommendation for the activities of the National Center for Immunization and Respiratory Diseases is \$1,118,130,000, which includes \$419,350,000 in transfers from the PPH Fund.

The mission of the National Center for Immunization and Respiratory Diseases is the prevention of disease, disability, and death

through immunization and by control of respiratory and related diseases.

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

(In thousands of dollars)

Budget activity	Fiscal year 2022 appropriation	Committee recommendation
Section 317 Immunization Program	650,797	860,772
Acute Flaccid Myelitis	6,000	6,000
Influenza Planning and Response	211,358	251,358

317 Immunization Program.—The Committee recognizes CDC’s immunization program plays a fundamental role in achieving national immunization goals and sustaining high vaccination coverage rates to prevent the spread of disease, disability, and death from vaccine-preventable diseases [VPDs]. The Committee includes an increase of \$209,975,000 to enhance immunization efforts and directs CDC to increase base awards. The Committee expects this funding to promote health equity related to protection from VPDs as well as address vaccine hesitancy. CDC is directed to expand the existing immunization infrastructure, including implementing new strategies for hard-to-reach populations, such as those who may be vaccine-hesitant, those who are members of racial and ethnic or other minority groups, and those who are underserved due to socio-economic or other reasons. The total includes \$25,000,000 for CDC to continue activities for studying long-COVID conditions to identify symptoms, risk factors, demographic groups disproportionately impacted, prevalence, and treatments. The total also includes \$5,000,000 for CDC to improve HPV vaccination coverage through programs that increase awareness, education, and training on HPV vaccination for cancer prevention.

Advisory Committee on Immunization Practices [ACIP] Process.—The Committee recognizes the important work of ACIP in regularly evaluating vaccines, particularly in light of the pandemic. Given the importance of maintaining the timely review of vaccines and best practice guidelines, the Committee requests information from CDC on what ACIP needs to ensure timely access to immunizations. Specifically, CDC is directed to provide a report outlining the level of resources necessary to support both routine and emergency reviews in real time. The report should indicate what is needed around implementation, including CDC’s continued ability to communicate and coordinate with providers and partners.

Cost Estimates.—The Committee requests that the report on estimated funding needs of the Section 317 Immunization Program be updated and submitted not later than February 1, 2023 to the Committees on Appropriations. The updated report should include an estimate of optimum State and local operations funding, as well as a discussion of the role of the 317 Program, as coverage for vaccination under public and private resources continues to evolve. The Committee also requests that the report include specific information on the estimated cost to fully address evidence-based public health strategies that could be funded through CDC to improve coverage for HPV and influenza.

Immunization Information Systems [IIS].—There are over 60 different immunization data systems across the U.S. resulting in wide variability in technical and programmatic capacity, as well as fragmented vaccination data. It is important to ensure consistent data on vaccine distribution and administration, including the collection of demographic data (e.g., race/ethnicity) in order to assess vaccination coverage and track doses administered, identify disparities and gaps in uptake among various populations, and prevent future outbreaks. The Committee encourages CDC to ensure that all IIS adopt and adhere to consistent standards to support the private and secure capture of data for all vaccinations administered across the life course, and have secure information sharing capabilities both inter and intra State and with other IIS, health information exchanges, health data systems and entities, including data repositories to achieve interoperability levels needed to capture all vaccine administration data.

Immunization Data Optimization.—The Committee is aware that some States that receive resources to support IIS allow providers to opt-into transmitting vaccination data for some populations to the IIS. The Committee is concerned that this could lead to gaps in data and potential outbreaks in VPDs. The Committee requests CDC, along with ONC, work with States to develop a plan to encourage all providers who vaccinate to report immunization data across the life course.

Increasing Adult Hepatitis B Vaccination.—The Committee urges CDC to promote hepatitis B vaccination among all adults ages 19 through 59. Funding has been provided to ensure timely implementation of the ACIP recommendation in fiscal year 2023. The Committee urges CDC to provide leadership to ensure the new recommendation is implemented, and to coordinate implementation activities with the HHS Assistant Secretary for Health and HRSA and engage providers and community-based organizations as necessary. The Committee requests a report to Congress on what challenges and barriers currently exist to access that are limiting vaccination rates and preventing vaccine series completion required to achieve full immunity.

Influenza Planning and Response.—The Committee includes an increase of \$40,000,000 to enhance CDC's influenza surveillance and preparedness activities, including expanding vaccine effectiveness monitoring and evaluation, enhancing virus characterization, increasing genomic testing of influenza viruses, and increasing influenza vaccine uptake by eliminating barriers to vaccination and enhancing education and communication efforts with key communities.

Promoting Routine Vaccination.—The Committee is concerned by recent declines in routine vaccination across the life course due to the COVID-19 pandemic, with underserved populations affected to a greater degree. If not addressed, these trends will expose Americans to VPDs, outbreaks, and exacerbate existing disparities in care. The Committee encourages CDC to promote HPV vaccination in support of the Administration's Cancer Moonshot Initiative. The Committee urges CDC to prioritize and to allocate resources to engage providers, healthcare stakeholders, educators, community organizations, and families on the importance of ensuring that all in-

dividuals visit their primary care provider and receive their routinely recommended vaccinations. The Committee also requests CDC provide the Committees on Appropriations an update on the achievements of the ongoing “Vaccinate with Confidence” campaign and the rate of routine vaccination across all ages, as well as a forward-looking plan to administer missed doses. CDC should include in the plan recommendations about what other tools it could employ to address this health equity issue.

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

Appropriations, 2022	\$1,345,056,000
Budget estimate, 2023	1,470,556,000
Committee recommendation	1,461,556,000

The Committee recommendation for the activities of the National Center for HIV, Viral Hepatitis, Sexually Transmitted Diseases [STDs], and Tuberculosis Prevention [TB] is \$1,461,556,000.

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 2022 appropriation	Committee recommendation
Domestic HIV/AIDS Prevention and Research	966,712	1,047,712
HIV Initiative	195,000	250,000
School Health	36,081	42,081
Viral Hepatitis	41,000	54,500
Sexually Transmitted Infections	164,310	179,310
Tuberculosis	135,034	137,034
Infectious Diseases and Opioid Epidemic	18,000	43,000

Ending the HIV Epidemic [EHE] Initiative.—The Committee includes an increase of \$55,000,000 for the fourth year of the EHE Initiative. The Committee is aware that having a sexually transmitted infection [STI] poses an increased risk of HIV acquisition. The Committee commends CDC for including dedicated funding in the EHE initiative for STI clinics. To stop the spread of HIV and increase capacity at STI clinics, the Committee encourages CDC to continue funding STI clinics from EHE dollars at a minimum of \$20,000,000 to aid in the diagnosis and prevention of HIV.

Hepatitis.—The Committee includes an increase of \$13,500,000 to enhance efforts to eliminate the public threat of viral hepatitis. The Committee encourages CDC to work to ensure that new ACIP recommendations for hepatitis B vaccination are implemented as early as possible in fiscal year 2023. Additionally, the Committee urges CDC to expand the viral hepatitis disease tracking and surveillance capabilities of the States to permit an effective targeting of resources and evaluation of program effectiveness.

Herpes Simplex Virus [HSV] Interagency Testing Development Working Group.—The Committee is concerned about the serious nature of HSV and the critical need for better treatment and prevention. The Committee recognizes the importance of accurate public health data on HSV and the need for accurate diagnostic tests

to control and monitor spread for HSV, and that currently available diagnostic tools for asymptomatic HSV infection are sub-optimal. The Committee encourages CDC to collaborate with FDA and NIH to develop accurate diagnostic serology antibody tests for the diagnosis of HSV in asymptomatic individuals.

Infectious Diseases and the Opioid Epidemic.—The Committee provides an increase of \$25,000,000 for CDC to strengthen efforts to save lives, improve drug user health, and prevent and treat infectious diseases. Rates of hepatitis C have quadrupled since 2010, and HIV transmission associated with injection drug use began to rise after years of decline. The Committee directs CDC to provide additional resources to syringe service programs and related harm reduction programs nationwide to help prevent disease and death and provide access to critical health and support services. The Committee strongly encourages CDC to prioritize jurisdictions with the highest age-adjusted mortality rate related to substance use disorders and acute hepatitis C infection. CDC is also strongly encouraged to prioritize jurisdictions that are experiencing high rates of new HIV infections or outbreaks or emerging clusters of infectious diseases associated with drug use, including those not eligible for EHE funding.

School Health.—The Committee has provided an increase of \$6,000,000 to promote school-based health and disease prevention for adolescents, including mental health. CDC is urged to collect and integrate data on school policies and practices that support student and staff physical and emotional well-being and positive mental health and wellness. CDC is directed to use the additional funds to expand the program to local education agencies and support State and territorial education agencies to prevent the spread of HIV, STDs, and pregnancy among youth. The Committee eliminates funding for the discretionary abstinence-only-until-marriage “sexual risk avoidance education” program for fiscal year 2023. This kind of programming has been proven to be ineffective, including by a congressionally mandated evaluation. Even more troubling, it can be harmful as it withholds and distorts pertinent information that allows young people to make informed decisions about their health, and often perpetuates harmful gender stereotypes, shames LGBTQ+ youth, and stigmatizes sex.

Sexually Transmitted Infections [STIs].—The Committee includes an increase of \$15,000,000 to combat the high incidence of STIs. The Committee further directs that a portion of these funds be used to ensure that none of the grantees receives less than the amount received in fiscal year 2022 as well as to increase funding for training centers. Additionally, the Committee directs CDC to utilize a portion of the increase to move the grant year forward by 1 month to provide for a more efficient expenditure of funds and improve grantee activities, with the intention that the grant year will be moved forward by 1 month each year for the next 3 years, contingent on the availability of funds. Finally, the Committee encourages CDC to work with other agencies, as appropriate, to develop innovative approaches including the use of telehealth platforms and at home specimen collection to increase screening, treatment, and education to curb the spread of STIs in vulnerable populations.

EMERGING AND ZOOBOTIC INFECTIOUS DISEASES

Appropriations, 2022	\$693,272,000
Budget estimate, 2023	703,272,000
Committee recommendation	793,772,000

The Committee recommendation for the activities of the National Center for Emerging and Zoonotic Diseases is \$793,772,000, which includes \$52,000,000 in transfers from the PPH Fund.

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

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

(In thousands of dollars)

Budget activity	Fiscal year 2022 appropriation	Committee recommendation
Antibiotic Resistance Initiative	182,000	212,000
Vector-Borne Diseases	54,603	69,603
Lyme Disease	20,500	26,000
Prion Disease	6,500	6,500
Chronic Fatigue Syndrome	5,400	5,400
Emerging Infectious Diseases	194,997	204,997
Harmful Algal Blooms	2,500	2,500
Food Safety	68,000	68,000
National Health Care Safety Network	21,000	31,000
Quarantine	50,772	65,772
Advanced Molecular Detection	35,000	50,000
Epidemiology and Laboratory Capacity	40,000	40,000
Healthcare-Associated Infections	12,000	12,000

Advanced Molecular Detection [AMD].—The Committee includes a \$15,000,000 increase recognizing the critical role the AMD program plays in bringing cutting edge technology to the front lines of public health by harnessing the power of next-generation sequencing and high performance computing with bioinformatics and epidemiology expertise to study pathogens. The Committee requests a status update on how funding provided in the American Rescue Plan and in fiscal year 2022 appropriations have increased capabilities at public health departments in the fiscal year 2024 CJ.

Antimicrobial and Antibiotic Resistance [AR].—The Committee includes an increase of \$30,000,000 and directs CDC to enhance capacity to combat the growing threat of AR. CDC is expected to improve data collection and increase support for U.S. health departments to detect, contain, and prevent AR infections and increase collaborative efforts at the international, national, regional, State, Tribal and local levels. The Committee encourages CDC to competitively award research activities that address aspects of AR related to “One Health”, including global surveillance and research and development for new tools to counter AR. In addition, the Committee urges CDC to develop improved data collection and surveillance of *Clostridioides Difficile* [C diff.], including working with State and local partners as part of the Nationally Notifiable Disease Surveillance System. The Committee urges CDC to assist State and local partners in increasing awareness of antibiotic stewardship as it re-

lates to C diff. The Committee requests an update in the fiscal year 2024 CJ on these activities. The Committee directs the Office of the Assistant Secretary for Health, NIH, ASPR/BARDA, CDC and AHRQ to jointly brief the Committees on Appropriations no later than 30 days after the enactment of this act and each succeeding annual Appropriations bill detailing how HHS and its agencies are coordinating their AR-related efforts. The briefing should include a comparison of actual performance for the most recent years available against the National targets established in the current National Action Plan for Combatting Antibiotic-Resistant Bacteria and whether those goals were sustained in the last fiscal year. Building on these results, agencies are directed to outline the focus of their plans for the next two fiscal years and how these are connected to longer-term objectives included in the applicable National Action Plan.

Centers of Excellence in Newcomer Health.—The Committee commends the work of CDC’s Centers of Excellence in Newcomer Health and their programs to identify health issues and needs among refugee populations, improve disease surveillance, and contribute to evidence-based guidelines. The Committee is concerned about the underlying physical and mental health needs of refugees, including those from Afghanistan, which are often not detected or addressed at basic screenings at the time of resettlement. The Committee urges CDC to expand the number of Centers of Excellence in Newcomer Health from two to five centers, giving preference to applicants from communities with a large number of Afghan and other refugees. The Committee encourages CDC to make geographic disparity a priority when making the awards.

Lyme Disease.—The Committee recommendation provides an increase of \$5,500,000 in recognition of the importance of prevention and control of Lyme disease and related tick-borne diseases, and encourages CDC to support surveillance and prevention of Lyme disease and other high consequence tick-borne diseases in endemic areas as well as areas not yet considered endemic. The Committee includes funding for CDC’s vector-borne diseases program to expand the programs authorized under the Kay Hagan Tick Act (Public Law 116–94) to promote a public health approach to combat rising cases of tick-borne diseases. The Committee directs CDC to develop and implement methods to improve surveillance to more accurately report the disease burden, including through the development of real time data for reporting Lyme disease and other tick-borne diseases, as well as a process for estimating the prevalence of Post-Treatment Lyme Disease Syndrome. The Committee directs CDC to direct funding to improve early diagnosis of Lyme and related tick-borne diseases to prevent the development of late stage disease and more serious and long-term disability. The Committee encourages CDC to coordinate with NIH, the National Institute of Mental Health [NIMH], and the National Institute of Neurological Disorders and Stroke [NINDS] on publishing reports that assess diagnostic advancements, methods for prevention, the state of treatment, and links between tick-borne disease and psychiatric illnesses. The Committee urges CDC, in coordination with NIH, to include in their surveillance the long-term effects on patients suffering from post-treatment Lyme disease syndrome, or “chronic

Lyme disease.” Additionally, given the impact of Lyme disease and the status of ongoing clinical trials, the Committee requests CDC provide a report to the Committees on Appropriations within 180 days of enactment on CDC’s research to date and recommendations on actions needed to facilitate a successful Lyme disease vaccine rollout that will build confidence and encourage uptake should a vaccine be approved by the FDA.

Mosquito Control Activities.—The Committee is concerned that mosquito control activities are being negatively impacted by the lack of availability of mosquito control products due in part to the inadequacy of spray drift models utilized by the Environmental Protection Agency for public health related pesticide applications. The Committee recognizes that CDC is working with Vector-Borne Disease Regional Centers of Excellence to improve national capacity to address the growing problem of vector-borne diseases. The Committee urges CDC to direct funding from within the Vector-Borne Diseases budget to coordinate with States, mosquito control districts, universities, and other Federal partners to update spray drift models used in the pesticide registration process, and has provided funding for this purpose. The Committee urges CDC to move expeditiously in support of these activities. The Committee further encourages CDC, consistent with the provisions of the Strengthening Mosquito Abatement for Safety and Health Act (Public Law 116–22) to increase support to State and local mosquito control programs for mosquito-borne and other vector-borne diseases surveillance and control.

Mycotic Diseases.—The Committee provides an increase of \$2,500,000 in Emerging Infectious Diseases for mycotic diseases and directs CDC to fully utilize its clinical trial partners and the Mycoses Study Group to address the growing threat from mycological infection in the United States and around the world.

Myalgic Encephalomyelitis/Chronic Fatigue Syndrome [ME/CFS].—The Committee commends CDC for its recent progress in ME/CFS medical education and its participation in the Interagency Working Group for ME/CFS. Given that a subset of post-acute COVID–19 syndrome [PACS] patients meet the diagnostic criteria for ME/CFS, the Committee encourages CDC to develop a national epidemiological and disease tracking study of post-infectious syndromes prevalence, specifically the rates of PACS and ME/CFS in adults and children. The Committee expects CDC to strengthen collaboration with 1) interagency partners, 2) disease experts and stakeholders, and 3) the NIH’s Collaborative Research Centers on study design protocol. Additionally, the Committee urges CDC to conduct a series of epidemiological studies into the causes, diagnosis, and risk factors of ME/CFS. Finally, the Committee expects CDC to engage physicians and patients in an effort to increase awareness of ME/CFS and disseminate updated clinical guidance.

National Healthcare Safety Network [NHSN].—The Committee includes an increase of \$10,000,000 for NHSN and recognizes the critical value of this system for healthcare quality measurement and improvement. The Committee supports the modernization of the system’s infrastructure resulting in increased timeliness and accuracy, reduced burden on healthcare facilities, and the ability to collect urgent data.

Quarantine.—The Committee includes an increase of \$15,000,000 to modernize public health programs that protect the U.S. from infectious diseases and scale-up migration systems that will protect the country from future international outbreaks and pandemics. The Committee urges CDC to use this funding to expand its quarantine network with 24/7 coverage at the most heavily trafficked airports and land border crossings, invest in a modern and flexible traveler management program, and increase capacity for health screening and traveler education at U.S. airports during emergencies.

Vector-Borne Diseases [VBDs].—The Committee is concerned about the risk of a vector-borne infectious disease outbreak in the U.S. and our readiness to quickly respond to and stop its spread. The recommendation includes an increase of \$15,000,000 to support activities like those of the Regional Centers of Excellence program, including State-level surveillance and research being conducted by partners in order to prevent and rapidly respond to emerging VBDs across the United States. The Committee encourages CDC to examine options to provide greater coverage of the Northwest region for VBD resources. Additionally, the Committee recognizes the importance of strong surveillance data to monitor and forecast the risk of infectious disease outbreaks in the U.S. The Committee notes that the pandemic response necessitated the disruption of mosquito control and abatement efforts by many State and local health departments and notes the importance of continuing mosquito prevention efforts. The Committee is aware of the ongoing challenges faced in the Caribbean and the Pacific regarding control and management of VBDs, the increased risk for prevalence and spread of these diseases due to their tropical climate, and how cases in these islands can impact the rest of the country. The Committee urges CDC to support the training and research needs of the U.S. territories and encourages the use of the Mosquito Abatement for Safety and Health Program to provide grants and technical assistance to States and political subdivisions to prevent and control mosquito-borne diseases. In addition, the Committee requests CDC, in consultation with other appropriate agencies, to provide information in the fiscal year 2024 CJ on the ecological structure and epidemiological factors that must be known and monitored to estimate the mosquito-borne infectious disease outbreak risk.

Wastewater Surveillance.—The Committee commends CDC's work implementing the National Wastewater Surveillance System to better track COVID-19 and understands the important role wastewater testing plays for our Nation's biosecurity. Knowing the COVID-19 virus is present in wastewater and understanding changes in virus levels can be an important indicator when monitoring high-risk communities, especially in areas of low prevalence or low case reporting. The Committee encourages CDC to continue working with States and localities to broaden the scope of wastewater surveillance capabilities to track COVID-19 and additional pathogens and to assist with public health data analysis.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Appropriations, 2022	\$1,338,664,000
Budget estimate, 2023	1,612,264,000
Committee recommendation	1,595,414,000

The Committee recommendation for the activities of the National Center for Chronic Disease Prevention and Health Promotion is \$1,595,414,000, which includes \$254,950,000 in transfers from the PPH Fund.

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

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2022 appropriation	Committee recommendation
Tobacco	241,500	261,500
Nutrition, Physical Activity, and Obesity	58,420	58,420
High Obesity Rate Counties	16,500	16,500
School Health	17,400	17,400
Health Promotion	49,600	54,100
Glaucoma	4,000	4,000
Vision and Eye Health	1,500	3,000
Alzheimer's Disease	30,500	30,500
Inflammatory Bowel Disease	1,000	1,000
Interstitial Cystitis	1,100	1,100
Excessive Alcohol Use	5,000	5,000
Chronic Kidney Disease	3,500	3,500
Chronic Disease Education and Awareness	3,000	6,000
Prevention Research Centers	26,961	29,961
Heart Disease and Stroke	145,105	148,105
Diabetes	151,129	156,129
National Diabetes Prevention Program	33,300	38,300
Cancer Prevention and Control	389,799	420,049
Breast and Cervical Cancer	227,000	240,000
WISEWOMAN	30,120	33,120
Breast Cancer Awareness for Young Women	5,960	5,960
Cancer Registries	51,440	56,440
Colorectal Cancer	43,294	43,294
Comprehensive Cancer	20,425	30,425
Johanna's Law	10,500	10,500
Ovarian Cancer	12,500	12,500
Prostate Cancer	14,205	15,205
Skin Cancer	4,000	5,000
Cancer Survivorship Resource Center	475	725
Oral Health	19,750	19,750
Safe Motherhood/Infant Health	83,000	164,000

[In thousands of dollars]

Budget activity	Fiscal year 2022 appropriation	Committee recommendation
Arthritis	11,000	11,000
Epilepsy	10,500	12,500
National Lupus Registry	9,500	9,500
Racial and Ethnic Approaches to Community Health (REACH)	65,950	75,950
Good Health and Wellness in Indian Country	22,500	26,500
Social Determinants of Health	8,000	100,000
Million Hearts	4,000	4,000
National Early Child Care Collaboratives	4,000	5,000
Hospitals Promoting Breastfeeding	9,750	9,930

Alzheimer's Disease.—The Committee is encouraged by research demonstrating the positive impact of risk reduction on dementia prevalence and commends the Secretary for updating the National Alzheimer's Plan to reflect the latest science. The Committee urges CDC to increase capacity to support populations with a high burden of Alzheimer's disease and related dementias through public health promotion and workforce development by increasing Healthy Brain Initiative grants. Due to the COVID pandemic, the Committee understands that many State, local, and Tribal public health agencies are facing extreme hardships. Therefore, the Committee strongly encourages the Secretary to waive all state matching funding requirements for the BOLD grants to public health agencies.

Breast and Cervical Cancer.—The Committee includes an increase of \$13,000,000 to increase the provision of critical, lifesaving breast cancer screening and diagnostic services to uninsured and underinsured women, supporting the Cancer Moonshot goal to increase the percentage of women served by the National Breast and Cervical Cancer Early Detection Program who have rarely or never been screened. The Committee directs CDC to increase efforts to reduce breast and cervical cancer disparities and expand the program to reach women who may have delayed screening services during the COVID-19 pandemic.

Chronic Kidney Disease.—The Committee encourages CDC to educate the public about their risk for kidney disease, as well as educate clinical professionals and spur innovation by entities serving the kidney disease community. By increasing investment in awareness surveillance and early detection and treatment, the progression of kidney disease can be slowed and complications reduced, which will dramatically improve the quality of life of patients.

Chronic Disease Education and Awareness.—The Committee includes an increase of \$3,000,000 to expand public health education and awareness activities that help to improve surveillance, diagnosis, and proper treatment for chronic diseases. This competitive grant program expands and advances CDC's work with stakeholders on education, outreach, and public awareness activities for a variety of chronic diseases for which there is a clear disparity in public and professional awareness that are not already specified under CDC in this report. As this program matures, CDC is urged to identify and facilitate opportunities for coordination and best practices among grantees to benefit from shared goals, and if ap-

appropriate, with smaller partners and rare disease organizations that receive funding through other chronic disease programs.

Comprehensive Cancer.—The Committee includes an increase of \$10,000,000 to advance the goals of the Cancer Moonshot Initiative through CDC’s cancer prevention, early detection and treatment, survivor support, and health equity activities. CDC is urged to use a portion of this increase to expand evidence-based cancer survivorship programs by State health departments in partnership with community-based organizations.

Diabetes.—The Committee includes an increase of \$5,000,000 to prevent diabetes and its complications, and to reduce inequities through prevention strategies, translational research, and education. In addition, the Committee includes an increase of \$5,000,000 for the Diabetes Prevention Program to expand efforts of this public-private partnership that provides diabetes prevention for people with prediabetes. The Committee supports the dissemination of community-based prevention and control programs and encourages flexibility for organizations serving low-income populations to address barriers these populations face in losing weight.

Early Child Care Collaboratives.—The Committee includes an increase of \$1,000,000 to enable training of early care and education providers in the implementation of healthy eating and physical activity best practices, including strategies for engaging families. Funds will also support technical assistance for integration of healthy eating and physical activity best practices into existing State and local professional development systems’ early care and education settings, and health initiatives. The Committee urges an enhanced focus on equity and ensuring healthy eating and physical activity are part of early care and education quality improvement initiatives.

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

Epilepsy.—The Committee includes an increase of \$2,000,000 and commends CDC for its ongoing leadership of this successful program and effective community collaborations, and encourages further efforts to eliminate stigma, improve awareness and education, and better connect people with epilepsy to health and community services.

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

Healthy Aging.—The Committee encourages CDC to expand its healthy aging work, fund applied research and translation for public health practice, and award cooperative agreements to build ca-

capacity in state, Tribal, and territorial public health departments to promote the health of older adults within an age friendly public health system.

Heart Disease and Stroke.—The Committee includes an increase of \$3,000,000 for CDC’s Heart Disease and Stroke Prevention program. CDC is encouraged to support community partnerships in additional States to control heart disease and stroke and help the more than 116 million Americans living with high blood pressure. In addition, the Committee also includes an increase of \$3,000,000 for the WISEWOMAN program to be expanded to additional States, increasing the number of low-income, uninsured and underinsured women who are assessed and connected to resources.

High Obesity Rate Counties.—The Committee remains concerned about the growing body of evidence suggesting that obesity is one of the most significant challenges facing the public health system. The Committee continues to support land grant universities in partnership with their cooperative extensions for counties with an obesity prevalence over 40 percent. The Committee expects CDC grantees to work with State and local public health departments and other partners to support measurable outcomes through community and population-level evidenced-based obesity intervention and prevention programs. Funded projects should integrate evidence-based policy, systems, and environmental approaches to better understand and address the environmental and societal implications of obesity.

Inflammatory Bowel Disease [IBD].—The Committee commends CDC’s ongoing work to better understand incidence and prevalence of Crohn’s disease and ulcerative colitis as well as disparities in patterns of care and health outcomes for this patient population through the Incidence, Prevalence, and Treatment Patterns of IBD in the United States [INPUT] study. The Committee is concerned about new information from the INPUT study indicating that social determinants of health contribute to disparities in diagnosis and patterns of care and encourages CDC to continue supporting studies to better understand these disparities in children and adults related to race, socioeconomic status and other factors, and to identify potential interventions to reduce disparities in care and outcomes. The Committee encourages CDC to develop a strategic framework for further studies and to produce a concept plan for an education and awareness campaign focused on communicating these messages to healthcare providers, patients, and caregivers.

Mississippi Delta Health Collaborative [MDHC].—Within the funds provided for Chronic Disease Prevention and Health Promotion, the Committee encourages CDC to build on its longstanding investment in MDHC by working to replicate the work in additional sites while maintaining the current strategy. CDC shall provide an update on these activities in the fiscal year 2024 CJ.

National Osteoporosis Campaign.—The Committee encourages CDC to develop a national education and action initiative aimed at reducing fractures and falls among older Americans modeled after the successful Million Hearts campaign. Such an initiative should set national goals for improving bone health through the lifetime and reducing the rate of primary and secondary osteoporotic fractures and in the rate of falls which often precipitate fractures.

Prostate Cancer.—The Committee is aware of the continued rise in prostate cancer deaths and supports the CDC’s work to increase public awareness of prostate cancer risks, screening and treatment in high-risk men. The Committee provides an increase of \$1,000,000 for the CDC’s prostate cancer activities, including for initiatives to increase outreach and education among high-risk men, especially African American men.

Racial and Ethnic Approaches to Community Health [REACH].—The Committee includes an increase of \$10,000,000 to continue scaling this program to all States and territories, and to support grantees in building capacity for collaboration and disseminating evidence-based strategies in communities. REACH is a vital initiative to help eliminate healthcare disparities in minority communities. The Committee’s recommended level includes an increase of \$4,000,000 for Good Health and Wellness in Indian Country.

Reducing E-cigarette Use During Pregnancy.—The Committee strongly supports CDC’s efforts to address tobacco use during pregnancy and encourages CDC to include initiatives specifically targeted at e-cigarette use during pregnancy, including initiatives to raise awareness among patients and clinicians about the risks of e-cigarette use during pregnancy. The Committee also notes that pregnancy is a critical time to initiate tobacco cessation services, and encourages CDC to partner with other HHS agencies to ensure pregnant individuals can access safe and effective tobacco cessation services and medications. The Committee requests an update on these activities in CDC’s fiscal year 2024 CJ.

Safe Motherhood/Infant Health.—The Committee recommendation builds on the commitment made in the fiscal year 2022 bill by providing an increase of \$81,000,000 for this portfolio of programs to improve the health of pregnant and postpartum individuals and their babies, including to reduce disparities in maternal and infant health outcomes. Maternal mortality continues to rise at an unacceptable rate in the U.S., which reached 861 maternal deaths in 2020. CDC is directed to use the funding increase for the expansion of Maternal Mortality Review Committees [MMRCs] and Perinatal Quality Collaboratives [PQCs] to additional States and territories and for increased support to current States and territories, as well as to increase support for other programs, including Sudden Unexplained Infant Death [SUID]. State MMRCs are working to collect complete data on pregnancy and delivery-related deaths, but more must be done to ensure the accuracy and completeness of the data. The Committee encourages CDC to prioritize funding to help MMRCs build stronger data systems and improve data collection at the State level to create consistency in data collection, analysis and reporting across State MMRCs. The Committee requests CDC to provide a report to the Committees on Appropriations within 90 days of enactment of this act on barriers to effective and consistent data collection and opportunities to improve coordination among State MMRCs. The Committee also encourages CDC to work with the National Hemophilia Foundation on educational materials and peer support programs for patients on the impact of blood disorders on maternal health. Additionally, the Committee encourages CDC to prioritize funding to expand PQCs to all States and territories and provide increased support to existing PQCs. The Committee re-

quests an update on the expansion of PQCs beyond the 13 States that are currently funded, as well as any barriers to expansion, including those created by the COVID-19 pandemic. The Committee encourages CDC to increase awareness through the PQCs of newer options and technologies for postpartum hemorrhage management that have the potential to reduce the need for transfusions, extended hospital stays and maternal harm. Finally, within the total, the Committee includes \$5,000,000 for the SUID and Sudden Death in the Young Registry to expand the number of States and jurisdictions participating in monitoring and surveillance; and \$3,500,000 to award grants or cooperative agreements to States, Indian Tribes, and Tribal organizations to improve data collection. This data works to identify, develop, and implement best practices to prevent infant death, including practices to improve safe sleep, in coordination with appropriate nonprofits.

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

Social Determinants of Health [SDOH].—The Committee recognizes the important impact of SDOH on outcomes and health inequities in communities. The Committee provides \$100,000,000 to expand SDOH activities to all States and territories. These activities should include expanding and implementing accelerator plans and providing grants for implementation of SDOH activities. CDC should award grants to improve the capacity of governmental and non-governmental public health organizations and community organizations to address SDOH in communities; support and conduct research on best practices; and improve health outcomes and reduce health inequities by coordinating SDOH activities across CDC. The Committee urges CDC to fund and integrate knowledge from behavioral science research as part of the effort to develop new evidence-based interventions to ameliorate social determinants' potential negative effects. The Committee believes that behavioral science research focused on understanding SDOH can increase the use of and adherence to healthy behaviors that help prevent chronic conditions such as cancer, heart disease, and diabetes.

Sudden Cardiac Arrest Registry.—The Committee encourages CDC to expand an existing, national sudden cardiac registry to capture data from all States. Registry data is critical to improving sudden cardiac survival rates in all States by allowing communities to measure the quality of patient care, establish performance goals, and analyze emergency response data to identify opportunities for improvement.

Tobacco.—The Committee provides an increase of \$20,000,000 so that CDC, States and territories can continue efforts to reduce tobacco use among disparate populations and in areas and regions with high tobacco prevalence and mortality and expand the highly

successful and cost-effective Tips from Former Smokers media campaign.

Vision and Eye Health.—The Committee provides an increase of \$1,500,000 and directs CDC to update national prevalence estimates on vision impairment and eye disease through use of the National Health And Nutrition Examination Survey.

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

Appropriations, 2022	\$177,060,000
Budget estimate, 2023	195,310,000
Committee recommendation	231,060,000

The Committee recommendation for the activities of the National Center on Birth Defects, Developmental Disabilities, Disability and Health [NCBDDD] is \$231,060,000.

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

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

(In thousands of dollars)

Budget activity	Fiscal year 2022 appropriation	Committee recommendation
Child Health and Development	65,800	72,800
Other Birth Defects	19,000	19,000
Fetal Death	900	900
Fetal Alcohol Syndrome	11,000	11,000
Folic Acid	3,150	3,150
Infant Health	8,650	8,650
Autism	23,100	30,100
Health and Development for People with Disabilities	76,910	82,910
Disability and Health	39,000	42,500
Tourette Syndrome	2,000	2,500
Early Hearing Detection and Intervention	10,760	10,760
Muscular Dystrophy	6,500	7,500
Attention Deficit Hyperactivity Disorder	1,900	1,900
Fragile X	2,000	2,000
Spina Bifida	7,500	7,500
Congenital Heart	7,250	8,250
Public Health Approach to Blood Disorders	18,100	21,100
Hemophilia CDC Activities	3,500	3,500
Hemophilia Treatment Centers	5,100	5,100
Thalassemia	2,100	2,100
Neonatal Abstinence Syndrome	3,250	4,250
Surveillance for Emerging Threats to Mothers and Babies	13,000	50,000

Autism.—The Committee includes an increase of \$7,000,000 to expand the Autism Developmental Disabilities Monitoring [ADDM] Network and to re-establish surveillance of cerebral palsy to reach nearly all of its 11 ADDM Network sites.

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

cation and training of healthcare professionals about the signs and symptoms of blood clots.

Congenital Heart Disease [CHD].—The Committee includes an increase of \$1,000,000 to further implement the surveillance, research, and awareness activities authorized by the Congenital Heart Futures Reauthorization Act (Public Law 115–342), including to support additional longitudinal surveillance sites, survey activities on long-term outcomes and patient needs, engagement with healthcare providers, and analysis of healthcare claims and clinical data.

Duchenne and Becker Muscular Dystrophy.—The Committee includes a \$1,000,000 increase to enhance CDC’s Muscular Dystrophy Program [MDP] research and disease surveillance initiatives, including the Duchenne Muscular Dystrophy Care Considerations. The Committee urges CDC to update the Care Considerations to take into account that now that life expectancy has increased, more attention needs to be paid to clinical care that improves quality of life, including clinical best practices around cardiac care and the impact of progressive disability on the mental health of patients and their caregivers. The Committee urges CDC to consider including information about current approved therapies in the Care Considerations. The Committee looks forward to CDC’s report describing how the MDP funding is allocated, including the evaluation of the impact of the Care Considerations as well as differences in care and outcomes between Certified Duchenne Care Centers and non-certified centers with the MD–STARnet network. Finally, the Committee encourages CDC to work with stakeholders to extract and evaluate the utility of common data elements in electronic health records to improve care, understand disease outcomes, and model disease progression.

Hemophilia Treatment Centers [HTC].—The Committee recognizes the importance of the Community Counts Hemophilia Data Collection program and its role in identifying blood-borne infections and improvements in the care and treatment of individuals living with Hemophilia. The number of women with Hemophilia and von Willebrand Disease [VWD] in need of HTC services is increasing due to better diagnostic tools and the recent publication of clinical practice guidelines on VWD. The Committee encourages CDC to ensure that the HTCs are expanding their data collection efforts to include women in the Community Counts program.

Neonatal Abstinence Syndrome [NAS] Surveillance.—The Committee includes an increase of \$1,000,000 to address the rise in NAS resulting from the overuse of opioids and other related substances during pregnancy. Funding should be used to conduct research on the use of opioid and other substances during pregnancy and related adverse outcomes from infancy through childhood, and identify best practices for care, evaluation, and management to help children.

Physical Activity for People with Disabilities.—The Committee includes an increase of \$1,000,000 to continue to support existing programs that address healthy athletes and directs CDC to allocate the increase in the same manner as directed in Public Law 115–245. Additionally, the Committee provides \$2,500,000 within Disability and Health, and recommends that the CDC use funds to en-

courage partnership between national disability organizations and institutions of higher education to conduct implementation science research on health promotion, disease prevention, and intervention strategies for people with disabilities.

Sickle Cell Disease [SCD].—The Committee includes an increase of \$3,000,000 for the sickle cell disease data collection program to allow for data collection and analysis in States currently participating in the program and for expansion to additional States. The Committee encourages CDC to provide technical assistance to additional States with a higher prevalence of SCD, so that they can successfully participate in this grant program to better identify affected individuals in their States and better meet their needs.

Surveillance for Emerging Threats to Mothers and Babies Network [SET-NET].—The Committee includes an increase of \$37,000,000 to expand SET-NET’s funded entities to additional U.S. States, the District of Columbia, U.S. territories, four Tribal entities, and additional threats. The program supports CDC’s collaboration with State, Tribal, territorial, and local health departments to monitor the impact of emerging health threats, including COVID-19, on pregnant people and their babies and inform public health and clinical decision-making to improve the health of pregnant and postpartum people and infants. Additionally, CDC was provided additional funding in fiscal year 2019 to expand its Zika surveillance to determine the long-term health impacts of infants born to mothers infected with the Zika virus. The Committee requests an update in the fiscal year 2024 CJ on CDC’s findings from this ongoing surveillance.

Tourette Syndrome.—The Committee provides an increase of \$500,000 and directs CDC to continue to educate physicians, educators, clinicians, allied professionals, and the general public about the disorder and to improve scientific knowledge on prevalence, risk factors and co-occurring conditions of Tourette Syndrome.

PUBLIC HEALTH AND SCIENTIFIC SERVICES

Appropriations, 2022	\$651,997,000
Budget estimate, 2023	798,537,000
Committee recommendation	797,997,000

The Committee recommendation for Public Health Scientific Services is \$797,997,000.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2022 appropriation	Committee recommendation
Health Statistics	180,397	190,397

[In thousands of dollars]

Budget activity	Fiscal year 2022 appropriation	Committee recommendation
Surveillance, Epidemiology, and Informatics	297,600	297,600
Advancing Laboratory Science	13,000	13,000
Public Health Data Modernization	100,000	200,000
Public Health Workforce	61,000	97,000

Familial Hypercholesterolemia [FH].—The Committee includes \$100,000 and encourages CDC to address FH as a public health concern in order to improve diagnosis and care delivery and prevent heart disease.

National Center for Health Statistics.—The Committee provides an increase of \$10,000,000 for CDC to expand the sample size for the National Health Interview Survey. The Committee intends for this increase to be used to support intersectional analyses of healthcare access, chronic health conditions, including long-COVID, and mental health status by race, ethnicity, sexual orientation, and gender identity. The collection of this disaggregated data should also support the Administration’s initiative to advance equity and racial justice for Asian Americans, Native Hawaiians, and Pacific Islanders and other underserved communities.

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

Public Health Data Modernization Initiative.—The Committee commends CDC’s work to advance public health data modernization and acknowledges that efforts to enhance public health data system capabilities will result in fast and more reliable data sharing. The Committee provides an increase of \$100,000,000 for CDC to continue bringing together state, Tribal, local and territorial public health jurisdictions and public and private sector partners with the goal of establishing modern, interoperable, and real-time public health data and surveillance systems to protect the American public. The Committee encourages CDC to create an advisory council or a sub-unit to an existing advisory council to formalize its engagement with representatives from State and local public health departments, healthcare providers, and the private sector towards the development and implementation of enterprise level public health data systems that will benefit all public health programs at all levels of the government for all diseases and conditions.

Public Health Workforce.—The Committee includes an increase of \$36,000,000 and urges CDC to invest in fellowship and training programs to rebuild the public health workforce that includes, but is not limited to, epidemiologists, contact tracers, lab scientists, community health workers, data analysts, behavioral scientists, disease intervention specialists, occupational health specialists, public health nurses, informaticians, program managers, policy experts, and communicators who can help protect the Nation’s communities. This investment will provide critical workforce support for investments made in jurisdictional health departments with funding provided by the American Rescue Plan, including the \$3,000,000,000 to rebuild the public health workforce and

\$1,000,000,000 for disease intervention specialists in State and local health departments.

ENVIRONMENTAL HEALTH

Appropriations, 2022	\$226,850,000
Budget estimate, 2023	401,850,000
Committee recommendation	393,850,000

The Committee recommendation for the National Center for Environmental Health is \$393,850,000. The Committee recommendation includes \$17,000,000 in transfers from the PPH Fund.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2022 appropriation	Committee recommendation
Environmental Health Laboratory	68,750	71,750
Newborn Screening Quality Assurance Program	19,000	22,000
Newborn Screening for SCID	1,250	1,250
Other Environmental Health	48,500	48,500
Environmental Health Activities	47,600	166,600
Safe Water	8,600	8,600
Amyotrophic Lateral Sclerosis Registry	10,000	10,000
Trevor's Law	2,000	3,000
Climate and Health	10,000	100,000
All Other Environmental Health	17,000	45,000
Environmental and Health Outcome Tracking Network	34,000	34,000
Asthma	30,500	33,500
Childhood Lead Poisoning	41,000	83,000
Lead Exposure Registry	5,000	5,000

Amyotrophic Lateral Sclerosis [ALS] Registry.—The Committee recognizes that the National ALS Registry is a unique scientific resource in the fight to understand and prevent ALS. The Committee urges CDC to continue its investment in research that will lead to interventions to reduce the incidence of ALS. CDC is encouraged to further examine the potential risks of ALS through State and local environmental reports where there is an increased prevalence of ALS to further understand the disease's etiology.

Asthma.—The Committee includes an increase of \$3,000,000 for the National Asthma Control Program [NACP] so CDC can work with States to improve health outcomes for people living with asthma. The Committee recognizes that without sufficient surveillance activities such as those carried out by the Asthma Call-back Survey, States cannot adequately engage in appropriate public health interventions to reduce the health and financial burden of asthma. As the number and severity of wildfires increases, the Committee also directs the NACP to continue its efforts to develop public health interventions aimed at protecting people with asthma from wildfire smoke.

Childhood Lead Poisoning.—The Committee includes an increase of \$42,000,000 to improve health equity by building capacity to better prevent and mitigate childhood lead exposure and expand the data capabilities of the program to rapidly identify and address emerging threats in communities with elevated risk of exposure to lead. CDC is expected to support local capacity to improve the health of children through efforts to eliminate lead from their environment.

Climate and Health.—The Committee includes \$100,000,000 to expand the program by providing guidance, data, and technical assistance to all States, local health departments, and additional assistance to Tribes and territories, to identify possible health effects associated with a changing climate and implement health adaptation plans. Communities across the country are vulnerable to health effects from increasingly common events such as heatwaves, wildfires, floods, droughts, and extreme storms. In addition to expanding the program, the Committee expects CDC to aid in the development and implementation of state-specific action plans to protect health from these threats. The Committee has included funding to support academic public health partners to expand research, strengthen public health workforce education and training, and foster practice-based partnerships to design and implement mitigation and adaptation strategies.

Vessel Sanitation Program.—The Committee includes \$3,000,000 to support the critical public health functions of the vessel sanitation program. The Committee requests additional information in the fiscal year 2024 CJ on the program budget, including user fee and no year funding balances, estimated user fee collections, and the anticipated workload.

INJURY PREVENTION AND CONTROL

Appropriations, 2022	\$714,879,000
Budget estimate, 2023	1,283,169,000
Committee recommendation	1,025,279,000

The Committee recommendation for the National Center for Injury Prevention and Control is \$1,025,279,000.

CDC is the lead Federal agency for injury prevention and control. Programs are designed to prevent premature death and disability and reduce human suffering and medical costs caused by non-occupational injuries including those caused by fires and burns, poisoning, drowning, violence, and traffic accidents.

The Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2022 appropriation	Committee recommendation
Intentional Injury	139,050	295,450
Domestic Violence and Sexual Violence	34,700	39,200
Child Maltreatment	7,250	7,250
Child Sexual Abuse Prevention	2,000	3,000
Community and Youth Violence Prevention	15,100	100,000
Domestic Violence Community Projects	5,500	9,500
Rape Prevention	56,750	101,750
Suicide Prevention	20,000	30,000
Adverse Childhood Experiences	7,000	15,000

[In thousands of dollars]

Budget activity	Fiscal year 2022 appropriation	Committee recommendation
National Violent Death Reporting System	24,500	34,500
Unintentional Injury	10,300	14,300
Traumatic Brain Injury	7,250	10,250
Elderly Falls	2,050	2,050
Drowning Prevention	1,000	2,000
Other Injury Prevention Activities	28,950	31,950
Opioid Overdose Prevention and Surveillance	490,579	601,579
Injury Control Research Centers	9,000	12,500
Firearm Injury and Mortality Prevention Research	12,500	35,000

Adolescent Mental Health.—The Committee is aware that the U.S. is facing a crisis in adolescent and youth mental health and urges CDC to establish a program on adolescent mental health that incorporates population health approaches and primary prevention. This program should coordinate the development and implementation of national goals and a national strategy to improve adolescent mental wellbeing, with a focus on culturally responsive prevention and early intervention, in collaboration with centers across CDC, HHS, the Department of Education, youth, experts and advocates. Special consideration should be made for underserved communities to ensure that their voices are represented in decision-making and idea generating. The coordinating program should provide technical assistance, training, and support to States, the District of Columbia, Tribes, and the territories, local educational agencies and public health agencies, including implementation of evidence-based tools and dissemination of best practices for school and community-level activities. The program should also assist high need schools and community-based organizations by engaging diverse populations of youth and transition-aged-youth, including those disconnected from schools. In administering this program, CDC is expected to support non-profit organizations serving such schools that can: elevate essential prevention, screening, early intervention, and peer and family support; partner directly with youth to develop and provide policy and practice technical assistance based on both lived experience and empirical research; and implement public health messaging in diverse communities, including engagement with social media. CDC should also conduct applied research and evaluation studies to improve the implementation of evidence-based policies and community-based practices that advance the National strategy and promote adolescent mental health.

Adverse Childhood Experiences [ACEs].—The Committee provides \$15,000,000 to expand ACEs surveillance, research, and prevention efforts, including expanding support for additional States. The Committee urges CDC to improve upon its previous ACEs research by focusing on building a diverse sample of participants, identifying the relative strength of risk and protective factors as well as community factors, understanding the impact of social and economic conditions on well-being, and measuring the intensity and frequency of specific ACEs and their effect on health outcomes.

Child Sexual Abuse Prevention.—The Committee includes an increase of \$1,000,000 in recognition of the severe and often life-long physical, cognitive and emotional impact of child sexual abuse and commends CDC's work in child sexual abuse prevention research.

CDC is encouraged to use this increase to improve surveillance systems and data collection, increase the understanding of risk and protective factors, and develop and disseminate effective prevention efforts.

Community and Youth Violence Prevention.—The Committee provides \$100,000,000 to support community-based violence interventions with a focus on delivering trauma-informed services to communities with the highest rates of violence and associated risk factors that are seeking to address relevant impacts and root causes of community violence and collective trauma. The Committee directs CDC to scale up existing partnerships with organizations that have demonstrated success in reducing community violence and its risk factors, including those involving healthcare and community outreach organizations, as well as supporting academic-community collaborations and research to advance the science and practice of violence prevention, while reducing inequities from which such violence stems.

Concussion Surveillance.—The Committee appreciates CDC's work to better understand the burden of concussions in the U.S. Gaps still exist in capturing youth sports concussion, therefore a national concussion surveillance system is needed to accurately determine the incidence of all concussions among youth ages 5 to 21. CDC is encouraged to expand efforts to track traumatic brain injury/concussion mortality and morbidity, particularly among youth.

Core State Injury Prevention Program [Core SIPP].—The Committee includes an increase of \$3,000,000 for the Core SIPP to enhance efforts to identify and respond to injury threats and data-driven public health actions.

Domestic Violence and Sexual Violence.—The Committee provides \$1,000,000 for CDC to collect data on the connection between brain injuries and domestic and sexual violence, and implement a data collection project that follows up on and operates under CDC's National Intimate Partner and Sexual Violence Survey and asks questions about the prevalence and circumstances surrounding brain injuries.

Drowning Prevention.—The Committee includes an increase of \$1,000,000 to prevent fatal drownings. This funding will allow CDC to scale proven drowning prevention programs with national organizations working with underserved and diverse youth to support State drowning surveillance efforts, as well as to develop and begin implementation of a national plan on water safety.

Firearm Injury and Mortality Prevention Research.—To understand how society can better prevent gun-related injuries and deaths, the recommendation includes \$35,000,000, an increase of \$22,500,000, for research on firearm injury and mortality prevention. The Committee continues to be concerned by the prevalence of firearm-related violence across the country, especially in our Nation's schools, and urges CDC to conduct policy evaluation research to prevent such violence in schools. Further, the Committee notes that shootings occur in many different settings, including schools, shopping centers, movie theaters, parks, and places of worship, and urges CDC to bolster research on preventing public mass shootings by researching root causes of such events, types of locations most at-risk, and factors most associated with the incidence of mass

shootings. The Committee also notes that research addressing gun violence against sexual and gender minorities is limited, and urges CDC to strengthen and expand data collection and research on how and to what extent gun violence impacts this population to inform prevention efforts. The Committee recognizes that firearm violence disproportionately affects low-income communities of color, and urges CDC to investigate firearm violence prevention and intervention strategies that have the greatest potential public health impact. Additionally, the Committee urges CDC to expand the number of States participating in the Firearm Injury Surveillance Through Emergency Rooms initiative. The Committee also urges the NIH and CDC to collaborate with the National Institute of Justice to compile, share, and improve gun violence data. Such data should include the Uniform Crime Report [UCR], data from hospitals treating victims of nonfatal gunshot wounds, and use of firearms by law enforcement. Further, the Committee directs CDC to report to the Committees on Appropriations within 60 days of enactment of this act on implementation schedules and procedures for grant awards, which ensure that such awards support ideologically and politically unbiased research projects.

Injury Control Research Centers.—The Committee includes an increase of \$3,500,000 to increase the number of awards for multidisciplinary research on the causes, outcomes, and prevention of injuries and violence.

National Violent Death Reporting System [NVDRS].—The Committee includes a \$10,000,000 increase in recognition of the importance of the NVDRS. The Committee directs CDC to use this additional funding to collect data on underrepresented populations, including collecting data on gender identity and sexual orientation.

Opioid Prescribing Guidelines.—The Committee applauds CDC's efforts to update the Clinical Practice Guideline for Prescribing Opioids for Chronic Pain, for use by primary care clinicians for chronic pain in outpatient settings outside of active cancer treatment, palliative care, and end-of-life care. The Committee directs CDC to continue its work educating patients and providers, and to encourage uptake and use of the Guidelines. The Committee urges CDC to continue coordination with other agencies including the VA, HIS, DoD and HRSA in implementation and related updates in safe prescribing practices to ensure consistent, high-quality care standards across the Federal Government.

Opioid or Other Drug Use and Overdose Prevention.—The Committee includes an increase of \$111,000,000 to enhance activities, and encourages CDC to ensure that funding for opioid and stimulant abuse and overdose prevention reaches local communities to advance local understanding of the opioid overdose epidemic and to scale-up prevention and response activities. The Committee encourages CDC to include community member naloxone education as a strategy for local community overdose prevention funds. The Committee continues to support rigorous monitoring, evaluation, and improvements in data quality and monitoring at a national level, including data collection and analysis on overdose deaths. Further, CDC is directed to continue expansion of case-level syndromic surveillance data, improvements of interventions that monitor prescribing and dispensing practices, better timeliness and quality of

morbidity and mortality data, as well as the enhancement of efforts with medical examiners and coroner offices. The Committee urges CDC to continue to maximize the use of State-based Prescription Drug Monitoring Programs [PDMPs] as a public health tool to assist in clinical decision-making and in conducting surveillance. CDC is directed to improve utilization of State-based PDMPs to assist in clinical decision-making and surveillance. CDC is further directed to continue to expand an innovative model to coordinate care for high-risk patients receiving opioid treatment and encouraged to work with the Office of the National Coordinator for Health Information Technology to enhance integration of PDMPs and electronic health records.

Pain Management.—The Committee supports the collection, analysis, and publication of population research data using questions from the National Health Interview Survey and other nationally representative population-based samples such as the National Ambulatory Medical Care Survey and the Behavioral Risk Factor Surveillance System to describe those with chronic pain by patient age, comorbidities, part of body affected, socio-economic status, geographic location by State, county and city, payor source, race, and gender. The Committee encourages CDC to analyze and report data from the Medical Expenditure Panel Survey regarding the use of, and associated direct healthcare costs related to pain management treatments and services as well as indirect costs related to pain. Finally, the Committee notes that CDC has not provided an update on the status of pain management activities as directed in Public Law 117–103 and described in House Report 117–96. Within 30 days of enactment, the Committee directs CDC to report on the status of these activities and provide a report to the Committees on Appropriations regarding data collection, analysis, and reporting of the data as described in House Report 117–96. The Committee also directs CDC to report on the status of these activities in the fiscal year 2024 CJ and provide an annual report to the Committees on Appropriations regarding data collection, analysis, and reporting of these data.

Public Safety Officer Suicide Reporting Module.—The Committee continues \$1,000,000 for CDC to maintain its Public Safety Officer Suicide Reporting Module to collect data on the suicide incidence among public safety officers. These data will inform and aid in the development of prevention efforts to reduce suicide among public safety officers as described in the Helping Emergency Responders Overcome Act of 2020.

Rape Prevention.—The Committee includes an increase of \$50,000,000 to support rape prevention and education programs. In granting funds to States, the Secretary shall set forth procedures designed to ensure meaningful involvement of the State or territorial sexual assault coalitions and representatives from underserved communities in the application for and implementation of funding.

Suicide Prevention.—The Committee is concerned about data that show suicide rates were 30 percent higher in 2020 than in 2000, and that in 2020, suicide was the second leading cause of death for people aged 10–14 and 25–34. The Committee provides an increase of \$10,000,000 and directs CDC to expand its Com-

prehensive Suicide Prevention program to additional States and develop a plan for integrating its Emergency Department Surveillance of Nonfatal Suicide Related Outcomes pilot to collect real-time data on non-fatal suicide-related outcomes and self-harm behavior into the program. Effective and faster data collection is imperative to suicide prevention efforts so that risk factors can be evaluated, high-risk populations can be identified and prioritized, and new and more efficient prevention strategies can be implemented.

Traumatic Brain Injury.—The Committee provides an increase of \$3,000,000 to initiate concussion surveillance, particularly among children and youth.

OCCUPATIONAL SAFETY AND HEALTH [NIOSH]

Appropriations, 2022	\$351,800,000
Budget estimate, 2023	345,300,000
Committee recommendation	367,300,000

The Committee recommendation for the National Institute for Occupational Safety and Health [NIOSH] programs is \$367,300,000. The Committee recognizes that NIOSH is the only Federal agency responsible for conducting research and making recommendations for the prevention of work-related illness and injury. The NIOSH mission is implemented by conducting basic and applied scientific research and translating the knowledge gained into products and services that impact workers in settings from corporate offices to construction sites to coal mines. Further, the Committee acknowledges that NIOSH continues to protect American workers through its work-related illness and injury research. The Committee encourages NIOSH to continue its objectivity so as to ensure the highest professional and ethical standards are maintained.

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

[In thousands of dollars]

Budget activity	Fiscal year 2022 appropriation	Committee recommendation
National Occupational Research Agenda	118,000	121,000
Agriculture, Forestry, Fishing (non-add)	27,500	30,500
Education and Research Centers	31,000	33,000
Personal Protective Technology	22,000	24,000
Mining Research	62,500	67,500
National Mesothelioma Registry	1,200	1,200
Firefighter Cancer Registry	3,000	4,500
Other Occupational Safety and Health Research	114,100	116,100

Agriculture, Forestry and Fishing Program.—The Committee includes an increase of \$3,000,000 to expand efforts to protect workers in this sector by providing leadership in applied research, disease and injury surveillance, education and prevention.

Coal Workers’ Health Surveillance Program Mobile Medical Unit.—The Committee is concerned about the recent increase in cases of coal workers’ pneumoconiosis, also known as black lung. Coal miners in central Appalachia are disproportionately affected with as many as 1 in 5 having evidence of black lung, the highest level recorded in 25 years. Early screening and detection of black

lung can improve health outcomes and reduce mortality. However, a NIOSH report has identified several potential barriers to screening for miners—including the ability to participate in screening. To improve access to screening for miners, the Committee directs CDC to prioritize the maintenance of existing mobile medical units and urges CDC to consider the purchase of an additional mobile medical unit.

Education and Research Centers [ERCs].—The Committee includes an increase of \$2,000,000 for ERCs in recognition of their important work to improve workplace safety and health by translating scientific discoveries into practice through effective education, training, and outreach. As NIOSH celebrates its 50th anniversary, the Committee applauds its work to implement innovative approaches, and its translational research. The agency’s priorities and efforts have included work on the protection of workers from heat hazards as well as the effects of the COVID–19 pandemic on the workplace, including the mental and emotional health impact on workers. The Committee directs NIOSH to increase support for new and existing ERCs to support education and training programs for undergraduate and graduate students, particularly in Environmental and Industrial Hygiene, Occupational Health Nursing, Occupational Medicine Residency, and Occupational Safety and Health Engineering.

Firefighter Cancer Registry.—The Committee includes an increase of \$1,500,000 as the registry prepares to recruit and enroll participants.

NIOSH and OSHA Study on Technology in the Workplace.—The Committee believes that a greater understanding in the nexus of the role of technology in improving occupational safety and health is critical. Therefore, the Committee directs the OSHA and NIOSH to convene stakeholders to examine the role of technology in improving safety, health and wellbeing. In particular, efforts are needed to make safety-related technology innovation more accessible, to identify the most hazardous situations for the American workforce across jobs, occupations, and industries, and weigh the risks/benefits of adopting safety controls by employers. The Committee requests recommendations on these topics to specifically focus on reducing injuries, illnesses, and fatalities.

Mining Research.—The Committee provides a \$5,000,000 increase and directs CDC to use \$2,000,000 of this increase to support research and outreach activities to prevent work-related illness, injury and death in the western United States, with an increased focus on potentially underrepresented and disproportionately impacted workers. CDC is also urged to increase support for research on exposure assessment, behavioral science, and mental health in the mining industry. Additionally, CDC is directed to use \$2,000,000 of this increase to expand grant opportunities to universities with graduate programs in mining and explosives engineering to fund additional research initiatives in automation, robotics, and intelligent mining systems to improve workplace safety and health in U.S. mining operations.

Radiation Exposure in Medical Procedures.—The Committee is concerned that too many patients, doctors and healthcare workers are exposed to excessive radiation during medical procedures re-

sulting in burns, cataracts, cognitive dysfunction, immunosuppression, and cancer. The Committee directs CDC to provide a report to the Committees on Appropriations within 90 days of enactment on appropriate standards of practice recommendations for providers to follow to increase the use of radiation protection technologies such as non-lead/non-vinyl/PVC shielding and reduce avoidable exposures.

Total Worker Health Program.—The Committee includes an increase of \$2,000,000 to expand the Total Worker Health program, which supports and conducts ground-breaking research to advance the overall safety, health, and well-being of U.S. workers.

ENERGY EMPLOYEES OCCUPATIONAL INJURY COMPENSATION ACT

Appropriations, 2022	\$55,358,000
Budget estimate, 2023	55,358,000
Committee recommendation	55,358,000

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

GLOBAL HEALTH

Appropriations, 2022	\$646,843,000
Budget estimate, 2023	747,843,000
Committee recommendation	760,843,000

The Committee recommends \$760,843,000 for global health-related activities at CDC.

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

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

(In thousands of dollars)

Budget activity	Fiscal year 2022 appropriation	Committee recommendation
Global HIV/AIDS Program	128,921	128,921
Global Tuberculosis	9,722	14,722
Global Immunization Program	228,000	233,000
Polio Eradication	178,000	183,000
Measles and Other Vaccine Preventable Diseases	50,000	50,000
Parasitic Diseases and Malaria	27,000	31,000
Global Public Health Protection	253,200	353,200

Global Health Security.—The Committee supports CDC's work to strengthen global health security through programs that detect, prevent, and respond to infectious diseases and other public health threats. The Committee supports CDC's continued work on the development of new tools, especially diagnostics, the application of advanced molecular detection for the identification and tracking of diseases and disease variants at home and abroad, and the agency's core technical contributions to developing and validating tools that are part of U.S. bilateral and multilateral global health programs and laboratory efforts to monitor and combat drug and in-

secticide resistance, which are functions essential to ensuring that global health programs are responsive, efficient, and tailored for maximum impact. In addition, the Committee urges CDC to ensure that the importance of innovative diagnostics, disease detection, preparedness, outbreak response, and a robust cadre of trained global public health professionals as part of global health security is appropriately reflected in their international engagements.

Global Public Health Protection.—The Committee includes an increase of \$100,000,000 and recognizes CDC’s unique role in supporting public health capacity development both domestically and globally, to ensure that disease threats anywhere are prevented, detected early and responded to robustly through a coordinated, multisectoral approach. The Committee continues to support CDC’s work to protect American and global health security through programs that detect, prevent, and respond to infectious diseases and other health threats.

Malaria and Parasitic Diseases.—The Committee provides an increase of \$4,000,000 recognizing the important role CDC plays in the fight against malaria and parasitic disease, particularly providing parasitic lab capabilities for the United States. CDC provides life-saving services and expertise in research, diagnosis, treatment, surveillance, consultation, and education of parasitic diseases to States and countries, U.S. government agencies, and other public health partners. The Committee is concerned about the suspension of parasitic lab services which clinicians and patients rely upon and urges prompt resumption of services. The Committee encourages further support for these activities so CDC can enhance its parasitic diseases laboratory, close the gap on parasitic disease-related health inequity in the U.S., and advance global control and elimination of malaria and targeted NTDs.

Polio Eradication.—The Committee includes an increase of \$5,000,000 to support CDC activities related to wild poliovirus and vaccine-derived polio surveillance, vaccine procurement, and outbreak response. CDC is urged to continue to provide technical assistance to countries for polio immunization campaigns, conduct environmental surveillance of polio viruses to ensure prompt detection and to prevent potential outbreaks of paralytic polio disease.

Soil Transmitted Helminth [STH] and Related “Diseases of Poverty”.—The Committee includes \$1,500,000 to extend the currently funded CDC projects aimed at surveillance, source remediation, and clinical care to assess and reduce the threat of STH infections or other parasitic infections related to health disparities.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Appropriations, 2022	\$862,200,000
Budget estimate, 2023	842,200,000
Committee recommendation	888,200,000

The Committee recommendation for CDC’s Preparedness and Response activities is \$888,200,000.

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

as grants to States and localities to enhance preparedness efforts across the country.

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

[In thousands of dollars]

Budget activity	Fiscal year 2022 appropriation	Committee recommendation
Public Health Emergency Preparedness Cooperative Agreement	715,000	740,000
Academic Centers for Public Health Preparedness	8,200	9,200
All Other CDC Preparedness	139,000	139,000

Public Health Emergency Preparedness Cooperative Agreements.—The Committee includes an increase of \$25,000,000 to enhance support to State and local health departments to quickly detect, monitor, and respond to health threats. Public health system investments serve as the backbone for disaster and outbreak response in every State and the pandemic has shown that increased funding for preparedness is necessary for a baseline of consistent protection. The Committee requests a State distribution table in the fiscal year 2024 CJ, which should also include information about how funding is being allocated to local health departments and how States are determining these allocations.

Centers for Public Health Preparedness and Response.—The Committee includes an increase of \$1,000,000 and understands that despite unprecedented efforts to address the COVID–19 pandemic, many questions remain about the SARS–COV–2 virus and its variants. The Committee directs CDC to designate and fund Centers for Public Health Preparedness and Response in a manner that considers equitable distribution across geographical regions. The Committee encourages CDC to prioritize enhancing the evidence base for preparedness and response activities among award recipients that strengthen systems across jurisdictions against subsequent public health threats.

BUILDINGS AND FACILITIES

Appropriations, 2022	\$30,000,000
Budget estimate, 2023	55,000,000
Committee recommendation	35,000,000

The Committee recommendation for Buildings and Facilities is \$35,000,000.

Atlanta-Owned Buildings and Facilities.—The Committee includes an increase of \$5,000,000 to make progress on reducing CDC’s backlog of maintenance and repairs at its Atlanta campuses. The Committee acknowledges that in order to protect Americans from health threats and to rapidly respond to public health emergencies, CDC needs a safe, secure, and fully operational infrastructure in the form of its own laboratories, buildings, and facilities. COVID–19 and other recent public health emergencies have required urgent action and demonstrated that CDC laboratories and facilities need to be ready to respond quickly and comprehensively. The Committee supports the completion of the Atlanta Masterplan Build Out.

Mine Safety Research Facility.—The Committee recommendation includes bill language and funding to support the design and con-

struction for a mine safety research facility to replace the Lake Lynn Experimental Mine and Laboratory were provided in fiscal years 2021 and 2022. The Committee requests the continuation of quarterly updates on progress in the construction of the facility, costs incurred, and unanticipated challenges which may affect timeline or total costs until completion of the facility. Further, the Committee provides \$37,500,000 from the Nonrecurring Expenses Fund that shall remain available until expended for the construction of the new mine safety research facility.

CDC-WIDE ACTIVITIES

Appropriations, 2022	\$493,570,000
Budget estimate, 2023	968,570,000
Committee recommendation	977,070,000

The Committee provides \$977,070,000 for public health leadership and support activities at CDC.

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

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

(In thousands of dollars)

Budget activity	Fiscal year 2022 appropriation	Committee recommendation
Preventive Health and Health Services Block Grant	160,000	160,000
Public Health Leadership and Support	113,570	132,070
Infectious Diseases Rapid Response Reserve Fund	20,000	35,000
Public Health Infrastructure and Capacity	200,000	600,000
Center for Forecasting and Outbreak Analytics	50,000	50,000

Center for Forecasting and Outbreak Analytics [CFA].—The Committee includes funding for the new CFA to facilitate the use of data, modeling, and analytics to improve preparedness and response. The Committee urges CDC to continue to work with schools of public health and other academic institutions to engage the Nation’s expertise in disease modeling, public health data analysis, research, and training to build workforce capacity in this emerging field. As CDC implements the Data Modernization Initiative, the Committee encourages CDC to leverage and extend existing public health information systems to provide a common operating picture for CDC, other agencies, State, local, and Tribal jurisdictions, as well as academic partners.

Infectious Diseases Rapid Response Reserve Fund.—The Committee includes an increase of \$15,000,000. The Reserve Fund will provide an immediate source of funding to ensure that funds are available when an emerging infectious disease crisis is detected. Funds are available until expended.

Local Public Health Departments.—The Committee notes that Federal funding intended for both State and local health departments does not consistently reach local health departments beyond those directly-funded. The Committee encourages CDC to require States to fund local health departments when programmatically appropriate.

Public Health Infrastructure and Capacity.—The Committee includes \$600,000,000 in public health funding that is not segmented

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

Public Health Leadership and Support.—The Committee includes an increase of \$18,500,000 to support CDC’s foundational public health activities and to facilitate partnerships. The Committee commends CDC for its commitment to the development of a diverse healthcare and public health workforce. Within the total, the Committee provides \$8,500,000 to expand the John R. Lewis CDC Undergraduate Public Health Scholars Program, including the opportunity for more HBCUs to participate, as well as Tribal Colleges and Universities.

Rural Health.—The Committee acknowledges that CDC has coordinated its rural health work being conducted across the agency through the Office of the Director since 2017, and encourages CDC to enhance its efforts in this area. The Committee supports additional resources for CDC’s Public Health Leadership and Support activities and directs that a part of this increase be used to continue to enhance implementation of CDC’s rural health portfolio, coordinate efforts across CDC programs, and develop a strategic plan for rural health at CDC that maps the way forward both administratively and programmatically. Through a coordinated, transparent, strategic agency approach, the Committee encourages CDC to accelerate innovation, make scientific and communication resources tailored to current rural public health needs, build and improve public health functions and service delivery and provide leadership in matters of public health infrastructure.

NATIONAL INSTITUTES OF HEALTH

The Committee provides \$47,959,000,000, an increase of \$2,000,000,000, for the National Institutes of Health [NIH].

More than 80 percent of NIH’s funding is awarded for extramural research, mostly through almost 50,000 competitive grants to more than 300,000 researchers at more than 2,500 universities, medical schools, and research institutions in every State across the Nation. This investment has allowed NIH to continue its mission to support world-class research to increase the understanding of the fundamental nature of disease.

Within the total appropriation, the Committee provides \$1,085,000,000 in budget authority authorized in the 21st Century

Cures Act (Public Law 114–255). The total also includes \$1,429,313,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

The Committee provides an increase of at least 3.1 percent to nearly every Institute and Center, ensuring there is no erosion of resources due to inflation. For fiscal year 2023, the estimated Biomedical Research and Development Price Index is 2.6 percent, a half-percent below the base increase in the bill.

As in previous years, the Committee has targeted NIH funding to areas of promise of scientific advancement and urgency, while allowing NIH to maintain flexibility to pursue unplanned scientific opportunities and address unforeseen public health needs. The Committee increases support for the Helping to End Addiction Long-term or HEAL initiative by \$100,000,000 and other research related to opioids, pain, and pain management by \$40,000,000; provides \$100,000,000 for research to reduce health disparities; includes \$10,500,000 to expand research related to COVID–19 and \$10,000,000 to launch an office to coordinate research on autoimmune diseases across the agency; and includes \$700,000,000, an increase of \$80,000,000, for the Brain Research through Advancing Innovative Neurotechnologies [BRAIN] Initiative. The Committee provides no less than \$565,000,000, an increase of \$25,000,000 to support NIAID research to combat antimicrobial resistance, and \$275,000,000, an increase of \$30,000,000 to develop a universal flu vaccine. The bill also includes an increase of \$50,000,000 to study health conditions related to the environment, including infectious disease, chronic conditions such as asthma, and health disparities, as well as an increase of \$50,000,000 to the Common Fund to focus on time-limited, trans-NIH, goal-driven investments that accelerate emerging science and support high-risk/high-reward science. Finally, it provides \$1,000,000,000 for the second year of the Advanced Research Projects Agency for Health [ARPA–H], the President’s bold and promising proposal to accelerate the pace of breakthroughs in medicine using the Defense Advanced Research Projects Agency as a model.

NATIONAL CANCER INSTITUTE

Appropriations, 2022	\$6,912,522,000
Budget estimate, 2023	6,713,851,000
Committee recommendation	7,203,064,000

The Committee recommendation includes \$7,203,064,000 for the National Cancer Institute [NCI], including \$216,000,000 appropriated from the NIH Innovation Account. Of this amount, \$30,000,000 is available for repairs and improvements to the NCI facility in Frederick, Maryland.

Cancer’s Cost.—The Committee recognizes that cancer is a leading cause of death in the U.S., responsible for more than 600,000 deaths in 2021, a large number of whom were in the prime of life. While advances in early detection and treatment mean there are now more than 15.5 million cancer survivors living in the U.S., the continued high death toll resulted in 9,263,000 person-years of life lost in 2019, the highest of any of disease group. With these human and economic costs in mind, the Committee remains determined to raise the low success rate for NCI grant applicants. To support

more awards, improve success rates, and accelerate efforts to develop treatments, the Committee provides an increase of \$80,000,000 to prioritize competing grants and sustain commitments to continuing grants.

Cancer Immunotherapy.—The Committee applauds NCI for the progress being made in developing promising immunotherapy approaches to battling cancer. One of the central challenges in this effort is to develop therapies that produce an immune response that is not overly-aggressive and is targeted to the cancer cells. The Committee strongly encourages NCI to continue its focus on, and funding for, high quality research proposals that address these challenges.

Cancer Moonshot.—As part of his call for reigniting the Cancer Moonshot to reduce the death rate from cancer by at least 50 percent over the next 25 years and end cancer as we know it, President Biden specifically noted that we must “speed progress against the most deadly and rare cancers”. The Committee applauds this objective and directs NCI to provide a report to the Committees 180 days after enactment describing the steps it will take to advance efforts to develop a robust pipeline of new treatments for recalcitrant cancers, defined in the Recalcitrant Cancer Research Act 2012 (Public Law 112–239) as those with a 5-year survival rate below 50 percent.

Childhood Cancer Data Initiative [CCDI].—The Committee includes the full budget request of \$50,000,000 for the CCDI, the same level as in fiscal year 2022. Within this total, the Committee includes funding to continue to support enhancement of the CCDI Molecular Characterization Initiative and other efforts as applicable through continued expansion to focus on ultra-rare tumor types, such as atypical teratoid rhabdoid tumor, and other ultra-rare pediatric tumor types with limited therapeutic options. The effort should include comprehensive clinical and molecular data for each patient to the extent possible. The dataset should include clinical, radiographic, histopathologic, and molecular information to the extent possible and be stored in a manner that allows for interrogation of patient level data. The data collected will be used to identify risk factors, aid in prognostication and treatment recommendations, and assist with the development of novel therapeutics for these diseases.

Childhood Cancer STAR Act.—The Committee includes \$30,000,000, the same as the fiscal year 2022 enacted level, for continued implementation of the Childhood Cancer Survivorship, Treatment, Access, and Research [STAR] Act to expand existing biorepositories for childhood cancer patients enrolled in NCI-sponsored clinical trials to collect and maintain relevant clinical, biological, and demographic information on all children, adolescents, and young adults with cancer. The Committee has also included sufficient funding to carry out childhood cancer survivorship research and programs as authorized in the STAR Act, such as supporting research to inform best practices for the treatment of late effects of childhood cancers, research to improve collaboration among providers so that doctors are better able to care for this population as they age, and creating innovative models of care for childhood cancer survivors. The Committee recognizes NCI’s efforts

to expand new and innovative research efforts to advance progress for children with cancer, including the Pediatric MATCH precision medicine trial and a pediatric immunotherapy translational science network, as well as NCI's long-standing support for the Children's Oncology Group, the Childhood Cancer Survivor Study, the Pediatric Preclinical Testing Consortium, and several other critical programs. The Committee also commends NIH for its efforts to coordinate pediatric research across its Institutes and Centers through the recently established Trans-NIH Pediatric Research Consortium. The Committee understands NCI participates in the Consortium, and that childhood cancer research is an important part of the pediatric research portfolio across NIH. The Committee requests an update in the fiscal year 2024 CJ on opportunities to enhance childhood cancer research efforts, including coordination efforts already underway through the Trans-NIH Pediatric Research Consortium. The Committee recognizes that the STAR Act calls on NCI to ensure that all applicable study sections, committees, advisory groups, and panels at the NCI include one or more qualified pediatric oncologists, as appropriate. The Committee requests an update on the actions NCI has taken to ensure pediatric cancer expertise is included on all panels, as appropriate.

Colorectal Cancer.—The Committee recognizes that colorectal cancer is the second leading cause of cancer death for men and women in the United States. It is estimated that in 2022, 151,030 Americans will receive a colorectal cancer diagnosis. While colorectal cancer incidence rates in individuals over 50 have largely stabilized due to advancements in preventive screening, incidence rates for early-onset colorectal cancer (individuals diagnosed at ages 20 to 49) have been increasing. The Committee is concerned that colorectal cancer is trending to be the leading cause of cancer death for Americans ages 20–49 by 2030. Three of four early-onset colorectal cancer patients have no family history of the disease and over 60 percent of early-onset colorectal cancer patients are diagnosed at a late stage. There are several racial/ethnic disparities in colorectal cancer screening and outcomes. Black individuals have the highest incidence and mortality and face lower survival than White individuals. American Indian/Alaskan Natives also have elevated rates and deaths compared to the general population and represent the only racial/ethnic group for whom colorectal cancer mortality rates are not declining. Racial and ethnic minorities are also more likely than White individuals to present with late-stage, incurable disease. Notably, the sharpest increase in metastatic, early onset colorectal cancer is among people 20 to 39 years old, especially Black and Hispanic individuals. Mortality rates across all ages for late-stage colorectal cancer have remained stagnant due to minimal progress in treatments. Given these challenges, the Committee urges NCI to prioritize research on colorectal cancer. The Committee directs NCI to present an update in the fiscal year 2024 CJ on opportunities to advance progress against colorectal cancer with an emphasis on: opportunities to develop more effective therapeutics for colorectal cancer; the rising rates of colorectal cancer in people under the age of 50, including the rapidly increasing rates of early onset colorectal cancer in the 20 to 39 year old age range; and the persistent health disparities in colorectal cancer preva-

lence, screening, and outcomes. The update should describe how NCI plans to play a role in addressing these challenges and what existing and future innovative research opportunities can be leveraged to advance progress.

Deadliest Cancers.—The Recalcitrant Cancer Research Act [RCRA] of 2012 (Public Law 112–239) focuses on cancers with a 5-year survival rate below 50 percent, which account for 44 percent of all U.S. cancer deaths. While advances in some cancers have made it possible to reduce the overall rate of cancer deaths over the last several decades, there has been limited progress reducing mortality for these diseases. In fiscal year 2020 (Public Law 116–94), Congress directed NCI to develop a scientific framework using the process outlined in the RCRA for stomach and esophageal cancers. In response, NCI formed a multi-disciplinary working group of its Clinical Trials and Translational Research Advisory Committee [CTAC]. The group, chaired by two experts in the field, Drs. Karyn Goodman and Anil Rustgi, has been charged with identifying research gaps, as well as the most impactful translational research questions and potential application of new technologies to advance the diagnosis and treatment of gastric and esophageal cancers. The group is expected to deliver their report to CTAC in the fall. The Committee notes that NCI has taken an important step by receiving approval for a Program in Origins of Gastroesophageal Cancers from the National Cancer Advisory Board and Board of Scientific Advisors. Alongside the research and advocacy communities, the Committee requests to be kept informed of NCI’s efforts on the pancreatic, lung, glioblastoma, esophageal and stomach cancer frameworks. Given the devastating toll of all recalcitrant cancers and the lack of diagnostic and treatment resources currently available, the Committee directs NCI to identify the greatest obstacles and most promising research opportunities to advance progress against each of the deadliest cancers in the fiscal year 2024 CJ.

Endometrial Cancer.—The Committee remains concerned about the significant ethnic/racial disparities in mortality rates for endometrial cancer that adversely impact Black women. The age-adjusted mortality rate for Black women with endometrial cancer is nearly twice the rate of White women, which is partly attributed to cancer stage at diagnosis. The Committee commends NCI’s efforts to address these disparities through projects like the Discovery and Evaluation of Testing for Endometrial Cancer in Tampons [DETECT] Study and encourages NCI to continue research activities that will lead to the development of targeted interventions to improve early diagnosis among Black women with endometrial cancer. The Committee also encourages NCI to research innovative community-based outreach methods to improve access to high quality care, with the goal of increasing the enrollment and participation by Black women in clinical trials. The Committee requests an update on NCI’s activities regarding endometrial cancer in the fiscal year 2024 CJ, including progress made in endometrial cancer early diagnosis, survival rates, and clinical trial enrollment by ethnicity.

Glioblastoma [GBM].—Glioblastoma is a cancer with less than a 5 percent 5-year relative survival rate and the average survival time from diagnosis has improved by only 6 months over the last

30 years. To date, there have only been five drugs and one medical device approved by the FDA for the treatment of GBM. With prior Congressional investment in NCI programs, glioblastomas have been molecularly characterized. This investment has resulted in a new and promising understanding of these tumors, including the identification of potential clinical strategies and agents, trial designs, and imaging and pathology technologies. The Committee commends NCI for its establishment and initial implementation of the GBM Therapeutics Network [GTN]. The GTN's cross-cutting teams' capabilities to conduct pre-clinical and early-phase clinical trials enables the careful evaluation of potential treatments, including small molecule drugs, immunotherapies, radiation, and devices. The overall goal of the GTN is advancing progress towards future cures and improved quality of life for GBM patients. Given this initial progress, the Committee urges NCI to continue to support the GTN so that this program can rapidly launch clinical trials that speed access to promising qualified treatments to patients consistent with NCI's Glioblastoma Working Group recommendations in 2019.

Immunotherapy and Correlative Research.—Understanding the complex factors that determine whether a particular cancer immunotherapy will succeed for a given patient is a vital area of research. Central to this research is the analysis of blood, tumor, and other tissues in conjunction with the outcome of clinical trials (known as correlative studies), which can help explain why the treatment worked or didn't, and why or it produced serious side effects or didn't, as well as provide critical insights to help optimize subsequent trials. For example, by evaluating peripheral blood and tumor biopsies obtained from patients prior to and during treatment, researchers can better understand the factors that influence successful anti-tumor immune response and the development of treatment resistance. In general, correlative studies are most useful when conducted in a timely manner as an integrated part of clinical trials. The Committee urges NCI to continue to explore approaches to support and streamline the incorporation of correlative studies in immunotherapy trials and commends NCI for the establishment of the Cancer Immune Monitoring and Analysis Centers and the Cancer Immunologic Data Commons as part of the Cancer Moonshot. This network carries out comprehensive molecular analysis of clinical trial specimens for biomarkers and pathways associated with response to immunotherapy and conducts correlative studies and profiling of tumors and immune cells for NCI-funded early trials of immunotherapy. The Committee encourages NCI to continue funding for correlative studies through existing funded networks.

Liver Cancer.—The Committee notes that liver cancer is the second most common cause of cancer worldwide with cases in the U.S. increasing over 250 percent since 2000. The incidence of liver cancer is three times higher in men than women and the burden is higher in African Americans, Hispanics, and Asians. The incidence of liver cancer geographically parallels the prevalence of viral hepatitis with hepatitis B [HBV] estimated to cause up to 60 percent of the cases of liver cancer. For these reasons, the Committee applauds NCI for its collaboration in the effort to update of the Stra-

tegic Plan for Trans-NIH Research to Cure Hepatitis B. The Committee also supports the NCI intramural Liver Cancer Program, the Hepatobiliary and Hepatocellular Carcinoma SPOREs, the new Diversity SPORE, the Translational Liver Cancer Network, the Hepatocellular Carcinoma Epidemiology Consortium, the large Genome Wide Association Study [GWAS] of liver cancer [HCC], and the need to expand the GWAS study to include a focus on Hispanic and African Descent populations. The Committee urges NCI to continue its support of the Translational Liver Cancer Consortium which supports research focused on early detection, and to support research to explore the usefulness of current and new interventions in reducing HBV-associated HCC and whether early treatment with direct action antivirals or other strategies can reduce cancer risk.

Melanoma.—Melanoma rates have been rapidly rising over the past 30 years with invasive melanoma the fifth most commonly diagnosed cancer in the U.S. As UV radiation is established as the primary carcinogen for melanoma, the Committee encourages NCI to continue support research directed at mutagenesis and early detection and risk classification strategies. Prospective studies of gene expression profiling in defined patient subsets are necessary to assess their utility in classifying prognosis and guide management of early-stage disease, similar to studies in breast cancer patients which now guide use of adjuvant therapy. Although NCI Surveillance, Epidemiology, and End Results [SEER] data show declines in mortality with the advent of new categories of treatment, some patients do not respond to initial treatment and many of the responders have disease that will recur. The Committee encourages NCI to continue to conduct research on mechanisms of primary and secondary drug resistance and validation of predictive biomarkers that allow selection of optimal therapy and prediction of comprehensive longitudinal monitoring. Basic and translational goals should be facilitated through development and use of ever-improving models of human melanoma, including rare subtypes. Building on the success of adjuvant therapies, and the promising results of neoadjuvant therapies in early-stage disease, the Committee encourages NCI to continue support of research addressing tumor cell dormancy, recurrence, and metastases. The Committee encourages NCI to explore opportunities for multicenter trials that will determine whether shorter courses of therapy will decrease toxicity while maintaining benefit, refine adjuvant therapies, and continue to develop neoadjuvant therapies. The Committee also encourages NCI to continue to support research on novel targets, especially for rare subtypes. The Committee requests an update on these requests and a status of NCI-funded melanoma research in NCI's fiscal year 2024 CJ.

Metastatic Breast Cancer [MBC].—The Committee is aware that clinical research is of utmost importance to those living with MBC, which is breast cancer that has spread to other organs and become incurable. An estimated 168,000 Americans live with MBC, and nearly all of the more than 43,000 deaths from breast cancer are attributed to this late stage of disease. Given the mortality associated with MBC and the lack of treatment options, research offers the best possibility of therapeutic advances and extended life for

these patients. MBC is also associated with startling health disparities, since breast cancer mortality is about 40 percent higher for Black women in the U.S. than Caucasian women and breast cancer is the second most common cause of death by cancer for Black women. The Committee encourages a continued emphasis by NCI on research for MBC, especially in communities of color, to discover better treatments and a cure for MBC and to address health disparities in this population. The Committee requests an update on NCI's activities regarding MBC in the fiscal year 2024 CJ, including progress made with respect to inclusion of people of color in NCI-funded clinical trials in this area.

Native American Cancer Outcomes.—The Committee continues to be concerned that Native Americans experience overall cancer incidence and mortality rates that are strikingly higher than non-Native populations, and encourages NCI to expand research efforts to reduce American Indian cancer disparities and improve outcomes. The Committee notes NCI's successful efforts through the Cancer Moonshot's Accelerating Colorectal Cancer Screening and follow-up through Implementation Science [ACCSIS] program, and parallel efforts by NCI-Designated Cancer Centers collaborating with American Indian communities that are improving colorectal cancer screening, follow-up, and referral for care among populations that have low colorectal cancer screening rates. The Committee encourages NCI to continue to support efforts to develop durable capacity for tribally engaged cancer disparities research through an integrated program of research, education, outreach, and clinical access.

New Cancer Centers.—The Committee encourages NCI to prioritize funding for cancer centers in pursuit of a NCI designation in a major metropolitan statistical area that does not already have a NCI-designated cancer center.

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

Pancreatic Cancer.—Pancreatic cancer is the third leading cause of cancer-related death in the U.S. In 2022, over 62,000 Americans will be diagnosed with pancreatic cancer, more Americans than ever before. The 5-year survival rate for pancreatic cancer remains at just 11 percent. The Committee applauds NCI for the creation of the Alliance of Pancreatic Consortia focused on early detection biomarkers and requests an update on progress made by this Alliance. Equally important are treatment advances through interventional clinical trials. The Committee believes there is an opportunity to leverage the investment in NCI's National Clinical Trials Network [NCTN] to accelerate the survival rate for pancreatic cancer patients by maximizing the knowledge gained from every trial and suggests that trials for pancreatic cancer include parallel and concurrent correlative studies, as appropriate, to better understand what treatments work best for which patients. There is also a need to ensure a diverse patient population is enrolling in these studies. The Committee would like NCI to consider ways to maximize learning from pancreatic cancer trials and requests an update in the fiscal year 2024 CJ on next steps towards this goal.

Pediatric Cancer Immunotherapy.—The Committee encourages NCI to expand its support for pediatric immunotherapy translational and clinical research building upon the progress of the Pediatric Immunotherapy Discovery & Development Network and the Pediatric Cancer Immunotherapy Trials Network. The Committee requests an update on progress made in facilitating multi-site pediatric cancer immunotherapy clinical trials in the fiscal year 2024 CJ.

Radiopharmaceutical Development.—Recognizing the promise of radiotherapy treatments and other diagnostic uses, NCI has organized a Radiopharmaceutical Development Initiative [RDI], which is a specialized infrastructure for the clinical evaluation of novel theranostic radiopharmaceutical cancer therapies and which complements industry development of these agents with early phase combination studies to test tolerability and early signs of efficacy. While clinical trials for radiopharmaceuticals are presently ongoing, domestic production of such drugs relies on a very small number of reactors, and the future loss of such reactors would not only deal a significant blow to domestic patients due to the short half-life of many of these drugs, but would limit NCI’s ability to continue to support and conduct this important research. The Committee directs NIH, in conjunction with the Department of Energy, to provide an update in the fiscal year 2024 CJ regarding the impact shortages of medical isotopes and radiopharmaceuticals have on the ability to conduct cancer research, including an analysis of infrastructure necessary to do so.

Rare Cancers.—Nearly half a million Americans are diagnosed with a rare form of cancer every year. The Committee encourages NCI to continue research to better understand the molecular drivers of all cancers, including through molecular characterization and molecular diagnostics for patients.

Surveillance, Epidemiology, and End Results [SEER] Registry.—The Committee encourages NCI to continue to advance efforts to modernize the SEER Registry and to better capture key data points, such as metastatic recurrence and cancer migration. The Committee requests an update in the fiscal year 2024 CJ regarding NCI’s plans to update SEER, including anticipated funding for the current SEER contract.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Appropriations, 2022	\$3,808,494,000
Budget estimate, 2023	3,822,961,000
Committee recommendation	3,946,557,000

The Committee recommendation includes \$3,946,557,000 for the National Heart, Lung, and Blood Institute [NHLBI].

Cardiovascular Disease [CVD].—The Committee recognizes that CVD, including heart disease and stroke, is the leading cause of death in the U.S., responsible for more than 900,000 deaths in 2020. It is also the most expensive condition, costing an estimated \$555,000,000,000 in 2015, a figure that is expected to double to \$1,100,000,000,000 by 2035. Roughly a third of this cost can be attributed to lost productivity since death or disability often strikes those in the prime of life. It is for this reason that in 2019, ischemic heart disease was estimated to be responsible for over 8.6 million

years of life lost. It is estimated that one in two US adults will develop CVD during their lifetime, a quarter before the age of 30. With these impacts in mind, the Committee remains concerned about the prevalence of cardiovascular disease among Americans and supports research into cutting-edge cardiovascular research and drug discovery. This research should focus across disciplines of medicine, immunology, imaging, chemistry, biomedical engineering, physics, statistics, mathematics, and entrepreneurship to design new therapies and therapy delivery systems and strategies that are safer, more effective, and improve patient compliance. The Committee provides an increase in funding to NHLBI to continue to address these issues, including opportunities that reduce CVD among the hardest-hit—African Americans living in the rural South. The Committee requests NHLBI to highlight the areas with the greatest potential for transformative progress in CVD research in the fiscal year 2024 CJ.

Community Engagement Alliance Against COVID-19 Disparities [CEAL] Initiative.—The Committee includes \$30,000,000 for the CEAL initiative, consistent with the fiscal year 2023 budget request and \$10,000,000 above the fiscal year 2022 enacted level. CEAL connects researchers with community organizations to conduct research and increase participation of people from underrepresented communities in clinical trials for treatments, vaccines, and ongoing COVID-19 related research needs.

Congenital Heart Disease [CHD].—The Committee commends NHLBI for its continued work to better understand causation, improve treatments and outcomes, support the growth of the clinical workforce, and integrate registry data and research datasets to facilitate research on congenital heart disease across the lifespan, including through the Pediatric Health Network and the Pediatric Cardiac Genomics Consortium. The Committee encourages NHLBI to prioritize CHD activities outlined in its strategic plan, including improving understanding of outcomes and co-morbidities, modifying treatment options across the lifespan, and accelerating discovery, analysis, and translation by leveraging CHD registries and networks. The Committee requests an update in the fiscal year 2024 CJ on steps being taken to close these research gaps.

Duchenne and Becker Muscular Dystrophy.—Now that life expectancy for Duchenne patients has increased, more attention needs to be paid to clinical care that improves how patients feel, function, and survive. Furthermore, there is a paucity of data on Becker patients necessary to understand cardiac implications long term. The Committee urges NHLBI to work with NINDS to establish a research network to follow patients throughout the lifespan to fully clinically characterize cardiac muscle function and better establish the relationship between cardiac muscle function and the impact of its progressive deterioration on both lifespan and quality of life.

Health Disparities Research.—The Committee includes an increase of \$10,000,000 for NHLBI to support research related to identifying and reducing health disparities.

Health Disparities Research for Methamphetamine-Related Cardiovascular Diseases.—The Committee recognizes that many vulnerable and minority populations are disproportionately affected by

methamphetamine misuse, which is frequently fatal, and represents a more dangerous epidemic than opioids in many States. The Committee also recognizes that morbidity and mortality from methamphetamine misuse are driven by cardiovascular damage associated with its use, but this pathophysiology is poorly understood and further research is critically needed. The Committee encourages NHLBI to work with NIDA to examine the cardiovascular effects of methamphetamine misuse and implications for treatment to address this health disparity.

Kleine-Levin Syndrome [KLS].—The Committee commends NIH for its December 2021 publication of the “Sleep Research Plan.” The Committee recommends the inclusion of KLS, a complex neurological disorder characterized by long, recurring episodes of excessive sleep and derealization, as a sleep disorder requiring attention and study in the next publication of the Sleep Research Plan. The cause of KLS is still unknown, and there are no known treatments. Because KLS shares symptoms with other sleep disorders and mental health conditions, the Committee encourages NIH to expand its support for research, which could provide the KLS community and many others with critical information and answers.

Lung Failure.—The Committee recognizes that, during 2021, COVID-19 remained the third leading cause of death in the United States after heart disease and cancer. Since early 2020, more than one million Americans have died as a direct result of COVID-19. Even prior to the emergence of SARS-CoV-2, chronic obstructive pulmonary disease was the third leading cause of death in the world, and pneumonia was the leading infectious cause of death among children under the age of five. The risks to lung health are only increasing, in part due to poor air quality from dust and particle pollution among other factors in certain parts of the world. These environmental exposures can promote lung inflammation, and as such may have exacerbated the health effects of the COVID-19 pandemic. Furthermore, existing treatments for acute lung injury and acute respiratory distress syndrome remain inadequate. The Committee urges NHLBI to address this significant unmet need and strengthen the Nation’s ability to respond to other respiratory health threats with increased support for research into basic science and the mechanisms of lung injury and repair, as well as clinical intervention trials addressing both acute and chronic lung diseases.

Pulmonary Fibrosis [PF].—Many pulmonary fibrosis patients wait more than a year for diagnosis after symptom onset, and patients with some types of PF have a life expectancy of only 3–5 years. Therefore, the Committee urges NHLBI to support research into biomarkers that can aid in earlier, safer diagnosis of PF, as well as tools that can help predict which patients will experience disease progression. The Committee also encourages NHLBI to support the development of novel outcome measures for clinical trials in PF, such as imaging, and to continue to fund research involving early phase clinical assessment of novel drugs and personalized approaches to therapies. The Committee requests an update on PF research in the fiscal year 2024 CJ.

Valvular Heart Disease Research.—Many people in the U.S. have heart valve defects or disease but do not have symptoms. For some,

the condition remains the same throughout their lives and does not cause significant or life-threatening problems. Unfortunately, over 25,000 people die each year in the U.S. from heart valve disease, primarily due to underdiagnosis and undertreatment of the condition. The Committee strongly supports more research into the causation of and risk factors for valvular heart disease. Such research should focus on the use of advanced technological imaging and other relevant methods to generate data related to valvular heart disease, and assessing potential risk factors for sudden cardiac arrest or sudden cardiac death from valvular heart disease. Additionally, the Committee supports efforts by NIH to convene a workshop of subject matter experts and stakeholders to identify research needs and opportunities to develop recommendations for the identification and treatment of individuals with mitral valve prolapse, including individuals who may be at risk for sudden cardiac arrest or sudden cardiac death.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

Appropriations, 2022	\$501,231,000
Budget estimate, 2023	513,191,000
Committee recommendation	526,769,000

The Committee recommendation includes \$526,769,000 for the National Institute of Dental and Craniofacial Research [NIDCR].

*National Dental Practice-Based Research Network [NDPBRN].—*The Committee recommends that NIDCR continues funding support of National Dental Practice-Based Research Networks.

*Temporomandibular Disorders [TMD].—*The Committee lauds NIDCR for its efforts to develop the TMD-IMPACT Concept. The timely implementation of this Concept into a national consortium is now an important next step. The development of a funding announcement is of foremost concern. The Committee encourages NIDCR to maintain a patient-centered approach in the implementation of this Concept by considering the patient perspective in all phases of the project. The Committee also encourages NIDCR to seek collaborators for this venture from other government agencies such as the VA and DoD. NIDCR should continue to encourage other NIH Institutes, Centers, and Offices to participate in and support this project. The Committee requests an update on the efforts of NIDCR to implement the next phase of this important initiative including the recruitment of other NIH Institutes as partners, how the patient perspective is informing or will be informing the development and implementation of the initiative, and NIDCR's utilization of research recommendations derived from the NASEM Report on TMDs and the TMJ Patient-led Round Table by the TMJ Association.

*Opioids and Pain Management.—*The Committee provides \$47,000,000 for NIDCR to support research related to opioids, pain and pain management, an increase of \$10,000,000 over the fiscal year 2022 enacted level.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY
DISEASES

Appropriations, 2022	\$2,203,926,000
Budget estimate, 2023	2,206,080,000
Committee recommendation	2,290,798,000

The Committee recommendation includes \$2,290,798,000 for the National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK].

Chronic Kidney Disease [CKD].—The Committee applauds recent changes to clinical practice in the diagnosis of kidney disease and concurs with recommendations that additional resources should be devoted to development of new markers for estimating kidney function. NIDDK should advance research into endogenous filtration markers, activities that spur the adoption of new equations for estimating glomerular filtration rate that do not include race as a modifier, and interventions to eliminate racial and ethnic disparities. Finally, the Committee encourages NIDDK to continue investment in research initiatives that bridge existing deficits in CKD management and treatments to reduce incidence and progression, increase the number of CKD clinical trials related to kidney disease (including efforts to enhance participation of under-represented populations), identify strategies to improve the delivery of evidence-base care in under-represented populations, and address issues related to kidney patients' quality of life. The Committee requests an update on these priorities in the fiscal year 2024 CJ.

Diabetes.—The Committee commends the efforts of NIDDK to prioritize the discovery and validation of biomarkers and urges NIDDK to continue to prioritize this important work that will accelerate the designing and conducting of clinical trials to prevent, treat, and cure type 1 diabetes. Given the growing prevalence of diabetes, the Committee is concerned that additional research is needed to determine how to improve the treatment of a common complication, diabetic foot ulcers to reduce amputations, and urges NIDDK to support such efforts. Further, given the aging population, the Committee urges NIDDK to work with NIA to explore the relationship between diabetes and neurocognitive conditions, such as dementia and Alzheimer's disease in racially and ethnically diverse populations. Finally, consistent with the request, the Committee includes \$8,550,000 to restore cuts to the mandatory Special Diabetes Program that result from Budget Control Act sequestration.

Dietary Supplements and Liver Injury.—The Committee strongly encourages NIDDK to provide safety and quality information on dietary supplements as it relates to drug-induced liver injury.

Hepatitis B.—The Committee applauds the NIH for its work to update the Strategic Plan for Trans-NIH Research to Cure Hepatitis B and urges that the update identify what has been learned since the plan was first released and what additional research is needed to find a cure. The Committee is aware of strong interest in more research to understand and manage HBV reactivation and research to understand and develop biomarkers of disease and therefore recommends these research ideas be evaluated and funded. The Committee is also aware of the view within the scientific

community that finding a cure for hepatitis B is a winnable goal and is within reach in the near-term and therefore remains concerned that the slow growth in NIH funded hepatitis B research could compromise the goal of finding a cure. For these reasons, the Committee applauds efforts to create common resource services and materials for the research community and further urges that targeted calls for research, based on the needs as identified in the updated Plan, be issued, and funded in fiscal year 2023 and beyond.

Opioids and Pain Management.—The Committee provides \$107,000,000 for NIDDK to support research related to opioids, pain and pain management, an increase of \$10,000,000 above the fiscal year 2022 enacted level.

Pancreatitis.—The Committee notes the significant scientific advancements in understanding pancreatitis, including the ongoing work that is leading to the development of innovative therapies. The Committee appreciates the robust interest in pancreatitis research articulated by the new NIDDK Strategic Plan for Research and encourages continued progress in this important area.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

Appropriations, 2022	\$2,611,370,000
Budget estimate, 2023	2,768,043,000
Committee recommendation	2,765,918,000

The Committee recommendation includes \$2,765,918,000 for the National Institute of Neurological Disorders and Stroke [NINDS], including \$225,000,000 appropriated from the NIH Innovation Account.

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

Cerebral Palsy [CP].—The Committee encourages NIH to continue to prioritize and invest in research on CP to significantly strengthen and accelerate progress toward CP research priorities across the lifespan. CP research should focus on basic and translational discoveries, as well as implementation, observational, and clinical studies aimed at early detection and intervention, comparative effectiveness, and functional outcomes. While some progress has been made in the understanding of CP, the most common lifelong physical disability, large gaps remain that must be addressed to improve outcomes and treatment for the CP population and their families, impacting quality of life and reducing medical costs. Similarly, to address the racial and socioeconomic health equity challenges experienced by the CP population, it is imperative that greater investment is made to address disparities in access to

interventions and stakeholder engagement. The Committee encourages NIH to support greater investment in research focused on the areas in need of growth, as outlined in the Strategic Plan on Cerebral Palsy Research directed by the fiscal year 2022 Consolidated Appropriations Act, including research on lifespan issues to address the needs of transition-age youth and adults with CP, and research to support the development and delivery of new and improved screening tools, treatments and interventions. The Committee also encourages NIH to consider research opportunities focusing on the motor and health benefits of physical activity specifically for individuals with CP across all Gross Motor Functional Classification levels, which is vital to help prevent chronic disease and premature aging.

Epilepsy Care.—The Committee congratulates NINDS and its sister institutes in the Inter-Agency Collaborative to Advance Research on Epilepsy [ICARE] for supporting fundamental basic, clinical, and translational research that has dramatically advanced the scientific understanding of the epilepsies over the last two decades. The Committee encourages NIH and other ICARE partners to increase their investments in health services and implementation science to ensure that the benefits of research are effectively translated to epilepsy care, and to work together to further coordinate their activities to improve systems of epilepsy care.

Frontotemporal Degeneration [FTD] Research.—The Committee encourages NIH to continue to support research to identify and validate biomarkers for FTD and other neurodegenerative diseases among racially and ethnically diverse cohorts. Easily accessible biomarkers to accurately detect and measure disease will facilitate greater access to diagnosis and promote participation in research on all forms of dementia. The Committee also urges NIH to support efforts to better understand the social determinants of health that lead to inequity in access to diagnosis and care for FTD and other Alzheimer’s disease related dementias so that new treatments and best practices in care will be available to all families impacted by FTD and other neurodegenerative diseases, regardless of age, racial, ethnic, cultural, socioeconomic and geographic background. Equally critical is the development of a data biosphere that enhances secure sharing of clinical and research data and biological samples for FTD. Broad sharing of datasets will enable the larger community of researchers to bring their expertise to bear on the challenge of treating and preventing FTD and other Alzheimer’s disease related dementias. The Committee also encourages NIH to find ways to support more effective communication across researchers, and between clinical science and broader society, to ensure that the research advances driven by NIH can have maximum effect on improving the health of our Nation. Unlike other forms of dementia, FTD is a rare disease. This creates additional challenges for clinical trials and research. To overcome these challenges, the Committee urges NIH to continue to advance regulatory science and develop innovative clinical trial designs that recruit diverse populations so that potential therapies can be tested more efficiently and effectively.

Neurodegenerative Disease.—The Committee supports the efforts of NINDS to support research across the spectrum of

neurodegenerative disease, including through the BRAIN Initiative and the Alzheimer’s research portfolio. NINDS is strongly encouraged to support enhanced research on the processes whereby misfolded proteins (prions) are replicated in the brain. Such proteins are critically implicated in numerous neurodegenerative diseases, many of which are both lethal and incurable. NINDS should also enhance its focus on the identification of genetic and other biomarkers for disorders such as Traumatic Brain Injury [TBI], ALS, Huntington’s, Parkinson’s, and Alzheimer’s and the development of related diagnostic tools and therapies.

Opioid Initiative.—The Committee remains deeply troubled by the high mortality rate due to the opioid epidemic and appreciates the important role that research plays in the various Federal initiatives aimed at this crisis. The most recent provisional data from CDC shows that opioid overdose fatalities were predicted to exceed 80,500 in the 12-month period ending in January 2022, with the primary driver being the increased overdose deaths involving synthetic opioids, primarily illicitly manufactured fentanyls. More research is needed to develop non-opioid, non-addictive analgesics and nonpharmacological therapies to mitigate the burden of pain and reduce reliance on opioids. To combat this crisis the Committee has provided within NINDS’ budget no less than \$320,295,000 for the Institute’s share of the HEAL Initiative, \$50,000,000 above the fiscal year 2022 enacted level.

Undiagnosed Diseases Network [UDN].—The Committee supports the continuation of the UDN program within NINDS as it graduates from the Common Fund. The Committee has included sufficient funding in NINDS to fund the UDN at no less than the fiscal year 2021 level and directs the continuation of the coordinating center, all clinical sites, DNA sequencing core, central biorepository, model organisms screening center, and other necessary testing in the pursuit of diagnoses including but not limited to: metabolomics, infectious and toxic exposures, and immune abnormalities.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Appropriations, 2022	\$6,322,728,000
Budget estimate, 2023	6,268,313,000
Committee recommendation	6,449,804,000

The Committee recommendation includes \$6,449,804,000 for the National Institute of Allergy and Infectious Diseases [NIAID].

Cellular Immunity.—To better understand diseases like COVID-19, the Committee is aware of the enormous value in assessing cellular immunity in addition to antibodies, which may help us answer questions about the efficacy of vaccines, the need for boosters, and the degree to which they prime the body to protect against future variants as well as the efficacy and durability of cellular diagnostics. With more comprehensive immune response data, the Committee understands we may be able to identify features of immune responses to viruses like SARS-CoV-2 that make some people more susceptible to severe disease, long COVID, and reinfection. The Committee believes enhanced cellular immunity assessment will help us generate deeper insights into the immune response, and may help identify new strategies to improve counter-

measures for SARS-CoV-2 and other potential pathogens in the future. The Committee encourages NIAID to incorporate cell-mediated immunity assessment into the wide range of intramural and extramural COVID-19, and other disease, studies conducted and supported by NIH, including but not limited to vaccine schedule studies and understanding post-acute sequelae of COVID-19 [PASC/Long COVID]. The Committee requests that NIAID provide an update on these efforts in the fiscal year 2024 CJ.

*Centers for Research in Emerging Infectious Diseases [CREID].—*NIAID works with partners in 30 countries to understand how and where viruses and other pathogens can emerge from wildlife and spillover to cause disease in people. It then uses this knowledge to develop diagnostic tests and treatments. The Committee understands that NIAID has made awards and long-term research investments to ensure the Nation is able to address the next global pandemic. In line with these efforts, the Committee urges NIAID to ensure the CREID Network is sufficiently supported to coordinate and conduct research on, and active surveillance for, emerging pathogens.

*Equipping Centers for AIDS Research [CFARs] Programs to Target HIV/AIDS Hotspots.—*The Committee directs NIAID to focus resources on areas with the highest prevalence of HIV/AIDS infection rates, utilizing CFARs to develop targeted interventions that better protect those communities from infection. This initiative provides funding to CFARs and related efforts in high-need jurisdictions to increase the use of pre-exposure prophylaxis (PrEP) among people at high risk for HIV transmission.

*Food Allergies.—*The Committee recognizes the serious issue of food allergies which affect approximately 8 percent of children and 10 percent of adults in the U.S. The Committee commends the ongoing work of NIAID in supporting a total of 17 clinical sites for this critical research, including seven sites as part of the Consortium of Food Allergy Research [CoFAR]. The Committee encourages CoFAR to expand its clinical research network to add new centers of excellence in food allergy clinical care and to select such centers from those with a proven expertise in food allergy research.

*Gonorrhea.—*The Committee continues to be concerned with recent reports from the World Health Organization [WHO] that antimicrobial resistance gonorrhea has increased rapidly in recent years and has reduced the options for treatment. The COVID-19 pandemic has added to the problem, with people being undiagnosed and untreated, leading to the further spread of this disease. The Committee commends NIAID for its continued efforts to develop new antibiotics to combat the bacterium that causes this disease and encourages NIAID to accelerate work to find new diagnostic tools, vaccines, and treatments for these new strains of the disease.

*Multidisciplinary Grants for Vector-borne Disease Research.—*The Committee encourages NIAID to support multi-year awards for multidisciplinary research on vector-borne diseases [VBDs]. This approach allows research groups to develop understandings of how pathogens persist, evolve, and cause outbreaks, and models the risk of exposure as climate and socioeconomic conditions change, which leads to future innovations in diagnostic tools and preventive approaches. As appropriate, such awards may leverage research ef-

forts by other Government agencies, including, but not limited to, Department of Agriculture programs on VBDS, as well as surveillance efforts, such as those supported by CDC. Priority shall be given to grants focused on VBDS requiring pathogen biosafety levels 2 and 3.

Regional Biocontainment Laboratories [RBLs].—The Committee continues to provide \$52,000,000 to the 12 RBLs for biomedical research requiring BSL–3 containment and for the facilities and personnel to be available and prepared to assist national, State, and local public health efforts in the event of a bioterrorism or infectious disease emergency. Of this amount, the Committee directs that no less than \$1,000,000 shall be provided to each of the 12 RBLs to support training and maintaining a capable research workforce, developing and contributing to an organizational structure to ensure the RBL network is prepared to respond effectively to national needs, and supporting operations, facilities, and equipment purchase costs. The Committee directs that the remaining funding shall go to the 12 RBLs to support: (1) conducting research on biodefense, emerging infectious disease agents, and other infectious disease threats to global pandemic public health; (2) training new researchers in biosafety level 3 practices; (3) maintaining a workforce skilled in BSL–3 research; and (4) establishing best practices for the safe, effective, and efficient conduct of research in BSL–3 facilities.

Research on Antimicrobial Resistance [AMR].—The Committee supports NIAID’s efforts to continue responding to the COVID–19 pandemic and prepare for future outbreaks while carrying out its broader role in infectious diseases research, including research on AMR. To that end, the Committee provides no less than \$565,000,000, an increase of \$25,000,000, to fund NIAID research to combat antimicrobial resistance. The Committee directs the Office of the Assistant Secretary for Health, NIH, ASPR/BARDA, CDC and AHRQ to jointly brief the Committees on Appropriations no later than 30 days after the enactment of this act and each succeeding annual Appropriations bill detailing how HHS and its agencies are coordinating their AMR-related efforts. The briefing should include a comparison of actual performance for the most recent years available against the National targets established in the current National Action Plan for Combatting Antibiotic-Resistant Bacteria and whether those goals were sustained in the last fiscal year. Building on these results, agencies are directed to outline the focus of their plans for the next two fiscal years and how these are connected to longer-term objectives included in the current National Action Plan.

Syphilis.—The Committee is aware that the rise in congenital syphilis parallels the increase in syphilis among women of child-bearing age. The Committee commends the NIAID for its continued work in developing new diagnostic tests for both adults and newborns and encourages acceleration of vaccine development and new treatment options.

Universal Flu Vaccine.—The Committee includes \$275,000,000, an increase of \$30,000,000 over the fiscal year 2022 enacted level, to support efforts to develop a universal influenza vaccine that provides long-lasting protection against numerous flu strains, rather

than a select few. Such a vaccine would eliminate the need to update and administer the seasonal flu vaccine each year and could provide protection against newly emerging flu strains, potentially including those that could cause a flu pandemic. Rather than the narrative summary it provided in May 2022, going forward, the Committee directs NIAID to provide a dashboard cataloging and describing the key trials and programs it is supporting with these funds, including sample sizes, milestones, objectives and outcomes, with the first such report due within 90 days of enactment of this act.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Appropriations, 2022	\$3,092,373,000
Budget estimate, 2023	3,097,557,000
Committee recommendation	3,218,237,000

The Committee recommendation includes \$3,218,237,000 for the National Institute of General Medical Sciences [NIGMS], which includes \$1,429,313,000 in transfers available under section 241 of the PHS Act (Public Law 104–73 as amended).

Institutional Development Award [IDeA].—The Committee provides \$423,177,000 for IDeA, \$12,724,000 above the fiscal year 2022 enacted level. The Committee opposes any efforts to change eligibility for the IDeA program to a system that would be based on States’ populations. The Committee recognizes that eligibility for the IDeA program was frozen because the success rate criteria in the original authorizing legislation no longer reflected the States in most need and would have allowed most States in the country to become IDeA States. Instead, as noted in previous report language, the Committee endorses NIH’s proposal for a new eligibility system that would use the median NIH funding level for States as a cutoff. Currently eligible States, all of which would remain IDeA States using this proposed system, have historically had low funding levels from NIH and rely on the IDeA program to help build a research infrastructure and enhance research capacity at institutions in those States.

Health Disparities Research.—The Committee includes \$342,000,000, an increase of \$20,000,000, for NIGMS to support research related to identifying and reducing health disparities.

Increasing Diversity in Biomedical Research.—The Committee has long sought to promote opportunities for the Nation’s next generation of researchers and enhance diversity in biomedical research. Early-stage researchers, particularly women and racial and ethnic minorities, spend longer periods of time in postdoctoral positions with lower salaries, receive inadequate mentorship, and are offered fewer opportunities for professional advancement, resulting in lower retention rates for these groups. Even with these obstacles, many early-stage researchers tackle riskier projects and have seen positive outcomes for the benefit of society. Grant programs offering support and opportunities for researchers at key career transition points requiring little or no preliminary data, are critical to ensuring innovative scientists from diverse backgrounds succeed in biomedical research. The Committee provides a targeted increase of \$10,000,000 for programs at NIGMS, like the Maximizing Opportunities for Scientific and Academic Independent Careers

[MOSAIC] program and the Minority Access to Research Careers undergraduate programs that train the next generation of scientists while enhancing the diversity of the biomedical research workforce and enabling promising scientists to pursue high-risk, high-reward research.

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

EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH
AND HUMAN DEVELOPMENT

Appropriations, 2022	\$1,683,009,000
Budget estimate, 2023	1,674,941,000
Committee recommendation	1,745,682,000

The Committee recommendation includes \$1,745,682,000 for the Eunice Kennedy Shriver National Institute of Child Health and Human Development [NICHD].

Children with COVID-19.—The Committee includes \$15,000,000, as requested in the fiscal year 2023 budget request and \$7,500,000 above the fiscal year 2022 enacted level, for NICHD to support further research into multisystem inflammatory syndrome in children and other ways in which COVID-19 affects children.

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

COVID Pregnancy Research.—The Committee includes \$3,000,000, as requested in the fiscal year 2023 budget request, for research to better understand the effects of COVID-19 on pregnancy.

Endometriosis.—The Committee is aware that endometriosis is a chronic disease of the female reproductive system affecting 10 percent of women of reproductive age worldwide. The Committee strongly urges NIH to allocate at least \$26,000,000 to continue to expand basic, clinical, and translational research into the mechanics of endometriosis, identify early diagnostic markers, and develop new treatment methods.

Learning Disabilities Research Centers and Learning Disabilities Innovation Hubs.—The Committee is increasingly concerned with the decline in achievement for students with disabilities and recognizes the need for continued research and improved interventions, particularly in light of the COVID-19 crisis, which has led to significant loss of in-person instruction for many students. The Committee recognizes the importance of NICHD's funding of Learning Disabilities Research Centers and Learning Disabilities Innovation Hubs, which are a source of Federal funding available to researchers interested in exploring child development and learning disabilities to conduct randomized control trials and explore the relation-

ships between different variables at work. While learning disabilities do impact an individual's education and academic achievement, these disorders are brain-based, and so clinical research using the latest technology and advances in neuroscience is essential. To continue robust research into language, reading development, learning disabilities, and disorders that adversely affect the development of listening, speaking, reading, writing, and mathematics abilities, the Committee urges NICHD to continue its investment in its Learning Disabilities Research Centers and Learning Disabilities Innovation Hubs.

Pelvic Floor Disorders.—Pelvic floor disorders including urinary incontinence, accidental bowel leakage and pelvic organ prolapse, negatively impact the quality of life of more than 25 million US women each year. There are socioeconomic disparities amongst women suffering from pelvic floor disorders, with differences in symptoms, knowledge, access to care, availability of treatments, and treatment outcomes noted in patients from different backgrounds. Recent studies have shown that minority women are much less likely to receive treatment for pelvic floor disorders. A better understanding of disparities among women with pelvic floor disorders can help guide the development of initiatives for education, outreach, and treatment of women with pelvic floor disorders. Therefore, the Committee encourages NICHD to prioritize research activities into under-represented patient populations and pelvic floor disorders. Such activities may include the development of educational programs for general practitioners, the evaluation of effectiveness of screening protocols for pelvic floor disorders in the primary care setting, investigating medical literacy amongst minority women as it pertains to pelvic floor disorders, as well as assessing socio-economic and socio-cultural disease perspectives by designing qualitative studies using focus groups of women with varying socio-economic, cultural and ethnic backgrounds, evaluating current educational resources, determining gaps in patient knowledge, and designing culture-specific educational materials and resources. The Committee requests an update on this issue and on research activities to advance pelvic floor disorders prevention and treatment in the fiscal year 2024 CJ.

Population Research.—The Committee congratulates NICHD for leading efforts to promote research regarding the effects of COVID-19 on child development and health disparities. The Committee encourages NICHD to sustain these research priorities through its support of the Population Dynamics Research Centers Program and population-representative longitudinal datasets, such as the Fragile Families and Child Wellbeing Study, Baby's First Years, Panel Study of Income Dynamics Child Supplement Survey, and National Longitudinal Survey of Youth. The Committee urges NICHD to engage the population research field to develop informed frameworks for conceptualizing and measuring social determinants of health, including structural racism. The Committee also encourages NICHD to support research exploring the direct and indirect effects of COVID-19 on reproductive health, marriage, and divorce and to expand research and data collection on mortality, especially during adolescence and the transition to adulthood. Within 90 days of en-

actment of this act, the Committee requests a report on the Institute's efforts to address these priority areas.

NATIONAL EYE INSTITUTE

Appropriations, 2022	\$863,918,000
Budget estimate, 2023	853,355,000
Committee recommendation	890,700,000

The Committee recommendation includes \$890,700,000 for the National Eye Institute [NEI].

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Appropriations, 2022	\$842,169,000
Budget estimate, 2023	932,076,000
Committee recommendation	918,276,000

The Committee recommendation includes \$918,276,000 for the National Institute of Environmental Health Sciences [NIEHS].

Environmental Exposures and Cancer in Fire Fighters.—The Committee is aware that fire fighters have increased rates of cancer diagnoses and death relative to the general population. Fire fighters are exposed to a complex mix of known and possible cancer-causing chemicals through breathing hazardous substances and absorbing them through their skin. Despite an understanding of the risks associated with fire fighter environmental exposures, there has been no large-scale, systematic examination of the mechanisms by which the environmental exposures experienced by these frontline responders can cause cancer. The Committee recognizes the work NIH and CDC/NIOSH have performed to better understand the cancer risks firefighters may experience and encourages these agencies to continue conducting this research, including efforts measuring environmental exposures in firefighters and determining the mechanisms by which these exposures lead to increased cancer incidence, morbidity, and mortality. The Committee also encourages NIH to continue to support research to improve health equity among firefighters, including through inclusion of participants across race, ethnicity, gender, and workplace environment groups to evaluate potential differences in exposures and risk.

Environment-related Health Conditions.—The Committee has included an increase of \$50,000,000 to expand NIEHS' efforts to support and coordinate research on the rise in and exacerbation of a wide range of health conditions related to the environment, which may include infectious disease, injury and trauma, chronic conditions such as asthma, mental health, and health disparities. Such research may include evaluation of both preventive and intervention strategies for such conditions.

Interagency Coordinating Committee on the Validation of Alternative Methods [ICCVAM].—The Committee is aware that GAO recommended that NIEHS should (1) facilitate the establishment of a workgroup of ICCVAM member agencies to develop metrics that member agencies could use to assess the progress made toward reducing, refining, or replacing animal use in testing and (2) incorporate those metrics into the committee's biennial progress reports. The Committee urges ICCVAM to provide an update on progress made, including publication of the Biennial Report with information on individual agency metrics.

NATIONAL INSTITUTE ON AGING

Appropriations, 2022	\$4,219,936,000
Budget estimate, 2023	4,011,413,000
Committee recommendation	4,343,005,000

The Committee recommendation includes \$4,343,005,000 for the National Institute on Aging [NIA].

Addressing Participant Diversity in Clinical Trials.—The Committee encourages NIA to take the necessary steps to ensure that NIH-sponsored clinical trials take into account racial and ethnic diversity and the impact of Alzheimer’s disease on underserved populations.

Alzheimer’s Disease and Related Dementias [ADRD].—Since fiscal year 2015, Congress has increased research funding for ADRD by significantly more than 500 percent, making it the largest expenditure of its kind in NIH. While ADRD may strike most patients late in life, by 2050, the cost to treat and care for those suffering from the disease in the U.S. could rise to as high as \$1,100,000,000,000 a year, making it one of the Nation’s most expensive conditions. NIH-funded research offers hope for finding solutions to dementia, but the Committee remains frustrated by NIA’s inability to develop meaningful milestones that shed light on the progress and obstacles to treating and preventing Alzheimer’s disease by 2025, the goal set by the Obama Administration in 2012. In theory, NIA remains committed to the 2025 deadline, but its plans, including its glossy annual “Professional Judgement Budget”, shed no light on how or when it might get there. Instead, NIA has taken a “fund more of everything” approach in the hope that something will eventually produce results. This strategy could eventually succeed, but would require the Committee to indefinitely divert funding from research focused on other often equally devastating and costly conditions, including cancer, diabetes, serious mental illness, and cardiovascular disease. The Committee prioritized investments in ADRD because of a sense of urgency, and it expects NIH to establish precise, measurable targets that put it on a clear path to finding treatments and a cure. The Committee directs NIA to enter into an agreement with NASEM within 60 days of enactment to identify research priorities for preventing and treating ADRD. An ad hoc committee of NASEM will conduct a study and recommend research priorities to advance the prevention and treatment of ADRD. In conducting its study, the committee will: (1) Examine and assess the current state of biomedical research aimed at preventing and effectively treating ADRD, along the R&D pipeline from basic to translational to clinical research; (2) Assess the evidence on nonpharmacological interventions aimed at preventing and treating ADRD; (3) Identify key barriers to advancing ADRD prevention and treatment (e.g., infrastructure challenges that impede large scale precision medicine approaches, inadequate biomarkers for assessing response to treatment, lack of diversity in biobanks and clinical trials), and opportunities to address these key barriers and catalyze advances across the field; and (4) Explore the most promising areas of research into preventing and treating ADRD. The committee’s study will include dementia caused by Alzheimer’s disease as well as related conditions such as

frontotemporal disorders, Lewy body dementia, vascular dementias, and multiple etiology dementias. Dementias with a clear etiology, e.g., incident stroke, AIDS, traumatic brain injury, will be excluded from the analysis. Based on its review of the literature, consultations, and other expert input, the committee will develop a report with its findings, conclusions, and specific recommendations on research priorities for preventing and treating ADRD, including identifying specific near and medium term scientific questions (i.e., in a 3 to 10 year period) that may be addressed through NIH funding. The report will also include strategies for addressing major barriers to progress on these scientific questions. The Committee's recommendation includes \$1,500,000 to cover the costs of this study.

Alzheimer's Disease Research Center [ADRC].—The Committee directs NIA to provide Congress a report within 180 days of enactment detailing the number of individual Alzheimer's patients who have gained access to a clinical trial through the outreach of an ADRC, the number of Alzheimer's disease diagnoses given to patients at an ADRC, and a detailed report on patients' and caregivers' needs that were met through the work of ADRCs that cannot be attained at a provider office.

Brain Health and Exposome Studies.—The Committee recognizes the need to understand healthy brain aging and risk factors for ADRD in the context of NIA's broader portfolio in ADRD. The Committee encourages NIA to address the research gaps and opportunities identified in the 2021 Alzheimer's Disease Research Summit as NIA works to establish Centers on Exposome Studies in ADRD as directed in Public Law 117–103 (Consolidated Appropriations Act, 2022), especially those gaps and opportunities focused on understanding healthy brain aging and applying this understanding to disease prevention.

Diversity in ADRD Clinical Trials.—The Committee applauds NIA's efforts to initiate, identify, and develop a "National Strategy for Recruitment and Participation in Alzheimer's and Related Dementias Clinical research." An effective way of determining whether those recommended strategies are being well-implemented and having the desired impact is through data collection and reporting. The Committee urges the NIA to provide an assessment of the data and metrics it collects related to the planning, recruitment, and retention of clinical trial participants from underrepresented communities and, when possible, how those data have been or plan to be used in grant-making decisions. The assessment should also address how NIA plans to provide more timely data to Congress and greater transparency to the public about the planning, engagement, and recruitment efforts of its extramural grantees, including a focus on addressing barriers to inclusive and representative enrollment such as eligibility criteria, language accessibility, and adequate planning for diverse enrollment among grantees. The Committee requests that the NIA provide this assessment to Congress within 180 days of the enactment. In addition, with various treatments for Alzheimer's disease in the pipeline, the Committee encourages NIA to support a wide range of trials, including those with a patient-based national registry of regulatory grade, longitudinal evidence for patients receiving any FDA-approved disease

modifying therapies for Alzheimer's disease in real-world clinical practice.

Geroscience.—The Committee commends NIA for its support of geroscience, which seeks to understand the genetic, molecular, and cellular mechanisms that make aging a major risk factor and driver of numerous chronic conditions and diseases including Alzheimer's, cancer, cardiovascular diseases and many others. A growing body of research suggests it is possible to develop treatments that would address many late-life diseases, as opposed to solely tackling each disease individually, as under the current prevailing model. Significant advances in recent years highlight the need to develop a comprehensive strategy for addressing research gaps and opportunities. Therefore, the Committee urges NIA to convene a meeting of experts across NIH, other relevant Federal agencies, academic researchers, and the private sector to identify gaps and opportunities for this research field. The Committee also recognizes that there is a shortage of investigators who combine clinical, social, and behavioral research skills with a knowledge of aging biology and experience in the care of older adults and the processes of aging at the individual and societal level. NIA should expand its translational geroscience training programs to support the pipeline of such investigators. The Committee requests an update on these topics in the fiscal year 2024 CJ.

Health Disparities in Aging.—The Committee recognizes the unprecedented aging of the United States population taking place in the 21st century. The Committee encourages NIH to support and develop long-term studies of healthy individuals that seek to identify structural drivers of health inequities. These may complement ongoing longitudinal studies of aging—such as the Health and Retirement Study, the National Health and Aging Trends Study, and others—to guide efforts to maximize health and enhance quality of life at older ages. These studies should integrate biological, behavioral, sociocultural, and environmental perspectives as outlined in the NIA Health Disparities Framework.

Population Research.—The Committee recognizes NIA for supporting a robust population aging research portfolio within its Division of Behavioral and Social Research and encouraging enhanced collaborations between DBSR and the Institute's other scientific research divisions. The Committee is pleased to learn these collaborations include, for example, integrating the population sciences into the Institute's Geroscience research agenda and initiatives regarding Alzheimer's disease and the long-term social, behavioral, and economic consequences of COVID-19 on older people and their families. Continued support for large-scale, longitudinal, and representative studies, such as Health and Retirement Study and the National Health and Aging Trends Study, the Centers on the Demography and Economics of Aging, research networks, training grants, and early career opportunities are needed to sustain and enhance the field of population aging research. The Committee asks NIA to report to the Committees on Appropriations on its plans for ensuring long-term investment and support for population aging research activities within 90 days of enactment.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN
DISEASES

Appropriations, 2022	\$655,699,000
Budget estimate, 2023	676,254,000
Committee recommendation	686,025,000

The Committee recommendation includes \$686,025,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS].

Opioids and Pain Management.—The Committee provides an increase of \$10,000,000 for NIAMS to support research related to opioids, pain and pain management.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION
DISORDERS

Appropriations, 2022	\$514,885,000
Budget estimate, 2023	508,704,000
Committee recommendation	530,847,000

The Committee recommendation includes \$530,847,000 for the National Institute on Deafness and Other Communication Disorders [NIDCD].

NATIONAL INSTITUTE OF NURSING RESEARCH

Appropriations, 2022	\$180,862,000
Budget estimate, 2023	198,670,000
Committee recommendation	196,468,000

The Committee recommendation includes \$196,468,000 for the National Institute of Nursing Research [NINR].

Health Disparities Research.—The Committee includes an increase of \$10,000,000 for NINR to support research related to identifying and reducing health disparities.

NATIONAL INSTITUTE ON ALCOHOL EFFECTS AND ALCOHOL-
ASSOCIATED DISORDERS

Appropriations, 2022	\$573,651,000
Budget estimate, 2023	566,725,000
Committee recommendation	591,434,000

The Committee recommendation includes \$591,434,000 for the National Institute on Alcohol Effects and Alcohol-Associated Disorders [NIAAA].

Polysubstance Abuse.—The Committee is pleased to see NIH supporting research on alcohol/polysubstance use, but urges it to continue to support research in this area across the U.S. Given the increasing prevalence of polysubstance deaths, particularly amongst rural and minority communities, the Committee also encourages the NIH to support studies in rural and minority communities with high rates of alcohol and polysubstance use mortality.

NATIONAL INSTITUTE ON DRUGS AND ADDICTION

Appropriations, 2022	\$1,595,474,000
Budget estimate, 2023	1,843,326,000
Committee recommendation	1,684,230,000

The Committee recommendation includes \$1,684,230,000 for the National Institute on Drugs and Addiction [NIDA].

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

Combating Opioid Overdoses.—According to CDC, there were more than 107,000 drug overdose deaths during the 12-month period ending in January 2022. The Committee notes and commends NIDA for its funding of research to examine the potential for kratom to reduce opioid use among people with opioid use disorder, given kratom’s reduced addiction and overdose liability as compared to opioids.

COVID-19 Pandemic and Impact on Substance Use Disorders.—The Committee is acutely aware of the risks that the ongoing COVID-19 pandemic poses to individuals with substance use disorders [SUDs]. According to CDC, drug overdose deaths accelerated during the pandemic, and exceeded 107,000 in 2021, the highest number of overdose deaths ever recorded in a 12-month period. Moreover, research supported by NIDA found that individuals with SUDs are at increased risk for COVID-19 and its more adverse outcomes. The Committee commends NIDA for supporting research on the adverse impact of the pandemic on people with SUDs and encourages the Institute to continue to support research on these issues.

Methamphetamine, Cocaine and Other Stimulants.—The Committee is concerned that, according to provisional data released by CDC, overdose deaths involving drugs in the categories that include methamphetamine and cocaine increased by 39 and 27 percent respectively between 2020 and 2021. The sharp increase has led some to refer to stimulant overdoses as the “fourth wave” of the current overdose crisis in America following the rise of opioid-related deaths involving prescription opioids, heroin, and fentanyl-related substances. No FDA-approved medications are available for treating methamphetamine and other stimulant use disorders. The Committee continues to support NIDA’s efforts to address the opioid crisis, has provided continued funding for the HEAL Initiative, and supports NIDA’s efforts to combat the growing problem of methamphetamine and other stimulant use and related deaths.

Opioid Initiative.—The Committee remains deeply troubled by the high mortality rate due to the opioid overdose epidemic and appreciates the important role that research plays in the various Federal initiatives aimed at this crisis. The most recent provisional data from CDC shows that opioid overdose fatalities were predicted to exceed 80,500 in the 12-month period ending in January 2022, with the primary driver being the increased overdose deaths in-

volving synthetic opioids, primarily illicitly manufactured fentanyls. More research is needed to find new and better agents to prevent or reverse the effects caused by this class of substances and to provide improved access to treatments for those addicted to these drugs. To combat this crisis the Committee has provided within NIDA's budget no less than \$395,295,000 for the Institute's share of the HEAL Initiative, \$50,000,000 above the fiscal year 2022 enacted level. In response to rising rates of stimulant use and overdose, the Committee has again included language expanding the allowable use of these funds to include research related to stimulant use and addiction. The Committee encourages NIDA to support research on the development of safe and effective medications and new formulations and combinations to treat substance use disorders and prevent or reverse overdose, and to support research on comprehensive care models in communities nationwide to prevent opioid misuse, expand treatment capacity, enhance access to overdose reversal medications, and enhance prescriber practice; test interventions in justice system settings to expand the uptake of medication treatment and methods to scale up these interventions; and develop evidence-based strategies to integrate screening and treatment for opioid use disorders in emergency department and primary care settings.

Pain and Addiction.—The Committee commends NIH, NIDA, and NINDS for their focus on addressing addiction and developing alternatives to opioids for safe and effective pain management strategies that reduce reliance on opioids. In particular, NIDA and NINDS' commitment to research on improved pain management and prevention or recovery from opioid addiction as part of NIH's HEAL initiative continues to help fuel the next generation of scientists and clinicians focused on mitigating chronic pain with non-addictive therapies and prevention and treatment of drug addiction. The Committee encourages NIH, NIDA, and NINDS to continue their efforts through the HEAL initiative in fiscal year 2023, with a focus on grant opportunities to support research and education to improve outcomes for people with both chronic pain and addiction in diverse settings across the United States, particularly those located in areas with high incidence of people living with chronic pain.

Raising Awareness and Engaging the Medical Community in Drug Abuse and Addiction Prevention and Treatment.—Education is a critical component of any effort to curb drug use and addiction, and it must target every segment of society, including healthcare providers (doctors, nurses, dentists, and pharmacists), patients, and families. Medical professionals must be in the forefront of efforts to curb the opioid crisis. The Committee continues to be pleased with the NIDAMED initiative, targeting physicians-in-training, including medical students and resident physicians in primary care specialties (e.g., internal medicine, family practice, and pediatrics). NIDA should continue its efforts in this area, providing physicians and other medical professionals with the tools and skills needed to incorporate substance use and SUD screening and treatment into their clinical practices. The Committee encourages NIDA to continue to support the education of scientists and practitioners

to find improved prevention and treatments for substance use disorders.

Reducing Opioid Disparities.—The Committee supports efforts to address the disproportionate effects of the opioid overdose epidemic on Black/African Americans. NIDA, in coordination with NIMHD, is encouraged to support collaborations between qualified educational institutions and treatment partners with demonstrated excellence in addiction science and community-based research to lead several large multi-year research efforts. Funding calls should highlight the need for research to reduce barriers to care at the levels of State funding bodies, treatment agencies, individual clinicians, and among patients and community members. Specific areas of focus may include research that examines and mitigates stigma toward medications for opioid use disorder, evaluates reimbursement structures to incentivize improved patient outcomes, implements and evaluates effective environmental supports like crisis treatment and respite housing and transportation assistance, and integrates treatment and recovery support services into non-medical, community-based settings (e.g., interventions delivered by peer and community health workers).

Youth E-Cigarette Use.—The Committee is aware of alarming trends in youth e-cigarette use and recent survey data from CDC indicating that more than 11.3 percent of high school students and 2.8 percent of middle school students reported past-month e-cigarette use in 2021. With more than 4 million young people using e-cigarettes, there is a greater need for research into the use and consequences of these devices, as well as therapeutic options for nicotine cessation among youth who have developed an addiction to nicotine. The Committee encourages NIDA to support research to develop therapies, including both pharmacologic and behavioral therapies, to combat nicotine addiction in pediatric populations.

NATIONAL INSTITUTE OF MENTAL HEALTH

Appropriations, 2022	\$2,216,976,000
Budget estimate, 2023	2,210,828,000
Committee recommendation	2,332,672,000

The Committee recommendation includes \$2,332,672,000 for the National Institute of Mental Health [NIMH], including \$225,000,000 appropriated from the NIH Innovation Account.

Cost of Serious Mental Illness [SMI].—The Committee recognizes that SMI comes with an enormous cost for individuals, families, broader society and the economy. The Committee is concerned by the steady rise in the prevalence of SMI in the U.S. Despite increased spending on mental health services, the prevalence of SMI has grown by more than fifty percent since 2008, from 3.7 percent to 5.6 percent of Americans in 2020. In 2019, scientists estimated that the average per-patient lifetime burden of SMI is \$1,850,000 for those diagnosed by age 25—which represent the vast majority of patients and highlights the importance of early intervention to forestall long-term disability and burden. While some progress has been made at identifying effective treatments like coordinated specialty care for early SMI, not all individuals with SMI benefit from the best available therapies, many suffer residual impairments in functioning, and many patients and families struggle to access ap-

propriate services. To better understand what is needed to advance these efforts, the Committee directs NIMH to deliver with the fiscal year 2024 CJ a “professional judgment” budget. This budget should estimate the additional funding needed to support opportunities to accelerate SMI research during fiscal year 2024, including efforts to expand existing scientific programs focused on improving early identification, accurate diagnosis, biomarker assessment, intervention development, and implementation of effective services, among individuals in the early stages of SMI. In this document, NIMH will identify specific scientific questions and areas it would use the funding identified in the professional judgement budget to address and achieve better clinical and functional outcomes in pursuit of improved treatments for SMI patients. These should be time-limited, goal-driven investments that accelerate emerging science and support high-risk/high-reward science.

Impact of COVID-19 on Mental Health.—The Committee includes \$25,000,000, an increase of \$5,000,000, for NIMH to expand research on the impact of the COVID-19 pandemic on mental health, consistent with the fiscal year 2023 budget request.

Impact of Technology and Digital Media on Children and Teens.—The Committee remains concerned about the effects of technology use and media consumption on infants, children, and adolescents, and appreciates NIH’s continued engagement on these important topics. To better understand the impact and consistent with the request, the Committee includes \$5,000,000 for NIMH to support research into the mental health repercussions of social media use. The Committee encourages NIMH to prioritize research into the cognitive, physical, and socio-emotional effects of young people’s use of technologies, including social media, but also mobile devices, computers, and virtual reality tools as well as their consumption of video gaming content and television programming.

Mental Health Treatment Research.—The Committee provides \$5,000,000 to inform mental health treatment approaches, service delivery, and system transformation, consistent with the request.

Suicide Prevention.—The Committee is encouraged that 2020 was the second year in two decades in which the suicide rate decreased. However, death by suicide was the twelfth leading cause of death overall in the United States in 2020 and third among those aged 10–24. The Committee remains committed to providing the resources necessary to address this alarming crisis, especially among youth. The Committee commends NIMH for consistently expanding resources for suicide screening and prevention research over the last five fiscal years and strongly encourages NIMH to continue to prioritize suicide prevention research in fiscal year 2023, with a special emphasis on producing models that are interpretable, scalable, and practical for implementation. In addition, the Committee encourages NIMH to prioritize research efforts related to school-based suicide prevention models to evaluate suicide prevention interventions, strategies, and programs, including assessments of the effects of the COVID-19 pandemic on young adults and children. The Committee requests that NIMH provide an update on these efforts in the fiscal year 2024 CJ.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

Appropriations, 2022	\$639,062,000
Budget estimate, 2023	629,154,000
Committee recommendation	658,873,000

The Committee recommendation includes \$658,873,000 for the National Human Genome Research Institute [NHGRI].

Community Engagement.—The Committee recognizes the critical role that community engagement plays in enabling NIH-funded researchers to build authentic and lasting partnerships that enhance diversity and inclusion in research cohorts. The CEAL program, created to help address the disparate impacts of the COVID–19 pandemic on communities historically underrepresented in biomedical research, has shown success in connecting researchers with community organizations to increase participation by individuals from these communities in clinical trials for COVID–19 treatments and vaccines. Community engagement to foster sustainable partnerships and trust is also key for science when there is public hesitancy to participate in research, such as is the case with human genetics and genomics research. The Committee is encouraged by the success of the CEAL program and urges NHGRI, in consultation with NHLBI and NIMHD, to establish and coordinate a community engagement program modeled after CEAL that will support efforts to increase the participation of individuals historically underrepresented and hesitant to participate in human genetics and genomics research.

Data Sharing.—To advance the U.S. leadership in the biomedical research enterprise while protecting genomic information of the people of the United States, the Committee urges NIH to convene a working group to develop and disseminate best practices on genomic data sharing for use by entities engaged in biomedical research and international collaboration. These practices should enable both academic, public, and private institutions to consider the National security risks of potential partnerships where individually identifiable genomic information of the people of the United States is exchanged and protect the individually identifiable health information of the people of the United States. The working group should review potential risks involved in sharing genomic data between NIH-supported research studies with private, public, and academic institutions that partake in science and technology research and their research partners, with a focus on international partners. The review should also include recommendations regarding areas where Federal agencies can strengthen coordination to increase education to such private and academic research institutions to ensure the institutions can better protect themselves from national security threats with a strengthened understanding of intellectual property rights, research ethics, data misuse, as well as education on how to recognize and report such threats.

Germline RUNX1 Mutations.—The Committee commends NHGRI for collaborating with NCI to launch the RUNX1-FPD Clinical Research Study, the only longitudinal natural history study of patients with germline RUNX-1 mutations and their families. The study has broad implications for the fields of hematology and oncology because it offers researchers the opportunity to monitor the

genomic evolution of cancer within a precancerous population in real-time. The Committee encourages NHGRI to leverage NIH resources to advance participant enrollment, data dissemination, and to ensure implementation of the RUNX1-FPD Clinical Research Study. The Committee encourages NHGRI to continue to adhere to the NIH Genomic Data Sharing Policy for the benefit of the entire research community and patients and their families searching for answers.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING

Appropriations, 2022	\$424,590,000
Budget estimate, 2023	419,493,000
Committee recommendation	437,752,000

The Committee recommendation includes \$437,752,000 for the National Institute of Biomedical Imaging and Bioengineering [NIBIB].

Medical Imaging and Data Resource Center.—The Committee supports NIBIB’s work to develop the Medical Imaging and Data Resource Center, a growing repository of over 85,000 images and associated data to help accelerate strategies for COVID–19 diagnosis and therapeutic management. This resource is creating and enabling broader use of machine learning [ML] algorithms in medical image analysis for coronavirus patients and may serve as a model for understanding other diseases to improve patient outcomes across medical disciplines, including diagnosis, monitoring, and predictive prognoses. The Committee encourages NIBIB to continue its engagement with external stakeholders to advance this promising project.

NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH

Appropriations, 2022	\$159,365,000
Budget estimate, 2023	183,368,000
Committee recommendation	174,305,000

The Committee recommendation includes \$174,305,000 for the National Center for Complementary and Integrative Health [NCCIH].

Pain Management.—The Committee includes an additional \$10,000,000 to support research into non-pharmacological treatments for pain management and urges NCCIH, along with DoD and the VA to continue to support research, including comorbidities such as opioid use disorder in military personnel, veterans, and their families. While the Committee is encouraged by NCCIH’s work to support research on behavioral strategies to manage chronic pain and improve adherence to the medical treatment of opioid use disorders and reduce the psychological and physical cravings to use opioids, opioid abuse continues to persist among young veterans. The Committee urges NIH, VA, and DOD to support and expand research on non-pharmacological treatments to ensure the best quality of care for our Nation’s veterans and service members. The Comprehensive Addiction and Recovery Act (Public Law 114–198) calls for an expansion of research and education on and delivery of complimentary and integrative health to veterans, and the NCCIH can play an important role in coordinating efforts with the VA, DOD, and other relevant agencies.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES

Appropriations, 2022	\$459,056,000
Budget estimate, 2023	659,817,000
Committee recommendation	534,287,000

The Committee recommendation includes \$534,287,000 for the National Institute on Minority Health and Health Disparities [NIMHD].

Chronic Disease Centers.—In fiscal year 2021, NIMHD undertook an initiative to support regional comprehensive research and coordinating centers on the prevention, treatment, and management of multiple chronic diseases associated with health disparities. The Committee remains strongly supportive of this effort and includes an additional \$11,000,000 for NIMHD to provide supplemental grants to the 11 Centers, with a focus on developing and delivering emerging therapeutic interventions addressing the disproportionate burden of disease.

Health Disparities Research.—The Committee includes an increase of \$50,000,000 for NIMHD to support additional research related to identifying and reducing health disparities, as requested in the fiscal year 2023 budget.

Refugees' Health Needs.—The Committee is concerned about the underlying physical and mental health needs of refugees, including those from Afghanistan, that are often not detected or addressed at basic screenings at the time of resettlement. The Committee believes increased understanding of the health needs and potential barriers to accessing healthcare of resettled refugees is critical for planning the allocation of healthcare funds for these newcomers, improving post-resettlement health and helping achieve health equity. The Committee is troubled that research on refugees had been explicitly prohibited in a recent funding opportunity announcement addressing health disparities among immigrant populations. Of further concern, NIH does not have a focused program of research to better understand how language and trauma challenges adversely influences the health needs of refugees. The Committee urges NIMHD to provide funding to support multi-level interventions to fund research to specifically improve the health outcomes of refugees. The Committee requests that NIH include an update of its efforts to identify refugee health needs and barriers in the fiscal year 2024 CJ.

Research Centers in Minority Institutions [RCMI].—The Committee includes \$87,393,000 for RCMI institutions and the RCMI Consortium to ensure that critical infrastructure continues to be developed in historically minority graduate and health professional schools to enhance and thereby meet these critical needs.

Research Endowment Program.—The Committee notes the recent passage of the John Lewis NIMHD Research Endowment Revitalization Act to reinvigorate the NIMHD Research Endowment Program. The Committee expects NIMHD to work swiftly on its implementation. The Committee further notes that the statutory goal of the program is to help eligible institutions achieve a research endowment that is comparable to the mean endowment of health professions schools in their health professions discipline. The Committee expects an update no later than 60 days after enactment of

this act about implementation plans and engagement with key stakeholders.

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

Appropriations, 2022	\$86,880,000
Budget estimate, 2023	95,801,000
Committee recommendation	89,574,000

The Committee recommendation includes \$89,574,000 for the Fogarty International Center [FIC].

Fogarty International Center.—Fogarty supports cross-cutting research and research training programs that apply to a broad range of health threats, enabling grantees and trainees to anticipate and respond effectively to new global challenges. Fogarty programs also support training for researchers in the development and use of powerful tools such as data science, mobile health, and bioinformatics, which are applied to anticipating and controlling a wide range of global health threats that could impact the United States. The Committee encourages FIC to continue to support training and research partnerships with schools and programs of public health and related academic institutions in support of this core mission, including investments to support health disparities and pandemic research preparedness and response.

Global Health Capacity.—The Committee understands FIC leads NIH's global health research training and capacity strengthening efforts. Fogarty has developed two highly synergistic and urgently needed concepts for new programs: the Pandemic Preparedness Research Training Program and a program of Outbreak Analytics and Modeling Hubs to Improve Global Health Preparedness for Pandemics. The Committee urges NIH to support these initiatives to ensure there is continued capacity building during the current pandemic.

Strengthening Research Capacity.—In light of the global impact of COVID–19, the Committee recognizes the need to continue steadily increasing the resources of FIC to support its work to strengthen health research systems, train health researchers, and improve pandemic preparedness in low- and middle-income countries [LMICs]. Over more than five decades, FIC has developed strong partnerships in LMICs to train researchers to respond to and prevent emerging and enduring infectious disease and other health threats. The COVID–19 pandemic underscores the value of FIC's efforts to strengthen research capacity in LMICs, improving the likelihood that emerging diseases can be quickly addressed wherever they appear—ultimately protecting American health security. The Committee also recognizes that investing in health research capacity in LMICs leads to reciprocal innovation and produces tools that can drive down healthcare costs and increase impact and effectiveness in low-resource settings everywhere, including in the United States. The Committee believes FIC's long-standing partnerships and unique capabilities position it to play an expanded role in pandemic preparedness and health research capacity building, including by strengthening international research coordination, building capacity for computational modeling and outbreak analytics, supporting research to reduce health disparities,

and improving implementation of health interventions in low-resource settings.

NATIONAL LIBRARY OF MEDICINE

Appropriations, 2022	\$479,439,000
Budget estimate, 2023	471,998,000
Committee recommendation	494,302,000

The Committee recommends \$494,302,000 for the National Library of Medicine [NLM]. Of the funds provided, \$4,000,000 is for the improvement of information systems, to remain available until September 30, 2024.

Scientific Journals.—The Committee is concerned that members of the public do not always have timely access to the results of cutting-edge biomedical research that was often originally funded by NIH or other Federal agencies with taxpayer funds. The Committee is also troubled that publishers are imposing article processing charges on authors for scientific research funded by NIH and other Federal agencies that wish to make such research available to the public immediately upon publication. In general, the Committee believes that the current model of ensuring public access to federally-funded research, in which publishers may impose up to a 12 month embargo on taxpayer funded research, has serious implications for equity. Most members of the public, particularly those of limited means, are unable to afford exorbitant subscription fees or individual article charges to immediately access taxpayer-funded research prior to the end of the embargo period, and many authors of taxpayer-funded research papers that wish to make their research available to the public immediately upon publication must incur article processing charges demanded by publishers to do so. The Committee directs GAO to undertake a study to determine the average cost of article processing fees charged to the authors of federally-funded research who wish to make their research available to the public immediately upon publication and investigate other relevant factors outside of cost, like the 12-month embargo that impact immediate public availability of publications.

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES

Appropriations, 2022	\$882,265,000
Budget estimate, 2023	873,654,000
Committee recommendation	907,756,000

The Committee recommendation includes \$907,756,000 for the National Center for Advancing Translational Sciences [NCATS]. The Committee includes bill language directing up to \$90,000,000 of this amount to be used for the Cures Acceleration Network [CAN], an increase of \$30,000,000 compared to the ceiling provided in fiscal year 2022.

Advanced Genomic Technologies.—The Committee strongly supports NCATS, in collaboration with the NIH All of Us research program, continuing to apply and evaluate advanced genomic technologies, specifically long-read genome sequencing. Collaboration with multiple entities including research institutes with expertise in the application of short-read sequencing in rare genetic disorders and depth of experience with long-read sequencing; academic and clinical institutions with the capability to identify and include fam-

ily units to participate in this effort; and clinical geneticists with extensive experience in variant identification and analysis is strongly encouraged. Special emphasis should be placed on the inclusion of minority populations.

Clinical and Translational Science Awards [CTSA].—The Committee provides \$625,452,000, an increase of \$18,806,000 above the fiscal year 2022 enacted level. The Committee maintains its strong support for the CTSA program and continues to monitor any proposed changes to the CTSA program that would diminish support for the core hubs and potentially undermine partner relationships and community collaborations. Should any potential changes be proposed in fiscal year 2023, NCATS is directed to maintain the overall investment for CTSA core hub awards, career development, and training components. Finally, the Committee reiterates previous direction that NCATS inform the Committee prior to any planned changes to the size of hub awards, scope of the program, or strategic changes to the program, specifically noting that the Committee shall be consulted prior to any new CTSA initiatives being implemented.

Collaboration with Business Incubators.—The Committee urges NCATS to redouble its efforts to leverage its mission by exploring opportunities or potential collaboration with business incubators that host small to midsize science, research and pharmaceutical companies that use service-based approaches to nurture and guide their member companies to success.

Cures Acceleration Network [CAN].—The Committee includes up to \$90,000,000 for the CAN to reduce barriers between research discovery and clinical trials. This increase will allow NCATS to address or expand existing CAN cure concepts focused on diagnostic technologies, gene therapy vector, novel diagnostic technologies, AI/ML-enabled chemistry for drug development, and the next phase of dissemination of tissue chip technology.

The Committee urges NCATS to consider supporting activities within CAN and other NCATS' offices or divisions that focus on precision medicine—from precision prevention, to precision diagnosis, to precision therapeutics. Activities should also include the ability to generate the data to demonstrate the efficacy and cost effectiveness of precision medicine.

OFFICE OF THE DIRECTOR

Appropriations, 2022	\$2,779,120,000
Budget estimate, 2023	2,733,665,000
Committee recommendation	2,991,665,000

The Committee recommendation includes \$2,991,665,000 for the Office of the Director [OD]. Within this total, \$707,401,000 is provided for the Common Fund and \$12,600,000 is included for the Gabriella Miller Kids First Research Act (Public Law 113–94).

Advancing Cell-Based Therapies.—The Committee recognizes that cell-based therapies hold promise for a broad range of conditions, including neurological conditions, musculoskeletal conditions, cancer, radiation damage, cardiovascular disease, diabetes, wound healing, and immunological disease. The Committee encourages NIH to support clinical trials and pre-clinical research exploring the use of adult cell-based therapies for serious or life-threatening

conditions; development, characterization, optimization, and scaling of manufacturing of cell-based therapies; sharing of best practices and lessons learned; workforce development activities; and collaborative evidence development, including continued NIH collaboration with FDA and HRSA to enhance transparency regarding outcomes from cellular therapies from adult (somatic) cells that are FDA-approved or being administered under FDA Investigational New Drug or Investigational Device Exemption protocols by ensuring that results are submitted to appropriate databases such as the Stem Cell Therapeutics Outcomes Database and ClinicalTrials.gov.

Amyotrophic Lateral Sclerosis [ALS].—In December, Congress passed and the President signed into law the Accelerating Access to Critical Therapies for ALS Act, Public Law 117–79, which represented a watershed moment in the fight against this brutal disease. The act authorizes new grants to deepen research into investigational therapies for ALS through expanded access programs, increased interagency and public-private collaboration on the ALS research agenda, and new clinical research grants. It is critically important that NIH continues to grow its investment in ALS research to capitalize on the momentum to find new treatments for ALS and a cure for the disease. The Committee recognizes that each year at the agency, only a small portion of research funds are spent on new research projects, and believes that a significant share of these funds should be used for research that could lead to new potential treatments. It is crucial for people living with ALS and people diagnosed with it in the future that NIH maintain the ALS drug ecosystem with additional grant funding for extramural research through NINDS. In addition, The Committee urges NIH to continue to increase support and momentum for interagency and public-private collaboration on research that can lead to new treatments and better care as quickly as possible, as well as support expanded access research for ALS investigational drugs.

Analyzing Sex/Gender and Race/Ethnicity Differences in COVID–19 Study Outcomes.—The Committee recognizes that the COVID–19 pandemic has exposed an array of related health disparities, including a difference in acute disease severity and outcomes between female and male patients. Outcomes for individuals who continue to experience long COVID symptoms and/or damage to organs to varying degrees months after their initial diagnosis may also be impacted by these factors. To better understand how sex/gender and race/ethnicity variables impact study outcomes, the Committee directs the Institutes and Centers in coordination with the Office of the Director and Office of Research on Women’s Health to support research to allow for appropriate assessment of whether clinically important sex/gender and race/ethnicity differences play a role in study outcomes regarding the disease.

Artificial Intelligence/Machine Learning [AI/ML].—The Committee recommendation provides \$135,000,000 to support NIH’s efforts to build its capacity to leverage machine learning to accelerate the pace of biomedical innovation. This includes \$50,000,000 for AI/ML-focused investments and other ML-focused initiatives and \$85,000,000, an increase of \$15,000,000, for the Office of Data Science Strategy [ODSS]. In fiscal year 2023, ODSS will help lead efforts to adopt the Desirable Characteristics of Data Repositories

for federally Funded Research from the Executive Office of Science and Technology Policy to standardize NIH's 30-plus data repositories, consolidate those repositories, and to make their information Findable, Accessible, Interoperable, and Reusable [FAIR]. ODSS is encouraged to launch a pilot with the Department of Energy to study the potential for quantum computing for biomedical sciences. The Committee directs ODSS and NLM to provide biannual updates to the Committees on their efforts. In addition, the Committee recommendation includes an increase of \$3,000,000 for the Office of Portfolio Analysis [OPA] under the Division of Program Coordination, Planning, and Strategic Initiatives. The Committee strongly supports NIH's efforts to build AI-based analytical tools to help NIH managers optimize investments in biomedical research by identifying emerging topics and predicting which ones will produce transformative breakthroughs. These tools—which themselves could be transformative—will also help NIH managers assess the return on investment of past investments, providing insight that has largely been absent in biomedical research. The Committee expects OPA to use the additional funding to expedite the development and adoption of the tools by NIH managers. The Committee requests OPA to provide the Committees on Appropriations an update on its efforts within 60 days of enactment, including the percentage of NIH program managers in each IC that use OPA's tools.

Autism Spectrum Disorder [ASD].—The Committee strongly encourages NIH to support greater investment in research, particularly in areas outlined in the Interagency Autism Coordinating Committee's [IACC] Strategic Plan for ASD. While significant progress has been made in the understanding of autism, large gaps remain in the ability to improve outcomes and access to services for autistic individuals across their life span. The Committee recognizes the research budget recommendation included in the IACC Strategic Plan for ASD and directs NIH to provide a plan with the fiscal year 2024 CJ detailing how each Institute that serves on the IACC will address the IACC's recommendations. Research has shown that autistic individuals have higher rates of some co-occurring physical and mental health conditions, impacting quality of life and increasing medical utilization and costs. Additionally, there are significant unaddressed racial, ethnic, and socioeconomic health equity challenges experienced by autistic individuals across their life span and by their families. As such, the Committee encourages NIMH to work collaboratively with NIMHD to support research on the socioeconomic, racial, and ethnic health disparities associated with autism spectrum disorder, and to work collaboratively with other institutes including the NIA, NIEHS, and NINDS to support research on the understanding impact of social and environmental factors leading to co-occurring health conditions.

Autoimmune Diseases.—In May, NASEM issued its review of NIH's autoimmune research portfolio. The study's authors found that much of the work NIH does in this area is extraordinary, but that it does not do the best job coordinating, setting priorities, focusing on innovation, or evaluating its autoimmune research portfolio. The latest findings echo an earlier 2010 NASEM study on Women's Health Research. To address these shortcomings, the au-

thors of the recent report recommend the creation of an Office of Autoimmune Disease Research [OADR] within the Office of the Director to facilitate collaboration and coordination. Despite requests for NIH's views on this and the study's other recommendations, NIH has not provided feedback to the Committee. The Committee recognizes that coordinating efforts is a perennial challenge among NIH's 27 Institutes and Centers, one that hopefully a new NIH Director will bring new energy to addressing. While the Committee is not yet ready to support the creation of a freestanding new office under the NIH Director, it takes NASEM's case for change seriously. The existing coordinating entity, the Autoimmune Diseases Coordinating Committee, appears inactive after holding a single meeting in both 2019 and 2020, another indication of the need for change. Since many autoimmune diseases affect women predominantly, the Committee includes \$10,000,000 to establish OADR within the Office of Research on Women's Health [ORWH]. The Committee directs OADR to (1) coordinate the development of a multi-IC strategic research plan with concrete, meaningful milestones to set priorities; (2) as part of the internal and external outreach for the strategic plan, identify emerging areas of innovation and research opportunity; (3) coordinate and foster collaborative research across ICs; (4) annually evaluate the autoimmune research portfolio to determine progress made across NIH; (5) provide resources to support planning, collaboration, and innovation; and (6) develop and oversee a publicly accessible central repository for autoimmune disease research. The Committee directs ORWH and OADR to brief the Appropriations Committees within 150 days of enactment on NIH's efforts to stand up OADR and the status of the aforementioned directives.

Behavioral Science at NIH.—The Committee notes that multiple Surgeons General and NASEM reports have concluded that most diseases and health problems facing the Nation have significant behavioral components. Meanwhile, behavioral science issues surrounding the current pandemic, including vaccine hesitancy and health misinformation, have made clear that it is important to better understand healthy behavior and how to improve health communications. Therefore, the Committee strongly supports the continued strengthening of the behavioral science enterprise at NIH and urges the Office of Behavioral and Social Science Research funding be increased to accomplish this mission. The Committee is pleased that an NIH working group is concluding its review of how better to integrate and realize the benefits to overall health from behavioral research at NIH.

Bioelectronic Medicine Investment for Cures.—The Committee recognizes that Bioelectronic Medicine is an emerging field of research which has the potential to regulate the body's innate electrical signaling to advance treatments that save lives and lower medical expenditures across many diseases, including arrhythmia, atrial fibrillation, Parkinson's, major depressive disorder, epilepsy, incontinence, inflammatory diseases, diabetes, and chronic pain, among others. Rather than continuous treatment with pharmaceuticals, Bioelectronic Medicine can precisely regulate the electrical activity of the nervous system. Acceleration of research, further data collection, and development of novel applications for Bio-

electronic Medicine combined with AI and analytical methods may be vital to addressing many treatment-resistant diseases by personalizing treatments and improving therapy delivery.

Biomedical Research Facilities.—Much of the Nation's biomedical research infrastructure, including laboratories and research facilities at academic institutions and nonprofit research organizations, is outdated or insufficient. For taxpayers to receive full value from their considerable investments in biomedical research, scientists must have access to modern research facilities. Therefore, \$70,000,000 is provided for grants to public, nonprofit, and not-for-profit entities to expand, remodel, renovate, or alter existing research facilities or construct new research facilities as authorized under 42 U.S.C. section 283k, including animal facilities. Further, the Committee urges NIH to consider recommendations made by the NIH Working Group on Construction of Research Facilities, including making awards that support a significant number of newly constructed or renovated facilities. Further, the Committee encourages NIH to prioritize projects focused on specialized imaging capacities. Finally, the Committee encourages funding for cancer centers in pursuit of a NCI designation in a metropolitan statistical area that does not already have a NCI-designated cancer center.

Brain Research through Advancing Innovative Neurotechnologies [BRAIN] Initiative.—The Committee continues to support the BRAIN Initiative which is revolutionizing our understanding of the brain and fostering the discoveries, collaborations, and partnerships that will lead to treatments and cures for brain diseases, disorders, and injuries. The recommendation includes \$700,000,000 for the BRAIN Initiative, including \$450,000,000 authorized in the Cures Act. The overall funding level includes \$97,000,000 for the Human Brain Cell Atlas; \$10,000,000 for the Armamentarium for Brain Cell Access; and \$33,900,000 for the Brain Connectivity Map. The Committee requests the BRAIN Initiative to communicate about the progress and achievements of the key projects and studies it is supporting with these funds by reporting on their objectives and anticipated/actual outcomes within 90 days of enactment.

Cannabis Research.—Although concrete steps have been taken towards ameliorating the regulatory and supply issues hampering cannabis research in the U.S., funding levels have not kept pace with widespread use of cannabis and substantial clinical interest in the field. Cannabis is fully legal in 18 States and the District of Columbia, effectively so in 20 others that permit some form of medical marijuana, and consumed by nearly half of American teens and adults at some time in their lives, yet there is surprisingly little information about its effects on body chemistry and cognition. Meanwhile, limited data exists on the clinical efficacy of cannabis despite this use. The Committee encourages NIH to continue to fund cannabis research, with an emphasis on medical cannabis therapeutic development for patients. The Committee encourages NIH to expand its current research agenda across its institutes, including additional research on higher potency THC, alternative cannabis formulations and extracts, and additional minor cannabinoids. The Committee also encourages NIH to continue to conduct research on the potential medical uses of cannabis, such as chronic pain, appetite stimulation, immune diseases, cancer, meta-

bolic and digestive disorders, epilepsy, glaucoma, multiple sclerosis, sleep disorders, and a variety of mental health conditions such as anxiety and PTSD. In addition, the Committee recognizes the benefits of cross-institute collaboration in the HEAL Initiative. Therefore, the Committee urges NIH to take an integrated approach to cannabis research, including by forming a cross-institute research group.

Celiac Disease.—The Committee commends NIH for issuing a Notice of Special Interest to spur additional research on the study of celiac disease. Today, the only known treatment for this disease is a gluten-free diet; however, recent public and private sector research confirms that such a “treatment” is insufficient for many who suffer from celiac disease. Therefore, the Committee includes sufficient funding for NIH to devote focused research on the study of celiac disease and continues to urge NIH to support new research on celiac disease; to better coordinate existing research; and, to focus new research efforts toward causation, diagnosis, management, treatment, and, ultimately, a cure of this disease.

Childhood Cancer Research Coordination.—The Committee commends NIH for its efforts to coordinate pediatric research across its Institutes and Centers through the recently established Trans-NIH Pediatric Research Consortium. The Committee understands NCI participates in the Consortium, and that childhood cancer research is an important part of the pediatric research portfolio across NIH. The Committee requests an update in the fiscal year 2024 CJ on opportunities to enhance childhood cancer research efforts, including coordination efforts already underway through the Trans-NIH Pediatric Research Consortium.

Childhood Post-infectious Neuroimmune Disorders/PANS/PANDAS.—The Committee encourages NIH to expand research related to the devastating diseases of Pediatric Acute-Onset Neuropsychiatric Syndrome [PANS] & Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcus [PANDAS]. Although NIH has undertaken some research in this area, much more needs to be done to fully understand causes, diagnosis, and treatment. Training the medical community is essential to early identification and intervention, reducing the risk of chronic illness and associated costs to families, school systems, healthcare systems, and insurers. The association between neuropsychiatric illness and infections has become even more evident because of SARS-CoV-2 and provides increasing opportunities for breakthroughs in research and treatment. The Committee encourages NIH to prioritize research in this area, and report to the Committee in the fiscal year 2024 CJ on the progress being made on the understanding of the costs, causes, diagnostic criteria, and treatment of these conditions.

Chimera Research.—The Committee supports NIH’s funding limitation regarding the introduction of human pluripotent cells into non-human vertebrate animal pre-gastrulation stage embryos. The Committee takes seriously the bio-ethical considerations regarding the creation of human-animal chimeras and the continuation of research using these cells.

Chimpanzees at the Alamogordo Primate Facility.—When Congress passed the CHIMP Act (Public Law 106–551), it intended for

all chimpanzees owned by NIH to be retired to a sanctuary. However, in keeping with the Animal Welfare Act and the Public Health Service Policy for the Humane Care and Use of Laboratory Animals, NIH first created an internal panel of veterinarians. Based on the panel's assessment, NIH determined that 44 chimpanzees housed at the Alamogordo Primate Facility [APF] would not be transferred to Chimp Haven, the National sanctuary, due to their advanced age and compromised health making it unsafe for them to be transported. In 2021, NIH announced another 51 chimpanzees would not be transferred to Chimp Haven and instead would remain at the Keeling Center for Comparative Medicine and Research [KCCMR] for the same reasons. NIH believes that the health condition of the chimpanzees is the primary reason to maintain them at APF and KCCMR, where they may continue in familiar social groupings and surroundings with caretakers they know and who are dedicated to their physical and social wellbeing. The CHIMP Act reflects a Congressional directive to transfer these chimpanzees to sanctuary precisely because it is the best way to advance their welfare if they can be transported safely. Therefore, recognizing the best interests of the chimpanzees, the Committee directs NIH to regularly reevaluate the remaining animals at APF, KCCMR and the Southwest National Primate Research Center [SNPRC] to determine whether they can be safely transported. The Committee also directs NIH to provide a written report to the Committee each quarter, beginning no later than January 31, 2023 that shall include: (1) the number of chimpanzees transported to the National sanctuary over the last quarter; (2) a census of all government-owned and supported chimpanzees remaining, if any, at APF, KCCMR or SNPRC and results of any reevaluations of their health; and (3) a list of any chimpanzee deaths that have occurred at any time after January 1, 2022 at APF, KCCMR or SNPRC.

Collection and Reporting of Animal Research Numbers and Agency Funding.—The Committee recognizes that Congress has long expressed an interest in reducing the use of nonhuman animals in NIH-funded research and replacing animals with valid, reliable alternatives. In the NIH Revitalization Act of 1993 (Public Law 103–43), Congress first requested that the agency create a plan for doing so. The Committee also recognizes the scientific community's stated commitment to the “three R's” of replacement, reduction, and refinement, which seeks to reduce the number of animals used to obtain sufficient research data. The Committee notes that it has been NIH's policy since 1985 to collect an “average daily inventory” of vertebrate animals housed in research institutions that receive agency funding. The Committee understands that domestic facilities are required to file such documentation every 4 years as part of an Animal Welfare Assurance and that copies of the documents are available to the public only through Freedom of Information Act requests. The Committee encourages NIH to develop and include a draft form for collecting this information annually in the report requested in the Consolidated Appropriations Act, 2022 (Public Law 117–103). NIH should also include details on how the agency will address any incomplete reporting of NIH funded research with animals and encourage prospective documentation of study design and analysis plans.

Common Data Elements [CDEs].—The Committee recognizes the increasing importance of CDEs that enable standardized and consistent use of data in research, especially translational and clinical research, and that facilitate efforts to replicate and validate findings, for a disease area. NIH encourages use of CDEs including use of NIH's CDE repository. To encourage development and use of CDEs in disease areas where they currently do not exist, the Committee urges NIH to support consistent efforts across the agency to develop CDEs, including through collaborations with research stakeholders. The Committee also urges NIH to develop a list of diseases and disease areas that stand to benefit most from development of CDEs, including complex diseases with heterogeneous presentations, such as autoimmune diseases.

Common Fund.—The Common Fund supports cross-cutting, trans-NIH programs that require participation by multiple ICs, strategic planning, coordination, and have the potential for extraordinary impact. The Committee provides a \$50,000,000 increase to the Common Fund with the expectation that it will focus on time-limited, goal-driven investments that accelerate emerging science and support high-risk/high-reward science. The Committee directs NIH to brief the Committees on Appropriations for its plans for these funds within 120 days of enactment.

Communications with the Committee.—The Committee relies on its relationships with agency budget offices to help it do its work. These offices usually have a vested interest in ensuring that the Committees have accurate and timely information that helps explain agency funding needs. That is not the case with NIH. While interactions with the Committee's primary NIH liaisons have improved in the past year, the same cannot be said for the quality of the information delivered by the Office of Budget, which seems to believe that it is not their responsibility to clearly explain NIH's request. The Committee expects the Office to improve the quality and timeliness of the information it shares. For fiscal year 2023, the Committee recommendation provides the Budget Office the same level of funding it had in fiscal year 2022, \$4,467,943.

Cybersecurity.—The Committee provides an increase of \$40,000,000 to strengthen cybersecurity at NIH, \$20,000,000 below the fiscal year 2023 budget request.

Diversity in NIH Kidney Disease Research Populations.—The Committee applauds the NIH and its multi-institute-wide commitment to research diversity, equity, inclusion, and accessibility, and specifically, its commitment to understanding, evaluating, and resolving racial and ethnic disparities in health outcomes and adverse social determinants of health for individuals with chronic kidney disease and end stage renal disease. The Committee directs NIH to submit to the Committee an update in the fiscal year 2024 CJ regarding the NIH kidney disease research program, including kidney disease research focusing on communities of color, including research on health disparities in the prevention, diagnosis, and treatment of kidney disease among racial and ethnic minority populations.

Dual Purpose/Dual Benefit Research.—The Committee encourages a partnership between NIH, the National Institute of Food and Agriculture, and the other relevant 115 Federal research and

development agencies to develop a next generation interagency program using agriculturally important large animal species. The Committee expects NIH to continue this important cooperative partnership program to further strengthen ties between human medicine, veterinary medicine, and animal sciences, with the goal to improve animal and human health and provide enhanced applicability and return on investment in research.

Duchenne and Becker Muscular Dystrophy.—Developing gene therapies to treat Duchenne Muscular Dystrophy is a complex and multifaceted process. The Committee encourages NIH to support research aimed at gene therapy safety utilizing viral vectors and support the development of less immunogenic non-viral delivery systems. The Committee also supports further NIH investment in the development of more sensitive outcome measures and biomarkers for both Duchenne and Becker.

Early-Career Pediatric Researchers.—The Committee remains concerned about the ongoing challenges in developing the next generation of researchers—including physician scientists—focusing their careers in pediatrics. To begin addressing this problem, the Committee encourages NIH, through the Trans-NIH Pediatric Research Consortium, to explore a NIH-wide early career development award that is focused on early-career researchers in the field of pediatrics that includes efforts to recruit researchers from diverse backgrounds, including those that are from groups underrepresented in the biomedical workforce. The Committee requests an update on progress in the fiscal year 2024 CJ.

Eating Disorders.—The Committee commends NIH for supporting multi-Institute research on the chronic, fatal, and serious mental illnesses encompassing eating disorders that impacts nearly 30.0 million Americans during their lifetimes, and its association with other conditions such as co-morbid mental illnesses, substance abuse, and metabolic, cardiovascular, neurological, and reproductive disturbances. The Committee encourages NIH to increase resources for eating disorders research and directs NIMH, NIMHD, NICHD, and NIDA to provide the Committees on Appropriations with an update within 180 days of enactment on research gaps in genetics, prevention, diagnosis, and treatment of eating disorders.

Ehlers-Danlos Syndrome.—The Committee encourages NIH to support research activities with respect to Ehlers-Danlos Syndrome and related connective tissue disorders.

Environmental Influences on Child Health Outcomes [ECHO].—The Committee provides \$180,000,000, the same level as fiscal year 2022, for the ECHO program. ECHO currently funds the Navajo Birth Cohort Study. This funding will allow the program to continue. The Committee encourages OD to consider expanding the study to include a larger representation of indigenous children in the National cohort. This would allow for a better understanding of the impacts of environmental exposure in these unique populations, benefiting the current goals of ECHO-wide efforts as well as indigenous communities across the U.S.

Faculty Institutional Recruitment for Sustainable Transformation.—The Committee applauds NIH for its continuous efforts to diversify the biomedical workforce. The Committee is encouraged by the recent Faculty Institutional Recruitment for Sustainable

Transformation [FIRST] program that was created within the NIH Common Fund, which was established to create a more inclusive and diverse biomedical research workforce through cluster hiring and institutional culture shifts. FIRST not only will increase workforce diversity but will also support the next generation of scientists.

Firearm Injury and Mortality Prevention Research.—More Americans died of gun-related injuries in 2020 than in any other year on record, according to CDC. The 45,222 total gun deaths in 2020 were by far the most on record, representing a 14 percent increase from the year before, a 25 percent increase from 5 years earlier and a 43 percent increase from a decade earlier. To understand how society might do a better job of preventing gun-related injuries and deaths, the recommendation includes \$25,000,000, an increase of \$12,500,000 above the fiscal year 2022 enacted level and consistent with the budget request, for research on firearm injury and mortality prevention. Given violence and suicide have a number of causes, the recommendation expects NIH to take a comprehensive approach to studying these underlying causes and evidence-based methods of prevention of injury, including crime prevention, improving understanding of the multi-level determinants of firearm injury and identification of those at risk for firearm injury; innovative interventions to prevent firearm injury and mortality; and approaches to improve the implementation of evidence-based interventions to prevent firearm injury and mortality. All grantees under this section will be required to fulfill requirements around open data, open code, pre-registration of research projects, and open access to research articles consistent with the National Science Foundation's open science principles. The Committee directs NIH and CDC to coordinate their research efforts and to collaborate with the National Institute of Justice to compile, share, and improve firearm violence data. Further, the Committee directs NIH to report to the Committees on Appropriations within 60 days of enactment on implementation schedules and procedures for grant awards to ensure that such awards support ideologically and politically unbiased research projects.

Focused Ultrasound Therapy Research and Development.—Focused Ultrasound Therapy is a noninvasive, safe and cost-effective alternative or complement to conventional surgery, radiation therapy, or drug-based treatments that targets tissue deep in the body without incisions or radiation, reducing the potential for adverse side effects while lowering downstream healthcare costs for patients and payers. Focused ultrasound has transformed care for patients suffering from serious conditions like Parkinson's disease, essential tremor, prostate cancer, and uterine fibroids, and is currently being explored for more than 150 other diseases, including pain management, depression, opioid addiction, and various cancers. Despite this promise, many unanswered scientific questions remain, and research on focused ultrasound and its applications is ongoing. Therefore, the Committee encourages NIH to continue to support focused ultrasound research across NIH.

Foreign Influence.—To support NIH's efforts to expeditiously complete grant compliance reviews, the Committee continues to include an additional \$2,500,000 for this activity within the Office of

Extramural Research. The Committee directs NIH to provide biannual briefings on compliance, oversight, and monitoring reviews where non-compliance has been identified.

Foundations of Evidence-Based Policymaking Act and OPEN Government Data Act.—The Committee believes that NIH can play a pivotal role in unlocking data to enable biomedical research and discovery. The Foundations of Evidence-Based Policymaking Act of 2018 (Public Law 115–435) and the OPEN Government Data Act, which was enacted as part of Public Law 115–435 can aid in the discovery and sharing of publicly-funded biomedical research and public health data. The Committee requests an update in the fiscal year 2024 CJ on the implementation of Public Law 115–435 and Public Law 115–336 and progress being made across the NIH enterprise to comply with this legislation by ensuring that appropriate non-sensitive government data be made available in open and machine-readable formats by default.

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

Gene-environment Interactions in Neurodegenerative Disorders in the Diverse Populations of Black/African Americans and Hispanics/Latinos.—In the context of NIH’s robust neurological disease research portfolio, the Committee commends NIH for advancing the objectives of the 21st Century Cures Act and the BRAIN Initiative. The Committee recognizes the need to better understand the interactions between genetic and environmental factors, in particular with older and diverse populations of African Americans and Latinos. The Committee encourages NIH to accelerate collaborative research across NIH and the research community to better understand structural level and intermediary levels of the social determinants of health, namely those that may potentially identify the interaction between environmental exposures to toxic chemicals and genetics, and their impact on neurodegenerative disorders in diverse populations of Black/African Americans and Hispanics/Latinos. This research could allow for earlier diagnosis and subsequent treatment to arrest the progression of these devastating neurodegenerative disorders.

Geroscience.—The Committee applauds NIH for recognizing the importance of geroscience to a wide range of chronic conditions and diseases by creating the Cellular Senescence Network (SenNet), an effort to identify and characterize the differences in senescent cells across the body, within the Common Fund. While NIA serves as the lead Institute for geroscience, programs such as SenNet demonstrate how all ICs benefit from a greater understanding of this field, given the wide range of chronic conditions and diseases that are influenced by the biology of aging. To date, however, NIH has not analyzed which topics in geroscience are currently being addressed across the ICs or how much funding the ICs are using to support this research. The lack of this information limits NIH’s ability to address research gaps in a strategic way. Therefore, the

Committee encourages NIH to compile and submit a report to the House and Senate Committees on Appropriations within 180 days of enactment that describes current NIH research focused on geroscience, and future plans in this area. The Committee would also welcome the exploration of a trans-NIH initiative. Such an initiative might include increased funding for basic, translational and clinical research, research infrastructure, workforce development, development of platform technologies for geroscience, and collaboration with the Food and Drug Administration, industry, and academia on the discovery and validation of biomarkers.

Harassment Policies.—The Committee directs NIH to establish a strategic plan and timeline to implement the recommendations of the 2020 NIH Workplace Climate and Harassment Survey [WCHS] and to continue to regularly conduct similar surveys and make the findings public to facilitate progress tracking and accountability.

The HEALthy Brain and Child Development [HBCD] Study.—The Committee recognizes and supports the NIH HEALthy Brain and Child Development Study, which will establish a large cohort of pregnant individuals and follow them and their children up to age 10 to characterize the influence of a variety of factors on neurodevelopment and long-term outcomes. The study aims to enroll approximately 7,500 pregnant individuals through 25 research sites across the US, including regions of the country significantly affected by the opioid crisis. The study cohort will comprise participants that reflect the US population but will oversample for individuals that have used substances sometime during their pregnancy and a matching cohort with similar characteristics, but no substance exposure during pregnancy. Multimodal data collection will include neuroimaging, behavioral and cognitive assessments as well as collection of biospecimens and brain activity measurements [EEG]. Knowledge gained will be critical to help predict and prevent some of the known impacts of pre- and postnatal exposure to drugs and environmental influences, including risk for future illicit substance use, mental disorders, and other behavioral and developmental problems, as well as identify factors that contribute to resilience and opportunities for intervention. The Committee recognizes that the HBCD Study is supported in part by the HEAL Initiative, and NIH Institutes, Centers, and Offices, including OBSSR, ORWH, NEI, NIMHD, NIBIB, NIMH, NIEHS, NICHD, NINDS, NIAAA, and NIDA, and encourages additional NIH support for this important study.

Hepatitis B.—The Committee applauds NIH for its work to update the Strategic Plan for Trans-NIH Research to Cure Hepatitis B and urges that the update identify what has been learned since the plan was first released and what additional research is needed to find a cure. The Committee is aware of strong interest in more research to understand and manage HBV reactivation and research to understand and develop biomarkers of disease and therefore recommends these research ideas be evaluated and funded. The Committee is also aware of the view within the scientific community that finding a cure for hepatitis B is a winnable goal and is within reach in the near-term and therefore remains concerned that the slow growth in NIH funded hepatitis B research could compromise the goal of finding a cure. For these reasons, the Committee ap-

plauds efforts to create common resource services and materials for the research community and further urges that targeted calls for research, based on the needs as identified in the updated Plan, be issued and funded in fiscal year 2023 and beyond.

Herpes Simplex Virus, Types 1 and 2.—The Committee recognizes the serious nature of herpes simplex virus, a neuropathic infectious disease which impacts nearly 1 in 2 Americans and the critical need for Federal investment in treatment and prevention. The committee understands that herpes simplex virus is a pathogen with considerations beyond a single IC and encourages NIH to assemble a multi-IC working group to coordinate efforts across NIH. The working group should review NIH's research related to virus treatment and prevention that shows commercial viability, outline gaps in ongoing research, and identify future priority areas for new clinical research. Due to significant medical evidence of neurological complications for herpesviruses and high prevalence among the American people, the Committee also further urges NIH to prioritize clinical research on herpes simplex virus.

I-Corps.—The Committee encourages NIH to expand access to healthcare commercialization programs such as I-Corps@NIH and the Concept to Clinic: Commercializing Innovation (C3i) programs for their Small Business Innovation Research and Small Business Technology Transfer Programs recipients.

INCLUDE Initiative.—The Committee continues to include funding for the INCLUDE Initiative. The Committee is pleased that this multi-year, trans-NIH research initiative continues to drive important advances in understanding immune system dysregulation, Alzheimer's disease, and leukemia that is contributing to improvements in the health outcomes and quality of life of individuals with Down syndrome as well as millions of typical individuals. The Committee continues to encourage NIH to make further investments in health equity-focused research and care including for African Americans with Down syndrome, mosaic Down syndrome, those with the dual diagnosis of Down syndrome and autism or regression, with additional attention to neurodevelopment, metabolism, large cohort studies across the lifespan, and novel clinical trials. The Committee requests NIH provide an updated plan within 60 days of enactment that includes a timeline, description of potential grant opportunities and deadlines for all expected funding opportunities so that young investigators and new research institutions may be further encouraged to explore research in this space. This plan should also incorporate and increase pipeline research initiatives specific to Down syndrome.

Inflammatory Bowel Disease, Diet and Chronic Diseases.—The Committee is aware of ongoing efforts to better understand the impact of diet on mucosal immunity and the microbiome and the relevance of this topic to multiple immune-related conditions including Crohn's disease, ulcerative colitis, allergies, celiac disease, rheumatoid arthritis, metabolic syndrome, and obesity. The Committee encourages NIH to identify gaps and research needs and to encourage research focused on this topic.

Long COVID Longitudinal Study Research.—The Committee recognizes that many individuals previously infected by SARS-CoV-2 continue to face prolonged health consequences, and that the

long-term effects of an acute SARS-CoV-2 infection are unknown. To that end, the Committee supports NIH's ongoing longitudinal Researching COVID to Enhance Recovery [RECOVER] study and encourages NIH to ensure the study is nationwide, includes diversity of enrollees to account for gender, age, race, ethnicity, geography, comorbidities, and underrepresented populations, including pregnant and lactating women, studies individuals who were infected with SARS-CoV-2 and experienced mild, moderate, or severe symptoms, studies the health outcomes and symptoms of individuals who were infected with SARS-CoV-2, or had prenatal exposure to SARS-CoV-2. This could include lung capacity and function, immune response, and the history of any pharmaceutical interventions such individuals may have received. NIH is encouraged to study the mental health outcomes of infected individuals, take into account any interventions that affected mental health, and monitor individuals enrolled in the study as scientifically and medically appropriate for a clinical research study. NIH is encouraged to broadly share its findings as soon as is scientifically appropriate. Such summaries may include information about how the findings of the study under this section compare with findings from research conducted abroad.

Lyme Disease and Related Tick-Borne Illnesses.—The Committee urges NIH to develop new tools that can more effectively prevent, diagnose, and treat Lyme disease, including its long-term effects, and other tick-borne diseases. The Committee encourages NIH to evaluate the effectiveness of laboratory tests associated with the detection of *Borrelia burgdorferi* to diagnose the disease early, which can improve the effectiveness of treatment. The Committee encourages the promotion and development of potential vaccine candidates for Lyme disease and other tick-borne diseases. The Committee urges NIH to conduct research to better understand modes of transmission for Lyme and other tick-borne diseases, including vertical transmission. The Committee encourages NIH to incentivize new investigators to enter the field of Lyme disease and other tick-borne disease research. The Committee directs NIH to coordinate with CDC on publishing reports that assess diagnostic advancements, methods for prevention, the state of treatment, and links between tick-borne disease and psychiatric illnesses.

Marijuana Research.—The Committee is concerned that marijuana policies on the Federal level and in the States (medical marijuana, recreational use, etc.) are being changed without the benefit of scientific research to help guide those decisions. NIH is encouraged to continue supporting a full range of research on the health effects of marijuana and its components, including research, to understand how marijuana policies affect public health.

Menopause.—The Committee is concerned about the lack of a Research, Condition, Disease Categorization [RCDC] category for menopause, which limits the ability to analyze current and future biomedical research being done on menopause and its short and long term effects on the health of women. As menopause is a female-specific condition and an important component of understanding women's health across the lifespan, it is critical that NIH report on and be able to track the intramural and extramural re-

search supported by NIH. The Committee requests that NIH create a RCDC category for menopause.

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

Multiple Sulfatase Deficiency [MSD].—MSD is an ultra-rare genetic disorder in which all of the known sulfatase enzymes are unable to be fully activated causing neurologic impairment and other symptoms including bone abnormalities, deafness, and hepatosplenomegaly. There are currently no targeted therapies for MSD, and treatment is limited based on specific symptoms. However, multiple lines of therapeutic development including gene therapy, small molecule drugs, and bone marrow transplant are being pursued by preclinical and clinical researchers. The Committee encourages NINDS, in concert with the NCATS Division of Rare Diseases Research Innovation, to encourage more research that will enable progress toward treatments for MSD through existing funding mechanisms that support translational research and clinical trial readiness for rare and ultra-rare diseases such as MSD. The Committee requests an update on research progress towards a treatment in the fiscal year 2024 CJ on MSD and related rare disorders.

National Security.—The Committee believes that NIH should prioritize relevant national security considerations when developing and executing their NIH-Wide Strategic Plan.

Native Hawaiians.—The Committee continues to place high priority on addressing the research and training needs of Native Hawaiians [NH]. The Committee directs NIH to provide the House and Senate Committees on Appropriations a report within 90 days after enactment describing how it currently coordinates Native Hawaiian health research-related activities across the agency and with the Native Hawaiian community. The Committee encourages NIMHD to partner with entities with a proven track record of working closely with NH communities and NH-serving organizations which support the pathway for research of Native Hawaiian investigators.

Neurofibromatosis [NF].—The Committee supports efforts to increase funding and resources for NF research and treatment at multiple Institutes, including NCI, NINDS, NIDCD, NHLBI, NICHD, NIMH, NCATS, and NEI. Children and adults with NF are at elevated risk for the development of many forms of cancer, as well as increased likelihood of developing deafness, blindness, developmental delays and autism. The Committee encourages NCI to continue to support a robust NF research portfolio in fundamental laboratory science, patient-directed research, and clinical trials focused on NF-associated benign and malignant cancers. The Committee also encourages NCI to continue to support preclinical research and clinical trials. Because NF can cause blindness, pain, and hearing loss, the Committee encourages NINDS and NIDCD to

continue to support fundamental basic science research on NF relevant to restoring normal nerve function. Based on emerging findings from numerous researchers worldwide demonstrating that children with NF have a higher chance of developing autism, learning disabilities, motor delays, and attention deficits, the Committee encourages NINDS, NIMH, and NICHD to continue their support of clinical research investigations in these areas. Since NF2 accounts for some genetic forms of deafness, the Committee encourages NIDCD to continue its investment in NF2-related research. NF1 can cause vision loss due to optic gliomas. The Committee encourages NEI to expand its investment in NF1-focused research on optic gliomas and vision restoration.

Non-human Primates Capabilities.—The Committee recognizes the use of non-human primates in biomedical research for developing vaccines and treatments for public health threats. It also acknowledges the obligation in Federal law to minimize animal research and consider the use of alternatives wherever possible.

Office of the Chief Officer for Scientific Workforce Diversity [COSWD].—The Committee provides \$22,415,000 to the Office of the COSWD, \$6,225,000 above the fiscal year 2022 enacted level.

Office of Nutrition Research.—The Committee provides \$25,000,000 for the Office of Nutrition Research to support the recent efforts at NIH to prioritize nutrition research across Institutes and Centers. These funds will support the resources needed to effectively operate as a trans-NIH entity and fully operationalize the first NIH-wide strategic plan for nutrition research.

Office of Research on Women's Health [ORWH].—The Committee recommends \$75,000,000 for ORWH. This Office ensures women's health research and research on the biological and sociocultural influence of sex and gender are included within the NIH scientific framework. Congress recognizes ORWH's critical leadership in promoting women's health research and spearheading research programs like the Building Interdisciplinary Research Careers in Women's Health, which aims to increase the number and skills of investigators who conduct research on sex and gender influences on health and disease, and the Specialized Centers of Research Excellence, a program designed to expedite the development and application of new knowledge to human diseases that affect women, to learn more about the etiology of these diseases, and to foster improved approaches to treatment and/or prevention. The Committee recognizes persistent gaps remain in the knowledge of women's health. To address these gaps and improve women's health, the Committee includes \$2,000,000 within ORWH to contract with NASEM to conduct a study on the gaps present in women's health research across all institutes and centers at NIH. Specifically, the study should be designed to explore the proportion of research on conditions that are more common or unique to women, establish how these conditions are defined and ensure that it captures conditions across the lifespan, evaluate sex and gender differences and racial health disparities, and determine the appropriate level of funding that is needed to address gaps in women's health research at NIH. The Committee requests NASEM, not later than 18 months after the date on which the agreement is entered, to submit to Congress a report containing the findings of the study and

the recommendations to address research gaps in women's health research, including measurable metrics to ensure that this research is accurately tracked to meet the continuing health needs of women. As mentioned earlier in this report, the Committee also includes \$10,000,000 within ORWH to establish the Office of Auto-immune Disease Research.

Osteopathic Medical Schools.—Osteopathic medicine is one of the fastest growing healthcare professions in the country and osteopathic medical schools educated 25 percent of all medical students. The Committee understands that osteopathic medical students receive 200 hours of additional training in the musculoskeletal system and learn the value of osteopathic manipulative treatment as a non-pharmacological alternative to pain management. Over half of osteopathic physicians practice in the primary care specialties of family medicine, internal medicine, and pediatrics, and a disproportionate share of osteopathic medical graduates are located in rural and underserved areas. The Committee believes that increased access to research funding for the osteopathic researchers will significantly bolster NIH's capacity to support robust recovery from the COVID-19 pandemic, address health disparities in rural and medically-underserved populations, and advance research in primary care, prevention, and treatment. The Committee requests an update on the current status of NIH funding to colleges of osteopathic medicine and representation of doctors of osteopathic medicine on NIH National Advisory Councils and standing study sections in the fiscal year 2024 CJ.

Overactive Bladder Treatment.—The Committee remains concerned about the safety of medications used to treat overactive bladder, which may be increasing risk of ADRD. Overactive bladder affects 38 million Americans, and one in three older adults in this country. Overactive bladder has a significant impact on quality of life and the healthcare system. The anticholinergic medications typically used first-line to treat overactive bladder have been shown to increase the risk of developing dementia. Dementia continues to grow as a prevalent and serious public health issue. The Committee urges NIA to study anticholinergic medications and alternative treatments to determine the safety and effectiveness of medications for overactive bladder, and their potential risks related to ADRD. The Committee requests an update on the status of research activities focused on this issue in the fiscal year 2024 CJ.

Polycystic Ovary Syndrome [PCOS].—The Committee recognizes the significant health, quality of life, and economic burden of PCOS and strongly encourages NIH to increase investments into research on the metabolic, cardiovascular, psychosocial, maternal-fetal, oncologic, pediatric, dermatologic, and reproductive aspects of PCOS. Fifty percent of PCOS patients become diabetic or prediabetic before age 40, and are at higher risk for hypertension, stroke, non-alcoholic fatty liver disease, and non-alcoholic steatohepatitis, independent of, but exacerbated by obesity. There is also evidence of racial and ethnic differences that disproportionately increase the risk for cardiovascular and metabolic disease in PCOS. The Committee urges NIH to continue to support fundamental laboratory science, patient-directed research, clinical trials, and large longitudinal studies focused on the cardiometabolic features and endocrinopathy

of PCOS throughout the lifespan. The Committee also thanks NHLBI for leading the 2021 cross-NIH workshop examining Cardiovascular Risk Across the Lifespan for PCOS.

Prenatal Opioid Use Disorders and Neonatal Abstinence Syndrome [NAS].—The Committee recognizes the growing burden of NAS and the healthcare costs associated with it. The Committee is aware of the need for more information regarding long-term health and developmental outcomes related to NAS, the wide variation in clinical practice and health systems support, as well as the challenges associated with post-discharge care. The Committee encourages NIH to coordinate with other agencies at HHS to support additional research on prevention, identification, and treatment of prenatal opioid exposure and NAS, including the best methods for screening and treating pregnant women for opioid use disorder and the best methods for screening for NAS. Additionally, the Committee encourages NIH to support research through the ACT NOW and HBCD studies to improve understanding of the impact of pharmacological and non-pharmacological treatments for neonatal abstinence syndrome on costs and outcomes in the short-term and longitudinally. The Committee further encourages NIH to coordinate with other agencies at HHS to support research on innovative care models to optimize care and long-term outcomes for families.

Primary Immunodeficiencies Research.—The committee applauds NIH for recognizing the need for research on primary immunodeficiencies and other related conditions by issuing a Notice of Special Interest for research on inborn errors of immunity/primary immunodeficiencies. The committee encourages NIH to fund as many meritorious proposals as possible and to consider building upon the notice by issuing a targeted funding announcement focused on research topics of significance to the PI research and patient communities.

Psychedelic Research.—The Committee encourages NIH to continue research funding for psychedelic medicines development and encourage psychedelic research at the NIH Clinical Center. The Committee also encourages NIH to continue to work with FDA in developing and supporting public private collaborations, including academic researchers and medicine developers, to advance all forms of psychedelic research for therapeutic purposes.

Radiation Exposure in Medical Procedures.—The Committee notes that many patients and healthcare workers are exposed to excessive radiation during medical procedures. While the ‘As Low As Reasonably Achievable’ principle governing radiation exposure has been in place for 20 years, many institutions face challenges in implementing these standards, and lack access to the most recent studies and data on scatter radiation’s detrimental health impacts. The Committee encourages NIH to publish within 180 days of enactment the appropriate standards of practice recommendations for providers to follow to increase the use of radiation protection technologies to reduce exposures, while adhering to environmental standards, including those outlined under the Clean Air Act.

Rare Blood Cancers and Germline Mutations.—The Committee commends NCI for collaborating with NHGRI in running natural history studies of patients with germline mutations and their fami-

lies, which can lead to blood cancers like acute myeloid leukemia [AML]. More research on how genetic dispositions, such as RUNX1 familial platelet disorder, lead to rare blood cancers will ultimately support the discovery of treatments that could prevent malignancy through advances in early detection and treatment. The Committee urges NCI to initiate new and expanded funding opportunities related to germline predispositions to rare blood cancers. The Committee requests an update in the fiscal year 2024 CJ on plans to launch a precision medicine clinical trial for AML and myelodysplastic syndromes.

Research Transparency.—The Committee remains committed to funding NIH research and ensuring that our Nation’s researchers, particularly our early career scientists, have the support to make the scientific breakthroughs that may transform healthcare. However, it is critical that NIH can ensure funds are used for the best possible research that fulfill the core research mission of NIH. NIH is directed to justify, in writing made available on a publicly accessible website, that each grant or agreement promotes efforts to seek fundamental knowledge about the nature and behavior of living systems and/or the application of that knowledge to enhance health, lengthen life, and reduce illness and disability.

Reduction of Animal Testing in NIH.—The Committee encourages NIH to continue efforts to reduce, refine, and replace the use of animals in biomedical research with other non-animal alternative research tools where available and appropriate. The Committee is concerned by the pace of discovery of new treatments for human disease developed in animal models and the reproducibility of some animal-based experiments, but acknowledges NIH’s implementation of the Advisory Committee to the NIH Director [ACD] working group on Enhancing Rigor, Transparency, and Translatability in Animal Research’s recommendations on validating animal research, which seek to address these concerns. The Committee encourages NIH to: (1) Ensure that appropriate animal models are only used in research when necessary and continue identifying areas of promise for non-animal models; (2) Increase funding for research using human-relevant, non-animal methods, including but not limited to research using microfluidic systems, large-scale epidemiological studies, human-based prevention and intervention directed research, and clinical studies with human volunteers; and (3) Provide an update on NIH efforts to enhance rigor, transparency, and translatability of animal research as well as a review of the use of animal and non-animal models in research for major disease areas, including neurodegenerative and neurodevelopmental diseases, infectious diseases, addiction disorders and mental health, and cardiovascular disease.

Research with Non-human Primates.—The Committee recognizes the critical role of non-human primate research in virtually all areas of biomedical research. Research with these unique models makes irreplaceable contributions to advancing science’s understanding of diseases and disorders afflicting humans and animals. These models are essential in the discovery and evaluation of new therapeutics before they go to clinical trials in human and animal patients.

Sexual Orientation and Gender Identity [SOGI] Research Center.—The Committee includes \$2,000,000 to establish the SOGI Research Center, which will build upon the success of the NASEM consensus study and the Sexual and Gender Minority Research Office to disseminate best practices in data collection on sexual orientation, gender identity, and sex characteristics on a government-wide basis.

Sickle Cell Disease.—The Committee encourages the NHLBI and NHGRI to collaborate on research on sickle cell trait.

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

Spinal Muscular Atrophy [SMA].—The Committee commends NIH for its past research into SMA that has led to new therapies to treat SMA and also contributed toward greater knowledge and research capacity into nervous system disorders. While current SMA treatments can slow or stop future degenerative nerve damage, they are not cures and there remains significant unmet need across all ages and disease stages of SMA. Individuals with SMA, particularly adults, the largest segment of the SMA population, face significant challenges in muscle weakness and fatigue due to degeneration that occurred prior to treatment. Individuals treated prior to clinical symptoms onset may also display unmet needs, such as bulbar impairment and gait abnormalities. The Committee urges NIH to address these unmet needs, which are common across other neurological and neuro-muscular diseases, by supporting new research into the role and function of survival motor neuron [SMN] protein, investigation into non-SMN pathways and targets capable of modifying disease, and research into how to best combine SMN-enhancing and non-SMN approaches for optimal therapeutic outcomes.

Temporomandibular Disorders [TMD].—The Committee notes the development of the TMD-IMPACT Concept by the NIDCR and the implementation of a national consortium for TMD research. The Committee recognizes that TMD is a complex, multisystem condition and therefore encourages NIH to work closely with NIDCR to ensure that other Institutes, Centers, and Offices with

the appropriate scientific expertise participate and support the NIDCR as it implements and manages this project. It will be important that NIH encourage the use of recommendations from the recent NASEM report on TMDs and the TMJ Patient-led Round-Table efforts, and consider the patient perspective as guidelines in the development of this consortium. The Committee is heartened to see that for the first time TMD, which is a complex disorder, will be advanced through a systems approach centered on patient-reported symptoms from early to advanced stages and correlating clinical signs to disease mechanisms. The Committee requests an update in the fiscal year 2024 CJ on the development and implementation of this large-scale concept to ensure the full participation of the many government and private institutions necessary to successfully launch the proposed consortium.

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

Valley Fever.—The Committee looks forward to reviewing NIH’s 10-year strategic plan with the objective to produce a Valley Fever vaccine by 2031. As NIH creates and implements this plan, the Committee urges close collaboration with BARDA to identify, facilitate, and engage in translational research and opportunities for public-private partnerships to advance a Valley fever vaccine. The Committee also urges collaboration with FDA to streamline the pre-approval process.

ADVANCED RESEARCH PROJECTS AGENCY FOR HEALTH

Appropriations, 2022	\$1,000,000,000
Budget estimate, 2023	5,000,000,000
Committee recommendation	1,000,000,000

The Committee recommendation includes \$1,000,000,000 for the Advanced Research Projects Agency for Health [ARPA-H], the same level as in fiscal year 2022. The Committee strongly encourages HHS to collaborate with DARPA to develop the foundational policies, procedures, and staff training for ARPA-H employees. Following the decision by the Secretary to transfer ARPA-H to NIH in May, funding is provided to ARPA-H as a standalone agency within NIH. However, the Committee believes ARPA-H will require a very different culture and mission than NIH’s other 27 Institutes and Centers. To foster the development of an entrepreneurial culture, the Committee expects ARPA-H to be physically located away from the main NIH campus. The Committee expects NIH to conduct a transparent and competitive process for a location site. The Committee directs NIH to brief the Committee no later than 30 days prior to conducting the location search on its criteria and the Committee should be notified of the decision no less than 5 days prior to a location being announced publicly. While the NIH workforce is composed of dedicated and talented, scientists, recruitment from the existing NIH workforce should be avoided. Instead, ARPA-H should consider recruiting from industry, academia, and think tanks, as well as from proven advanced research project organizations. Finally, the Committee directs ARPA-H to provide quarterly briefings to the Committee on its establishment

process, hiring, and scientific priorities and progress. The Committee expects such briefings to address how ARPA-H's activities are designed to advance biomedical research and development and the mission to create breakthrough health technologies, as well as how to balance long-term trans-disciplinary scientific challenges with short-term research goals.

Amyotrophic Lateral Sclerosis [ALS].—The Committee urges ARPA-H to fund ALS research that prioritizes time to beneficial impacts on people living with ALS and their families.

BUILDINGS AND FACILITIES

Appropriations, 2022	\$250,000,000
Budget estimate, 2023	300,000,000
Committee recommendation	350,000,000

The Committee recommendation includes \$350,000,000 for NIH buildings and facilities, an increase of \$100,000,000 above the fiscal year 2022 enacted level and \$50,000,000 above the budget request. This funding will remain available for obligation for 5 years. For the third time in as many years, the Committee has not included authority for NIH to transfer up to 1 percent of its research funding to Buildings and Facilities. This is highly unusual authority for a Federal agency and the Administration has once again provided no explanation for why this mechanism would be appropriate for NIH, but not other Federal agencies. Should NIH include this authority in its fiscal year 2024 request, it is directed to provide to the Committees on Appropriations a RCDC report at the same time the CJ is delivered detailing estimated expenditures by disease category before and after the 1 percent authority is used in fiscal year 2024. At the same time, NIH is directed to provide a list of the projects it would fund using this transfer authority. This information would allow the Committees to understand which research areas NIH and the Administration consider less important in advance of annual oversight hearings. The Committee continues the increased flexibility it provided in fiscal year 2022 to NIH through section 216 of the General Provisions. The Committee supports NIH's efforts to develop a centralized and disciplined capital planning process that can guide and inform agency decision-making. While capital planning remains a work in progress, the agency is making steady progress in developing best practices in use elsewhere in the Federal and private sector. The Committee continues to support the use of the Research Facilities Advisory Committee [RFAC] to consistently evaluate and rank all projects, regardless of their funding source. As NIH's portfolio management capabilities mature, the Committee expects the agency will develop the policies and practices to assess whether construction, purchase, or leasing is the most cost-effective approach. The Committee directs NIH to continue to provide quarterly updates of its efforts to develop best practices and its maintenance and construction plans for projects whose cost exceeds \$3,500,000, including any changes to those plans and the original baseline estimates for individual projects. It also directs NIH to describe in its fiscal year 2023 and future CJs how the projects requested in its budgets tie to its capital planning process, including the RFAC's role in determining which projects are selected for inclusion in the budget.

NIH INNOVATION ACCOUNT, CURES ACT

Appropriations, 2022	\$496,000,000
Budget estimate, 2023	1,085,000,000
Committee recommendation	1,085,000,000

The Committee recommendation includes \$1,085,000,000 to be spent from the NIH Innovation Account for the All of Us program, BRAIN Initiative, and cancer research. The Committee expects NIH to transfer funding shortly after enactment of this act.

SUBSTANCE USE AND MENTAL HEALTH SERVICES ADMINISTRATION

The Committee recommends \$9,148,501,000 for the Substance Use And Mental Health Services Administration [SAMHSA]. The recommendation includes \$133,667,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended) and \$12,000,000 in transfers from the PPH Fund.

SAMHSA is the public health agency responsible for supporting mental health programs and behavioral healthcare, treatment, and prevention services throughout the country.

The Committee recommendation continues bill language that instructs the Assistant Secretary of SAMHSA and the Secretary to exempt the Mental Health Block Grant [MHBG], the Substance Use Prevention and Treatment Block Grant, and the State Opioid Response Grant from being used as a source for the PHS evaluation set-aside in fiscal year 2023.

MENTAL HEALTH

Appropriations, 2022	\$2,081,129,000
Budget estimate, 2023	4,215,726,000
Committee recommendation	3,623,129,000

The Committee recommends \$3,623,129,000 for mental health services, an increase of \$1,542,000,000. The recommendation includes \$21,039,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended) and \$12,000,000 in transfers from the PPH Fund. Included in the recommendation is funding for Mental Health Programs of Regional and National Significance [PRNS], the MHBG, children’s mental health services, Projects for Assistance in Transition from Homelessness [PATH], Protection and Advocacy for Individuals with Mental Illness [PAIMI], and the National Child Traumatic Stress Initiative.

Programs of Regional and National Significance

The Committee recommends \$1,395,036,000, an increase of \$796,000,000 over fiscal year 2022, for PRNS within the Center for Mental Health Services. The Committee recommendation includes \$12,000,000 in transfers to PRNS from the PPH Fund. These programs address priority mental health needs by developing and applying evidence-based practices, offering training and technical assistance, providing targeted capacity expansion grants, and changing the delivery system through family, client-oriented, and consumer-run activities.

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

Budget activity	Fiscal year 2022 appropriation	Committee recommendation
CAPACITY:		
Seclusion & Restraint	\$1,147,000	\$1,147,000
Project AWARE	120,001,000	222,000,000
Mental Health Awareness Training	24,963,000	47,000,000
Healthy Transitions	29,451,000	34,451,000
Infant and Early Childhood Mental Health	10,000,000	20,000,000
Interagency Task Force on Trauma Informed Care	1,000,000	2,000,000
Children and Family Programs	7,229,000	7,229,000
Consumer and Family Network Grants	4,954,000	4,954,000
Project Launch	23,605,000	25,605,000
Mental Health System Transformation	3,779,000	3,779,000
Primary and Behavioral Health Care Integration	52,877,000	72,368,000
National Strategy for Suicide Prevention	23,200,000	30,000,000
<i>Zero Suicide</i>	<i>21,200,000</i>	<i>27,000,000</i>
<i>American Indian and Alaska Native Set-Aside</i>	<i>2,400,000</i>	<i>3,400,000</i>
Mental Health Crisis Response Grants	10,000,000	15,000,000
988 Program	101,621,000	696,901,000
<i>Behavioral Health Crisis and 988 Coordinating Office</i>	<i>5,000,000</i>	<i>10,000,000</i>
Garrett Lee Smith-Youth Suicide Prevention:		
State Grants	38,806,000	44,512,000
Campus Grants	6,488,000	12,000,000
American Indian and Alaska Native Suicide Prevention	2,931,000	2,931,000
Tribal Behavioral Grants	20,750,000	22,750,000
Homeless Prevention Programs	30,696,000	32,696,000
Minority AIDS	9,224,000	9,224,000
Criminal and Juvenile Justice Programs	6,269,000	19,994,000
Assisted Outpatient Treatment	21,000,000	21,000,000
Assertive Community Treatment for Individuals with Serious Mental Illness	9,000,000	9,000,000
Science and Service:		
Garrett Lee Smith-Suicide Prevention Resource Center	9,000,000	11,000,000
Practice Improvement and Training	7,828,000	7,828,000
Consumer and Consumer Support Technical Assistance Centers	1,918,000	1,918,000
Primary and Behavioral Health Care Integration Technical Assistance	1,991,000	2,500,000
Minority Fellowship Program	10,059,000	11,000,000
Disaster Response	1,953,000	1,953,000
Homelessness	2,296,000	2,296,000

Behavioral Health Crisis Services and 988 Program.—Suicide is a leading cause of death in the United States, claiming over 45,000 lives in 2020. According to the CDC, suicide rates have increased by 30 percent since 1999. The Committee provides \$696,901,000, an increase of \$595,280,000, for 988 and Behavioral Health Crisis Services. This amount includes funding to continue to strengthen the National Suicide Prevention Lifeline [NSPL], which coordinates a network of more than 180 crisis centers across the United States by providing suicide prevention and crisis intervention services for individuals seeking help. In addition to the funding made available in this bill, the Bipartisan Safer Communities Act (Public Law 117–159) included \$150,000,000 for the NSPL to be made available through December 31, 2022.

The increase in funding will also support increasing local crisis center capacity including through partnerships in behavioral health crisis response and bolstering the NSPL centralized network functions necessary to respond to the anticipated increase in contacts in fiscal year 2023 as the NSPL transitions to a three-digit number (988), as required by the National Suicide Hotline Designation Act (Public Law 116–172). The Committee encourages SAMHSA to use additional funding for the NSPL to ensure a smooth transition to

988 into fiscal year 2023 and expand existing intervention and suicide prevention hotline and web services, including texts or other digital modes of communications and focus outreach to youth, teens, young adults, and their families. Within the funds provided, SAMHSA is encouraged to partner with academic institutions and organizations in areas with high concentrations of veterans and active duty military personnel to ensure access to 988 and crisis lifeline resources. The Committee requests a briefing within 90 days of enactment of this act on the implementation of the 988 program, which shall include a spend plan for the resources allocated through 988.

Behavioral Health Crisis and 988 Coordinating Office.—Within the increase for 988 and Behavioral Health Crisis Services, the Committee recommendation includes \$10,000,000, a \$5,000,000 increase, to continue the office dedicated to the implementation of the 988 crisis line and the coordination of efforts related to behavioral health crisis care across HHS operating divisions, including CMS and HRSA, as well as with external stakeholders. The office will support technical assistance, performance management, evaluation, data collection and coordination of the Nation’s crisis care network, strategic planning for the development of a crisis care system encompassing nationwide standards guidelines in order to expand mobile crisis care and crisis stabilization. Additionally, the office will coordinate with national and local first responders such as the 911 system and related emergency medical services so that behavioral health crisis services are well integrated into emergency care responses and minimize reliance on law enforcement. The Committee requests that the Secretary include a multi-year, crisis care system roadmap in the fiscal year 2024 CJ.

NSPL Text and Chat-Based Capabilities.—The Committee notes that while Spanish language services are available for those calling 988, there are not Spanish language services for NSPL contacts that are initiated through web-based chats or texts. Texting for individuals experiencing a mental health crisis can be important, particularly among young people for whom texting is often preferable to voice calls. In order to better serve this community, the Committee includes \$10,000,000 to provide specialized services for Spanish speakers seeking access to the NSPL through texts or chats. SAMHSA shall make this funding available to one or more organizations with the capacity and experience to offer culturally competent, Spanish language text and chat services for mental health support and crisis intervention.

Specialized Services for LGBTQ+ Youth.—The Committee understands that LGBTQ+ youth are more than four times more likely to attempt suicide than their peers. Forty-five percent of LGBTQ+ youth and more than half of transgender or non-binary youth reported seriously considering attempting suicide in the past year. Within the total for 988 and Behavioral Crisis Services, the Committee includes \$29,700,000, which shall be used to provide specialized services for LGBTQ+ youth, including training for existing counselors in LGBTQ+ youth cultural competency and the establishment and operation of an Integrated Voice Response [IVR] to transfer LGBTQ+ youth to a specialty organization. This funding shall be awarded through a competitive process to an organization

with experience working with LGBTQ+ youth and possessing the capacity and infrastructure to handle LGBTQ+ youth callers, chats, and texts through IVR technology and other technology solutions where appropriate.

Comprehensive Mental Health Centers of Excellence.—The Committee continues to be concerned about the growing need for more effective mental healthcare programs and treatment recommendations to meet the needs of those experiencing mental illness. As such, the Committee urges SAMHSA to continue supporting centers of excellence focused on the development, evaluation, and distribution of evidence-based resources regarding comprehensive treatment recommendations for mental health patients. These recommendations may include supportive services, wraparound services, and social determinants of care where applicable. The centers will also work to disseminate treatment recommendations to the broader network of mental health clinicians.

Criminal Justice Activities.—The Committee provides \$19,994,000, an increase of \$13,725,000 for criminal and juvenile justice activities to help meet the significant unmet behavioral healthcare needs of individuals before, during, and after incarceration. The Committee notes the lack of reentry planning and transitions of care plans for individuals in need of behavioral healthcare. According to the Bureau of Justice Statistics, approximately half of people in the criminal justice system have a mental illness and 6 in 10 have a substance use disorder. More than a third of those with mental health problems also meet the criteria of having a co-occurring substance use disorder. Successful reentry into the community requires transition planning and access to services including crisis care, residential and outpatient treatment, and primary health and mental healthcare coordination. As such, the Committee urges SAMHSA provide technical assistance to States and community-based programs to better coordinate care and provide reentry planning for incarcerated individuals with mental and behavioral healthcare needs.

Depression.—The Committee notes that depression and bipolar disorder afflict a growing number of Americans and are one of the most costly medical conditions in the United States. The Committee encourages the establishment of a national Depression Center of Excellence to help translate academic treatment advances into clinical care. This Center will help address the need for earlier clinical detection of depression and new strategies to prevent recurrences of depressive illnesses, as well as ways of reducing their length and severity.

Garrett Lee Smith Youth Suicide Prevention.—The Committee recommends \$56,512,000, an \$11,218,000 increase, for Garrett Lee Smith Suicide Prevention programs, which will support the development and implementation of early intervention programs and youth suicide prevention strategies. Additionally, the Committee recommends \$11,000,000, a \$2,000,000 increase, for the Garrett Lee Smith Youth Suicide Prevention Resource Center.

Healthy Transitions.—The Committee includes \$34,451,000 for the Healthy Transitions program, which provides grants to States and tribes to improve access to mental healthcare treatment and related support services for young people aged 16 to 25 who either

have, or are at risk of developing, a serious mental health condition.

Infant and Early Childhood Mental Health.—The Committee provides \$20,000,000, an increase of \$10,000,000, for grants to entities such as State agencies, Tribal communities, universities, or medical centers that are in different stages of developing infant and early childhood mental health services. These entities should have the capacity to lead partners in systems-level change, as well as building or enhancing the basic components of such early childhood services, including an appropriately trained workforce. The Committee directs SAMHSA to continue to allow a portion of additional funds provided for technical assistance to existing grantees, to better integrate infant and early childhood mental health into State systems.

Interagency Task Force on Trauma-Informed Care.—The Committee notes that childhood exposure to trauma, such as witnessing violence or substance use, can result in negative health, education, and employment outcomes for which agencies funded in this bill seek to address. The Committee recommends \$2,000,000 to continue the Interagency Task Force on Trauma-Informed Care as authorized by the SUPPORT Act (Public Law 115–271). The Committee supports the Task Force’s authorized activities, including the dissemination of trauma-informed best practices and the promotion of such models and training strategies through all relevant grant programs and is encouraged to collaborate with the National Child Traumatic Stress Network.

Mental Health Awareness Training.—The Committee provides \$47,000,000, an increase of \$22,037,000, to continue existing activities, including Mental Health First Aid. Mental Health Awareness Training and Mental Health First Aid have allowed Americans as well as first responders to recognize the signs and symptoms of common mental disorders. In addition to the funding made available in this bill, the Bipartisan Safer Communities Act included \$120,000,000 for Mental Health Awareness Training over four fiscal years, with \$30,000,000 made available each fiscal year through September 30, 2025, to support mental health awareness training. In continuing competitive funding opportunities, SAMHSA is directed to include as eligible grantees local law enforcement agencies, fire departments, and emergency medical units with a special emphasis on training for crisis de-escalation techniques. SAMHSA is also encouraged to allow training for college students, veterans, armed services personnel, and their family members and broaden applicable settings for trainings to include non-educational and non-healthcare settings where appropriate within the Mental Health Awareness Training program.

Mental Health Crisis Response Grants.—The Committee understands the significant need for crisis services in order to divert people experiencing a mental health crisis away from the criminal justice system and into mental health treatment. The Committee includes \$15,000,000 for communities to create or enhance existing crisis response programs that may include teams of mental health professionals, law enforcement, EMTs, and crisis workers to provide immediate support and stabilization to those in crisis.

Mental Health Workforce.—The Committee is concerned that communities with high poverty rates and historically marginalized communities disproportionately suffer from a high prevalence of substance use disorders, high suicide rates, and high poverty rates. These communities also experience severe mental health provider shortages of rates less than half the National benchmark for full-time equivalent mental health providers, psychologists, and psychiatrists. The Committee urges SAMHSA to work with these communities to better develop a mental health workforce.

Mentoring Programs for Youth.—Since the pandemic began, rates of psychological distress among young people, including symptoms of anxiety, depression, suicidality, and other mental health disorders, have increased. Professional mentoring programs can provide evidence-based mental health and trauma mitigation services to children and families who experience barriers to accessing mental health supports, while reducing the burdens on existing systems of care. The Committee encourages SAMHSA to prioritize these programs to improve access to mental health services for at-risk youth and their families.

Minority Fellowship Program.—The Committee includes \$11,000,000 to support new grants that will increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct mental illness services for underserved minority populations.

National Strategy for Suicide Prevention.—The Committee includes \$30,000,000, a \$6,800,000 increase for suicide prevention programs. Of the total, \$27,000,000 is for the implementation of the Zero Suicide model, which is a comprehensive, multi-setting approach to suicide prevention within health systems.

Additionally, suicide is often more prevalent in highly rural areas and among the American Indian and Alaskan Native populations. According to the CDC, American Indian/Alaska Natives [AI/AN] have the highest rates of suicide of any racial or ethnic group in the United States. In order to combat the rise in suicide rates among this population, the Committee recommends \$3,400,000 for the AI/AN Suicide Prevention Initiative.

Primary and Behavioral Healthcare Integration [PBHCI].—The Committee provides \$72,368,000, an increase of \$19,491,000 for PBHCI to support communities to coordinate and integrate primary care services into community-based behavioral health settings.

Project AWARE.—The Committee provides \$222,000,000, an increase of \$101,999,000, for Project AWARE. This program increases awareness of mental health issues and connects young people that have behavioral health concerns and their families with needed services. The Committee encourages SAMHSA to continue using funds to provide mental health services in schools and for school-aged youth, and provide an update on these efforts in the fiscal year 2024 CJ.

In addition to the funding made available in this bill, the Bipartisan Safer Communities Act included \$240,000,000 for Project AWARE over four fiscal years, with \$60,000,000 made available each fiscal year through September 30, 2025, to support mental health services for youth.

Of the amount provided for Project AWARE, the Committee directs SAMHSA to use \$18,750,000, an increase of \$6,250,000, for discretionary grants to support efforts in high-crime, high-poverty areas and, in particular, communities that are seeking to address relevant impacts and root causes of civil unrest, community violence, and collective trauma. These grants should maintain the same focus as fiscal year 2022 grants. SAMHSA is encouraged to continue consultation with the Department of Education in administration of these grants. The Committee requests a report on progress of grantees 180 days after enactment of this act.

Trauma Support Services in Educational Settings.—The Committee recognizes the increased need for school and community-based trauma services for children, youth, young adults, and their families. The Committee also recognizes the need to support school staff with training in trauma-informed practices. Accordingly, within the increase for Project AWARE, the Committee provides \$25,000,000, an increase of \$18,000,000 over the fiscal year 2022 enacted level, to increase student access to evidence-based, culturally relevant, trauma support services and mental healthcare through established partnerships with community organizations as described by section 7134 of the SUPPORT for Patients and Communities Act.

Suicide Prevention Programs and Access to Firearms.—The Committee is aware that individuals are forty times more likely to die if they attempt suicide with a firearm. The Committee urges SAMHSA to develop, adapt, and implement best practices to prevent suicides when an individual in crisis has access to firearms. SAMHSA is encouraged to collaborate with healthcare providers and the 988 network in order to disseminate training on lethal means safety counseling.

Community Mental Health Services Block Grant

The Committee recommends \$1,421,571,000 for the Mental Health Block Grant [MHBG], an increase of \$564,000,000 over the fiscal year 2022 enacted level. The recommendation includes \$21,039,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended). In addition to the funding made available in this bill, the Bipartisan Safer Communities Act included \$250,000,000 over four fiscal years, with \$62,500,000 made available each fiscal year through September 30, 2025, to support the MHBG.

The MHBG distributes funds to 59 eligible States and territories through a formula based on specified economic and demographic factors. Grant applications must include an annual plan for providing comprehensive community mental health services to adults with a serious mental illness and children with a serious emotional disturbance.

The Committee recommendation continues bill language requiring that at least 10 percent of the funds for the MHBG program be set-aside for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. The Committee continues to direct SAMHSA to include in the fiscal year 2024 CJ a detailed table showing at a minimum

each State's allotment, name of the program being implemented, and a short description of the program.

Crisis Set-Aside.—The Committee again includes a set-aside within the MHBG for States to implement evidence-based, crisis care programs to address the needs of individuals with serious mental illnesses and children with serious mental and emotional distress. The Committee recommendation increases the set aside from 5 percent to 10 percent. The Committee directs SAMHSA to continue to use the set-aside to fund, at the discretion of eligible States and Territories, some or all of a set of core crisis care elements including 24/7 mobile crisis units, local and Statewide call centers with the capacity to respond to distressed or suicidal individuals, and other programs that allow the development of systems where individuals can always receive assistance during a crisis.

Prevention and Early Intervention Set-Aside.—The Committee recognizes the importance of early intervention strategies to prevent the onset of mental disorders, particularly among children. Recent research has shown that half of those who will develop mental health disorders show symptoms by age 14. Effective early intervention and prevention programs will reduce suicide prevalence rates, school dropout, homelessness, and involvement in the criminal justice system. To increase access to early intervention and prevention programs, the Committee has included bill language requiring States to spend no less than 10 percent of their MHBG funding to support evidence-based programs that address early intervention and prevention of mental disorders among at-risk children and adolescents. Activities could include, but are not limited to, training school-based personnel to identify children and youth at-risk of mental disorders, collaborating with primary care associations to field depression and anxiety screening tools in front line primary care practices for all individuals, and partnering with local non-profit entities in low-income and minority communities to implement trauma-informed early intervention and prevention initiatives. Statutory State plan and reporting requirements will apply to early intervention and prevention set-aside programming.

Children's Mental Health Services

The Committee recommends \$200,000,000 for the Children's Mental Health Services program, an increase of \$75,000,000 over the fiscal year 2022 enacted level. This program provides grants and technical assistance to support comprehensive, community-based systems of care for children and adolescents with serious emotional, behavioral, or mental disorders. Grantees must provide matching funds and services must be coordinated with the educational, juvenile justice, child welfare, and primary healthcare systems. The Committee continues to include a 10 percent set-aside for an early intervention demonstration program with persons not more than 25 years of age at clinical high risk of developing a first-episode psychosis.

Projects for Assistance in Transition From Homelessness [PATH]

The Committee recommends \$69,635,000 for PATH, which addresses the needs of individuals with serious mental illness who are experiencing homelessness or are at risk of homelessness.

Funds are used to provide an array of services, such as screening and diagnostic services, emergency assistance, case management, and referrals to the most appropriate housing environment.

Protection and Advocacy for Individuals With Mental Illness [PAIMI]

The Committee recommends \$40,000,000, for PAIMI. This program helps ensure that the rights of mentally ill individuals are protected while they are patients in all public and private facilities or while they are living in the community, including in their own homes. Funds are allocated to States according to a formula based on population and relative per capita incomes.

National Child Traumatic Stress Initiative

The Committee recommends \$111,887,000, an increase of \$30,000,000 for the National Child Traumatic Stress Initiative, which develops and promotes effective treatment and services for children and adolescents exposed to a wide array of traumatic events. In addition to the funding made available in this bill, the Bipartisan Safer Communities Act included \$40,000,000 for the National Child Traumatic Stress Network over four fiscal years, with \$10,000,000 made available each fiscal year through September 30, 2025, for trauma services for youth.

The Committee supports the National Child Traumatic Stress Network for building, evaluating, disseminating, and delivering evidence-based best practices, including through universities, hospitals, and front-line providers, to prevent and mitigate the impact of exposure to trauma among children and families. The Committee directs SAMHSA to ensure the network maintains its focus on collaboration, data collection, and the provision of direct services, and that the NCTSN mission or grant opportunities not be limited to training only.

Certified Community Behavioral Health Clinics [CCBHC]

The Committee includes \$385,000,000, an increase of \$70,000,000. The CCBHC expansion program allows communities to improve access to mental health and substance use disorder treatment services.

The Committee continues to direct SAMHSA to prioritize resources to entities within States that are able to quickly stand-up a CCBHC, including those part of section 223(a) of the Protecting Access to Medicare Act of 2014 [PAMA] (Public Law 113–93). The Committee notes PAMA does not prohibit States from certifying new CCBHCs under their Medicaid demonstration programs, including organizations that have received CCBHC Expansion Grants. SAMHSA is encouraged to work with CMS to review and update the Department’s approach to CCBHC certification activities authorizing States to certify any clinics that meet all SAMHSA CCBHC certification criteria.

The Committee notes that the Bipartisan Safer Communities Act expanded the CCBHC demonstration to include any State wishing to participate with the goal of establishing a nationwide network of community based mental health service providers. In turn, this legislative action will significantly increase the needs of stake-

holders ranging from individual CCBHC applicants to relevant State behavioral health and Medicaid authorities for information, technical assistance on the application of certification criteria, data reporting requirements, financing questions and related best practices. The Committee includes \$3,000,000 for the expansion and operation of the CCBHC–E National Training and Technical Assistance Center.

SUBSTANCE USE SERVICES

Appropriations, 2022	\$3,954,596,000
Budget estimate, 2023	5,574,443,000
Committee recommendation	5,045,089,000

The Committee recommends \$5,045,089,000 for substance use services and treatment programs, including PRNS and the substance use prevention and treatment block grant to the States, an increase of \$1,090,493,000 above the fiscal year 2022 enacted level. The recommendation includes \$81,200,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

Programs of Regional and National Significance

The Committee recommends \$612,010,000 for PRNS within the Center for Substance Use Services, a \$90,493,000 increase. The recommendation includes \$2,000,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

PRNS include activities to increase capacity by implementing service improvements using proven evidence-based approaches, as well as science-to-services activities that promote the identification of practices thought to have potential for broad service improvement.

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

Budget activity	Fiscal year 2022 appropriation	Committee recommendation
CAPACITY:		
Opioid Treatment Programs/Regulatory Activities	\$8,724,000	\$13,086,000
Screening, Brief Intervention, and Referral to Treatment [SBIRT]	31,840,000	32,840,000
<i>PHS Evaluation Funds</i>	2,000,000	2,000,000
Targeted Capacity Expansion-General	112,192,000	147,192,000
<i>Medication Assisted Treatment</i>	101,000,000	135,776,000
<i>Tribal Set-aside</i>	12,000,000	14,500,000
Grants to Prevent Prescription Drug/Opioid Overdose	14,000,000	17,000,000
First Responder Training	46,000,000	63,000,000
<i>Rural Focus</i>	26,000,000	37,000,000
Pregnant and Postpartum Women	34,931,000	41,931,000
Recovery Community Services Program	2,434,000	4,434,000
Children and Families	29,605,000	30,197,000
Treatment Systems for Homeless	36,386,000	36,614,000
Minority AIDS	65,570,000	66,881,000
Criminal Justice Activities	89,000,000	95,000,000
<i>Drug Courts</i>	70,000,000	75,000,000
Improving Access to Overdose Treatment	1,000,000	1,500,000
Building Communities of Recovery	13,000,000	16,000,000
Peer Support Technical Assistance Center	1,000,000	1,500,000
Comprehensive Opioid Recovery Centers	5,000,000	7,000,000
Emergency Department Alternatives to Opioids	6,000,000	8,000,000
Treatment, Recovery, and Workforce Support	10,000,000	14,000,000

Budget activity	Fiscal year 2022 appropriation	Committee recommendation
SCIENCE AND SERVICE:		
Addiction Technology Transfer Centers	9,046,000	9,046,000
Minority Fellowship Program	5,789,000	6,789,000

Building Communities of Recovery.—The Committee provides \$16,000,000, an increase of \$3,000,000. The Committee appreciates SAMHSA’s implementation of community-based networks assisting individuals with substance use disorder recovery, and encourages SAMHSA to continue supporting recovery support programs principally governed by people in recovery from substance use disorders. The Committee notes that Peer Support Networks focus on long-term, sustainable recovery and incorporate a full range of services such as case management, counseling, and community supports, and can reduce the stigma associated with addictions. SAMHSA is encouraged to ensure that grants employing peers comply with the highest standards within their respective States.

Combating Opioid Use.—The Committee provides \$17,000,000, an increase of \$3,000,000, within PRNS for grants to prevent opioid overdose related deaths. This program will help States equip and train first responders and other community partners with the use of devices that rapidly reverse the effects of opioids.

The opioid epidemic remains a major concern for the Committee. Provisional data from CDC’s National Center for Health Statistics indicate that there were an estimated 107,622 drug overdose deaths in the United States in 2021, an increase of nearly 15 percent from the 93,655 deaths in 2020. Among these overdoses, there has been a dramatic increase of deaths due to illicit fentanyl. Opioid overdose reversal agents remain a key tool for law enforcement, first responders, and other community intervention organizations. The evolving nature of the epidemic and the increasing prevalence of synthetic opioids among overdose deaths have led to substantial innovation in reversing opioid overdoses. To ensure the availability of opioid overdose reversal agents throughout the country, including innovative technologies, the Committee urges the Secretary to make all FDA-approved opioid overdose reversal agents eligible for all grant and funding programs appropriated under this act.

Comprehensive Opioid Recovery Centers.—The Committee includes \$7,000,000, to help ensure that people with substance use disorders can access proper treatment, as authorized by section 7121 of the SUPPORT Act.

Drug Courts.—The Committee recommends \$75,000,000 for Drug Courts. The Committee continues to direct SAMHSA to ensure that all funding for drug treatment activities is allocated to serve people diagnosed with a substance use disorder as their primary condition. SAMHSA is further directed to ensure that all drug court recipients work with the corresponding State alcohol and drug agency in the planning, implementation, and evaluation of the grant. The Committee further directs SAMHSA to expand training and technical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented.

Emergency Department Alternatives to Opioids.—The Committee includes \$8,000,000 to award grants to hospitals and emergency departments to develop, implement, enhance, or study alternatives to opioids for pain management in such settings as authorized in section 7091 of the SUPPORT Act.

First Responder Training.—The Committee provides \$63,000,000, an increase of \$17,000,000, for First Responder Training grants. Of this amount, \$37,000,000, an increase of \$11,000,000, is set aside for rural communities with high rates of substance use. In addition, \$15,000,000 of this funding is provided to make new awards to rural public and non-profit fire and EMS agencies to train and recruit staff, provide education, and purchase equipment (including medications such as naloxone) as authorized in the Supporting and Improving Rural EMS Needs Act, included in the Agriculture Improvement Act of 2018 (Public Law 115–334). The Committee encourages SAMHSA to permit awards less than the maximum award to ensure a geographic diversity in funding.

Maternal Mortality and Neonatal Abstinence Syndrome [NAS].—The Committee recognizes the rising prevalence of maternal mortality and NAS in the United States as a pressing public health issue. The Committee is aware of the need for more information regarding long-term health and developmental outcomes related to NAS, the wide variation in clinical practice and health systems support, as well as the challenges associated with post-discharge care. Further, the Committee supports the continued efforts of expanded implementation of Substance Use Screening, Brief Intervention, and Referral to Treatment [SBIRT] and its possible impact on reducing the costs of NAS. The Committee encourages SAMHSA to conduct a study on existing pilot programs on treatment related to maternal mortality and NAS to determine if such programs can be scaled to address this important issue.

Medication-Assisted Treatment.—The Committee includes \$135,776,000, an increase of \$34,776,000, for medication-assisted treatment, of which \$14,500,000, an increase of \$2,500,000, is for grants to Indian Tribes, Tribal organizations, or consortia. These grants should target States with the highest age adjusted rates of admissions, including those that have demonstrated a dramatic age-adjusted increase in admissions for the treatment of opioid use disorders. The Committee continues to direct the Center for Substance Use Services to ensure that these grants include as an allowable use the support of medication-assisted treatment and other clinically appropriate services to achieve and maintain abstinence from all opioids, including programs that offer low-barrier or same day treatment options.

Minority Fellowship Program.—The Committee includes \$6,789,000 to support grants that will increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct substance use disorder treatment services for minority populations that are underserved.

Opioid Use in Rural Communities.—The Committee is aware that the opioid crisis continues to pose unique challenges for rural America due to limited access to care to identify, diagnose, and treat patients with substance use disorders, as well as to assist in-

dividuals in recovery. The Committee encourages SAMHSA to support initiatives to advance opioid use prevention, treatment, and recovery objectives, including by improving access through telehealth. The Committee recognizes that the COVID-19 pandemic has exacerbated many of rural America's unique challenges and resulting needs, creating added isolation for many, and an increasing number of individuals in crisis. SAMHSA is encouraged to focus on addressing the needs of individuals with substance use disorders in rural and medically-underserved areas, as well as programs that emphasize a comprehensive community-based approach involving academic institutions, healthcare providers, and local criminal justice systems. In addition, the Committee understands that a timely medical response is essential in reversing opioid overdoses and encourages SAMHSA to take into account early interventions, such as co-prescription of overdose medications with opioids, as a way to reduce overdose deaths in rural areas.

Opioid Use Relapse.—The Committee is concerned that relapse following opioid detoxification is a contributing factor to the overdose crisis. The Committee appreciates SAMHSA's efforts to address this within the Federal grant population by emphasizing that opioid detoxification should be followed by medication to prevent relapse to opioid dependence and encourages SAMHSA to disseminate and implement this policy in all settings where detoxification is offered, including rehabilitation and criminal justice settings.

Pregnant and Postpartum Women Program.—The Committee includes \$41,931,000, an increase of \$7,000,000, for the Pregnant and Postpartum Women program, which uses a family-centered approach to provide comprehensive residential substance use disorder treatment services for pregnant and postpartum women, their minor children, and other family members. The Committee encourages SAMHSA to prioritize States that support best-practice collaborative models for the treatment and support of pregnant women with opioid use disorders. A provision in the Comprehensive Addiction and Recovery Act authorizes SAMHSA to allocate a portion of these resources for a pilot program to State alcohol and drug agencies to support outpatient, intensive outpatient, and related services to pregnant and postpartum women using a family-centered approach. The Committee encourages SAMHSA to fund an additional cohort of States above and beyond the pilots already funded.

Recovery Housing.—In order to increase the availability of high-quality recovery housing, the Committee encourages SAMHSA to examine opportunities to provide direct technical assistance to communities in multiple States and promote the development of recovery systems that incorporate evidence-based recovery housing for substance use disorder intervention. SAMHSA is encouraged to explore the establishment of a Center of Excellence with a non-profit, in collaboration with a college of public health, which has expertise and experience in providing technical assistance and research in recovery housing and focuses on homeless and justice-involved individuals utilizing blended funding and an intervention model with demonstrated outcomes. The Committee requests a briefing on its findings within 180 days of enactment of this act.

Substance Use Screening, Brief Intervention, and Referral to Treatment [SBIRT].—The Committee understands that substance use disorders, including opioid use, typically begin in adolescence, and that preventing early substance use is an effective strategy to prevent problems later in life. The Committee is also aware that SBIRT has been shown to be a cost-effective model for reducing and preventing underage drinking and other substance use, but that many health providers, especially pediatricians and those in underserved communities, have not been trained to use the method effectively. The Committee encourages SAMHSA to use funds for the adoption of SBIRT protocols in primary care and other appropriate settings that serve youth 12 to 21 years of age, as well as for the adoption of system-level approaches to facilitate the uptake of SBIRT into routine healthcare visits for adults.

Treatment Assistance for Localities.—The Committee recognizes the use of peer recovery specialists and mutual aid recovery programs that support Medication-Assisted Treatment and directs SAMHSA to support evidence-based, self-empowering, mutual aid recovery support programs that expressly support Medication-Assisted Treatment in its grant programs.

Treatment, Recovery, and Workforce Support.—The Committee includes \$14,000,000 for SAMHSA to continue implementation of section 7183 of the SUPPORT Act.

State Opioid Response [SOR] Grants

The Committee provides \$2,025,000,000, a \$500,000,000 increase, for grants to States to address the opioid crisis. Bill language provides \$75,000,000 for grants to Indian Tribes or Tribal organizations, a \$20,000,000 increase, and continues the 15 percent set-aside for States with the highest age-adjusted mortality rate related to opioid overdose deaths. The bill includes a minimum grant award of \$5,000,000, \$1,000,000 above the enacted level in fiscal year 2022. Activities funded with this grant may include treatment, prevention, and recovery support services. States receiving these grants should ensure that comprehensive, effective, universal prevention, and recovery strategies are prioritized to account for comprehensive services to individuals. The Committee continues to direct SAMHSA to make prevention and treatment of, and recovery from, stimulant use an allowable use of these funds. The Committee directs SAMHSA to ensure funds reach communities and counties with the greatest unmet need. SAMHSA is also directed to provide State agencies with technical assistance concerning how to enhance outreach and direct support to providers and underserved communities. The Committee continues to direct SAMHSA to conduct a yearly evaluation of the program to be transmitted to the Committees on Appropriations of the House of Representatives and Senate no later than 180 days after enactment of this act. SAMHSA is directed to make such evaluation publicly available on SAMHSA's website.

SOR Funding Cliffs.—The Committee continues to direct SAMHSA to avoid significant cliffs between States with similar opioid mortality data, and to prevent unusually large changes in a State's SOR allocation when compared to the prior year's allocation. In ensuring the formula avoids such cliffs, the Assistant Sec-

retary may consider options including, but not limited to, expanding the number of States that are eligible for the 15 percent set aside and using multiple years of data to minimize the effect of temporary changes in overdose mortality rates. The Committee continues bill language that directs SAMHSA to submit the formula methodology used in calculating SOR grants to the Committees on Appropriations of the House of Representatives and the Senate not less than 21 days prior to releasing the Funding Opportunity Announcement.

SOR Overdose Data Report.—The Committee recognizes that drug overdose mortality data collection and reporting is complex, often with multi-substance use contributing to mortality. The Committee encourages SAMHSA to evaluate the data used to calculate SOR allocations, including whether accurate, State-level data exists for mortality rates for opioid use disorders and whether such data should be used to calculate the 15 percent set aside within SOR. The Committee requests a briefing not later than 90 days after enactment of this act, on whether such data would provide more targeted resources in the SOR program.

Substance Use Prevention and Treatment Block Grant [SUBG]

The Committee recommends \$2,408,079,000 for the Substance Use Prevention and Treatment Block Grant an increase of \$500,000,000. The recommendation includes \$79,200,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

The Committee recognizes the importance of the block grant given its flexibility to allow States to direct resources to address the most pressing needs. This funding stream is also critical in assisting States to address all substance use disorders, including, but not limited to, those related to alcohol, cocaine, and methamphetamine. The Committee also notes the importance of the block grant's 20 percent primary prevention set-aside, which represents, on average, over 50 percent of primary prevention dollars managed by State alcohol and drug agencies. The block grant provides funds to States to support alcohol and drug use prevention, treatment, and rehabilitation services. Funds are allocated to States according to a formula.

SUBG Recovery Set-Aside.—The Committee establishes a set-aside for non-clinical recovery support services, which will require SUBG recipients to spend at least 10 percent of their block grant expenditures on recovery support services. The Committee directs SAMHSA to ensure the set-aside supports programs that may include, but are not limited to, recovery community centers, recovery homes, recovery schools, recovery industries, or other programs to increase the availability of quality programs to promote long-term recovery from SUD. Additionally, programs under the set-aside may provide: (1) peer-based recovery coaching, including individual or group supports, to individuals and families led by those with lived experience with SUD; (2) ancillary community-based supports necessary to sustain recovery, including access to transportation, job training, and educational services; (3) activities to reduce SUD recovery-related stigma and discrimination at the local level; or (4) technical assistance to organizations principally governed by people

in recovery from SUD through facilitating financing, evaluations, business functions, and cross-training on evidence informed practices within the recovery community. Funds from the recovery set-aside may support operating costs for organizations that provide the above services. The Committee directs SAMHSA to work with States to ensure recovery programs reach underserved populations, promote health equity, and support community-based strategies to increase recovery support to individuals in order to sustain long-term recovery from substance use disorders, and urges States to consider input from stakeholders in the recovery community as they allocate resources made available through this set-aside.

SUBSTANCE USE PREVENTION SERVICES

Appropriations, 2022	\$218,219,000
Budget estimate, 2023	311,912,000
Committee recommendation	248,219,000

The Committee recommends \$248,219,000, an increase of \$30,000,000 over the fiscal year 2022 enacted level for the Center for Substance Use Prevention Services, the sole Federal organization with responsibility for improving accessibility and quality of substance use prevention services.

The Committee directs that all of the money appropriated explicitly for Substance Use Prevention purposes both in the Center for Substance Use Prevention Services’ PRNS lines, as well as the funding from the 20 percent prevention set-aside in the SUBG, be used only for bona fide substance use prevention activities and not for any other purpose.

Programs of Regional and National Significance

The Committee provides \$248,219,000 for PRNS within the Center for Substance Use Prevention Services. These programs support the development of new practice knowledge on substance use prevention; identification of proven effective models; dissemination of science-based intervention information; State and community capacity building for implementation of proven, effective substance use prevention programs; and programs addressing new needs in the prevention system.

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

Budget activity	Fiscal year 2022 appropriation	Committee recommendation
CAPACITY:		
Strategic Prevention Framework/Partnership for Success	\$127,484,000	\$142,821,000
<i>Strategic Prevention Framework Rx</i>	<i>10,000,000</i>	<i>10,000,000</i>
Federal Drug-Free Workplace	4,894,000	5,139,000
Minority AIDS	41,205,000	42,029,000
Sober Truth on Preventing Underage Drinking (STOP Act)	12,000,000	20,000,000
<i>National Adult-Oriented Media Public Services Campaign</i>	<i>2,000,000</i>	<i>2,500,000</i>
<i>Community Based Coalition Enhancement Grants</i>	<i>9,000,000</i>	<i>12,000,000</i>
<i>Interagency Coordinating Committee to Prevent Underage Drinking</i>	<i>1,000,000</i>	<i>1,000,000</i>
Tribal Behavioral Health Grants	20,750,000	23,665,000
SCIENCE AND SERVICE:		
Center for the Application of Prevention Technologies	7,493,000	9,493,000
Science and Service Program Coordination	4,072,000	4,072,000

Budget activity	Fiscal year 2022 appropriation	Committee recommendation
Minority Fellowship Program	321,000	1,000,000

At-Home Prescription Drug Disposal.—The Committee is aware that many unused and unwanted prescription opioids and other powerful medications remain in homes and are subject to diversion. The Committee is concerned that medication take-back programs are difficult to access for many Americans. The Committee supports efforts to encourage at-home prescription drug deactivation and disposal and urges SAMHSA to support these types of programs.

Harm Reduction.—The Committee remains supportive of efforts to reduce the risks associated with drug use, specifically through programs that focus on harm reduction strategies. However, harm reduction programs primarily serve individuals already struggling with substance use disorders and should not be considered primary prevention programs. As such, the Committee strongly encourages SAMHSA to ensure harm reduction funding is administered through the Center for Substance Use Services and not through the Center for Substance Use Prevention Services. Accordingly, the Committee recommendation continues to fund the Improving Access to Overdose Treatment, Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths, and First Responder Training grants within the Center for Substance Use Services PRNS and not within the Center for Substance Use Prevention Services PRNS.

Office of Prevention Innovation [OPI].—The Committee is concerned with the manner in which SAMHSA established the OPI, without providing notice to the public for comment and failure to include the office in the fiscal year 2023 budget request. The Committee requests an update from SAMHSA on OPI and its activities within 120 days of enactment of this act.

Strategic Prevention Framework.—The Committee recommends \$142,821,000, an increase of \$15,337,000 for the Strategic Prevention Framework. Within the total provided, \$132,821,000 is for the Strategic Prevention Framework-Partnerships for Success program, and \$10,000,000 is for Strategic Prevention Framework-Rx. The Strategic Prevention Framework is designed to prevent the onset of substance misuse while strengthening prevention capacity and infrastructure at the State, community, and Tribal levels. The Committee intends that this program support comprehensive, multi-sector substance use prevention strategies to stop or delay the age of initiation of each State's top substance use issues for high-risk youth as determined by the State's epidemiological data. The Committee directs SAMHSA to ensure that State alcohol and drug agencies remain eligible to apply along with community-based organizations and coalitions. Finally, the Committee directs SAMHSA to issue a report assessing the extent to which the work of local grantees complements and aligns with the primary prevention efforts led by the corresponding State alcohol and drug agency.

Sober Truth on Preventing [STOP] Underage Drinking Act.—The Committee provides \$20,000,000, increase of \$8,000,000 for the STOP Act. Of this funding, \$12,000,000 is for community-based co-

aliation enhancement grants, \$2,500,000 is for the National media campaign, and \$1,000,000 is for the Interagency Coordinating Committee on the Prevention of Underage Drinking [ICCPUD].

Substance Use Disorder Prevention Workforce Report.—The Committee appreciates SAMHSA’s work to conduct a comprehensive national study regarding the substance use prevention workforce as directed in fiscal year 2022. The study will collect information on the existing availability of and access to data on prevention workforce size, salaries, and profession-focused education and training opportunities including an evaluation of existing support for prevention workforce and the funding necessary to maintain an adequate workforce. The Committee directs SAMHSA to brief the Committees on the study’s findings within 60 days of issuing the final report.

Tribal Behavioral Health Grants.—SAMHSA has administered Tribal Behavioral Health Grants for mental health and substance use prevention and treatment for Tribes and Tribal organizations since fiscal year 2014. In light of the continued growth of this program, as well as the urgent need among Tribal populations, the Committee continues to urge the Assistant Secretary for SAMHSA to engage with Tribes on ways to maximize participation in this program.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

Appropriations, 2022	\$291,658,000
Budget estimate, 2023	182,573,000
Committee recommendation	232,064,000

The Committee recommends \$232,064,000 for Health Surveillance and Program Support activities. The recommendation includes \$31,428,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

This activity supports Federal staff and the administrative functions of the agency. It also provides funding to SAMHSA’s surveillance and data collection activities, including national surveys such as the National Survey on Drug Use and Health.

Within the total provided for Health Surveillance and Program Support, the Committee recommendation includes funding for the following activities:

Budget activity	Fiscal year 2022 appropriation	Committee recommendation
Health Surveillance	\$48,683,000	\$50,428,000
<i>PHS Evaluation Funds</i>	30,428,000	30,428,000
Program Support	81,500,000	83,235,000
Performance and Quality Information Systems	10,000,000	10,200,000
Drug Abuse Warning Network	10,000,000	14,000,000
Public Awareness and Support	13,000,000	13,260,000
Behavioral Health Workforce Data	1,000,000	1,000,000
<i>PHS Evaluation Funds</i>	1,000,000	1,000,000

Block Grant Reporting Requirements.—The Committee acknowledges the important role of the Mental Health and Substance Use Prevention and Treatment Block Grants in supporting States’ efforts to provide resources for expanded mental health and substance use disorder treatment and prevention services. The Com-

mittee is concerned with the lack of transparency and information that is provided to Congress and the public about how States are distributing those funds and what programs or services they are going toward. The Committee encourages SAMHSA to begin implementing public reporting on their existing block grants. The Committee looks forward to SAMHSA's report as directed in fiscal year 2022.

Congressionally Directed Spending.—Within the funds included in this account, \$59,941,000 are for the projects, and in the amounts, specified in the table titled “Congressionally Directed Spending Items” in the explanatory statement accompanying this act.

Data on Substance Use Disorder Treatment.—The Committee remains concerned that limited data availability on quality outcomes for both current and emerging evidence-based best practices relating to substance use disorders makes it challenging to evaluate the utilization and efficacy of such practices. A 2020 GAO report (GAO–21–58) found that without readily available information, State and local entities may lack useful resources in implementing programs to serve individuals afflicted with a substance use disorder. The Committee recognizes the challenges associated with treatment and recovery data collection and again encourages SAMHSA to request that States submit data on quality metrics for the evidenced-based treatment and recovery programs that enable individuals to achieve long-term recovery funded through the SUBG, SOR, and State Targeted Response to the Opioid Crisis grant programs.

Drug Abuse Warning Network.—The Committee recommends \$14,000,000, an increase of \$4,000,000 for the Drug Abuse Warning Network [DAWN]. Authorized by the 21st Century Cures Act, DAWN is a surveillance system to monitor emergency department visits in order to help public health workers, policy makers, and other stakeholders respond effectively to emerging substance use trends.

Program Support.—The Committee recommends \$83,235,000, an increase of \$1,735,000 for program support, to ensure SAMHSA has the resources and staff to further its mission.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Appropriations, 2022	\$350,400,000
Budget estimate, 2023	415,891,000
Committee recommendation	385,400,000

The Committee provides \$385,400,000 for the Agency for Healthcare Research and Quality [AHRQ], which is \$35,000,000 above the fiscal year 2022 enacted level. This funding is combined with the \$111,000,000 in mandatory funding from the Patient-Centered Outcomes Research Trust Fund. AHRQ's mission is to enhance the quality, appropriateness, and effectiveness of health services, as well as access to such services. AHRQ conducts, supports, and disseminates scientific and policy-relevant research on topics, such as promoting high-quality care and patient safety, eliminating healthcare disparities, using information technology, and evaluating the effectiveness of clinical services.

HEALTH COSTS, QUALITY, AND OUTCOMES

Health costs, quality, and outcomes [HCQO] research activity is focused upon improving clinical practice, strengthening the healthcare system's capacity to deliver quality care, and tracking progress toward health goals through monitoring and evaluation.

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

Budget activity	Fiscal year 2022 appropriation	Fiscal year 2023 appropriation
Health Costs, Quality, and Outcomes:		
U.S. Preventive Services Task Force	11,542,000	11,542,000
Digital Health Care Research	16,349,000	16,349,000
Patient Safety Research	79,615,000	87,615,000
Health Services Research, Data, and Dissemination	98,003,000	102,503,000
Improving Maternal Health		6,500,000
Long COVID		15,000,000
Medical Expenditure Panel Survey	71,791,000	71,791,000
Program Support	73,100,000	74,100,000

Antimicrobial Resistance.—The Committee directs the Office of the Assistant Secretary for Health, NIH, ASPR/BARDA, CDC, and AHRQ to jointly brief the Committees on Appropriations no later than 30 days after the enactment of this act and each succeeding annual Appropriations bill detailing how HHS and its agencies are coordinating their AMR-related efforts. The briefing should include a comparison of actual performance for the most recent years available against the National targets established in the current National Action Plan for Combatting Antibiotic-Resistant Bacteria and whether those goals were sustained in the last fiscal year. Building on these results, agencies are directed to outline the focus of their plans for the next two fiscal years and how these are connected to longer-term objectives included in the applicable National Action Plan.

Center for Primary Care Research.—The Committee includes \$5,000,000, an increase of \$3,000,000 over fiscal year 2022, for the Center for Primary Care Research authorized at 42 USC 299b-4(b). The center should support primary care clinical research and dissemination including translating science into patient care, better organizing healthcare to meet patient and population needs, evaluating innovations to provide the best healthcare to patients, and engaging patients, communities, and practices to improve health. The center should also help coordinate and inform AHRQ's efforts in research areas such as multiple chronic conditions, symptom syndromes, behavioral and social health integration, and telehealth in primary care.

Grief and Bereavement Care.—The Committee notes that more Americans are experiencing grief and loss as a result of the COVID-19 pandemic. AHRQ is encouraged to develop consensus standards, in consultation with stakeholders including NQF, PCORI, and community-based providers including hospice programs, on what constitutes high-quality grief and bereavement care.

Health Extensions.—The Committee recognizes the importance of health extension programs, particularly in rural and underserved

areas, to help address persistent health issues tied to social determinants of health. In order to help States develop health extension models, the Committee encourages AHRQ to work with States, academic medical centers, or other entities that have effectively implemented health extension approaches to disseminate information on best practices through workshops, consultations, and published materials.

Heart Disease Research.—Heart disease is the leading cause of death for Americans. Understanding how to reduce the rate of cardiac events and to control the metabolic processes that lead to such events is needed. The Committee directs AHRQ to assess the current evidence on the costs and benefits (including the costs to the Federal Treasury) of angioplasties conducted in non-emergency situations and make recommendations based on its findings within 180 days of enactment of this act.

Improving Maternal Health.—The Committee includes \$6,500,000 to fund research to understand the complex challenges of ensuring safe and healthy pregnancies and childbirth, particularly for underserved women who are at substantially higher risk of complication and death.

Long COVID Research.—Long COVID, or Post-Acute Sequelae of COVID-19 [PASC], is impacting a growing number of people who are experiencing persistent, debilitating symptoms after recovering from a COVID-19 infection. The Committee recommendation includes \$15,000,000 to ensure those experiencing PASC have access to patient-centered, coordinated care. In particular, this funding will better prepare the healthcare delivery system to treat the complexity of symptoms for those who experience PASC, and will allow for the development and implementation of new models for delivering care to those with PASC.

Medical Innovations.—The Committee encourages the U.S. Preventive Services Task Force [USPSTF] to keep pace with medical innovation. Emerging and innovative screening modalities can further public health for all Americans and address health inequities by improving timely access to and compliance with USPSTF recommended screenings. The Committee encourages USPSTF to utilize the Early Topic Update process described in the USPSTF procedure manual to review a recommendation on an enhanced timeframe upon a showing of new evidence. The Committee also encourages USPSTF to prioritize review of any new screening test or preventive medication approved or cleared by the FDA that is a preventive strategy or modality pertaining to but not included in a previous Task Force recommendation.

Opioid Research.—The Committee supports the research AHRQ has undertaken to better equip practitioners with evidence-based interventions to treat opioid and multi-substance misuse. The Committee encourages AHRQ to continue its opioid-related research to include equitable access to treatment, management of substance use disorders with other co-occurring chronic conditions, and how changes in service delivery could improve outcomes.

Patient Safety.—The Committee continues to support improving diagnosis in medicine. Diagnostic errors occur far too frequently, threatening patient safety and driving up costs in our healthcare system. The Committee provides \$18,000,000, an increase of

\$8,000,000, to support AHRQ’s research to address failures in the diagnostic process and to support Diagnostic Safety Centers of Excellence to develop systems, measures, and new technology solutions to improve diagnostic safety and quality.

People with Disabilities.—The Committee includes \$750,000 for AHRQ to work with stakeholders to develop a research agenda and report for dissemination on health promotion, disease prevention, and intervention strategies for people with disabilities.

Sepsis.—The Committee is concerned that sepsis continues to be a leading public health threat that is responsible for hundreds of thousands of deaths each year. Additionally, while quality improvement measures exist for the treatment of sepsis, many under-resourced hospitals, including those caring for children and long term care providers, struggle to implement these practices. To better understand the disease burden of sepsis, the Committee includes \$750,000 and directs AHRQ to conduct a comprehensive set of studies that calculate the morbidity, readmissions, and mortality related to sepsis with respect to pediatrics, maternal sepsis, nursing home care, and rehab, and the association of pandemic-related changes in the healthcare system on the burden of sepsis. The study should also examine the annual financial costs of sepsis in the United States.

MEDICAL EXPENDITURES PANEL SURVEYS

The Committee provides \$71,791,000 for Medical Expenditure Panel Surveys [MEPS], which collect detailed information annually from households, healthcare providers, and employers regarding how Americans use and pay for healthcare. The data from MEPS are used to develop estimates of healthcare utilization, expenditures, sources of payment, and the degree of health insurance coverage of the U.S. population.

PROGRAM SUPPORT

The Committee recommends \$74,100,000 for program support. This activity funds the overall management of AHRQ, including salaries, benefits, and overhead costs, such as rent. The recommendation includes an increase to support the staffing necessary for the Long COVID program.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

Appropriations, 2022	\$368,666,106,000
Budget estimate, 2023	367,357,090,000
Committee recommendation	367,357,090,000

The Committee recommends \$367,357,090,000 in mandatory funding for Grants to States for Medicaid.

The fiscal year 2023 recommendation excludes \$165,722,018,000 in fiscal year 2022 advance appropriations for fiscal year 2023. As requested by the administration, \$197,580,474,000 is provided for the first quarter of fiscal year 2024.

The Medicaid program provides medical care for eligible low-income individuals and families. It is administered by each of the 50 States, the District of Columbia, and the U.S. territories. Federal

funds for medical assistance are made available to the States according to a formula that determines the appropriate Federal matching rate for State program costs. This matching rate is based on the State’s average per capita income relative to the National average and cannot be less than 50 percent.

PAYMENTS TO HEALTHCARE TRUST FUNDS

Appropriations, 2022	\$487,862,000,000
Budget estimate, 2023	548,130,000,000
Committee recommendation	548,130,000,000

The Committee recommends \$548,130,000,000 in mandatory funding for payments to healthcare trust funds.

This entitlement account includes the general fund subsidy to the Federal Supplementary Medical Insurance Trust Fund for Medicare Part B benefits and for Medicare Part D drug benefits and administration, plus other reimbursements to the Federal Hospital Insurance Trust Fund for Part A benefits and related administrative costs that have not been financed by payroll taxes or premium contributions.

PROGRAM MANAGEMENT

Appropriations, 2022	\$4,024,744,000
Budget estimate, 2023	4,346,985,000
Committee recommendation	4,186,399,000

The Committee recommends \$4,186,399,000 for CMS program management, an increase of \$161,655,000, which includes funding for research and evaluations, program operations and demonstrations, survey and certification programs, and Federal administration.

Program Operations

The Committee recommends \$2,884,823,000 for the Program Operations account, an increase of \$50,000,000, which covers a broad range of activities including claims processing and program safeguard activities performed by Medicare contractors. These contractors also provide information, guidance, and technical support to both providers and beneficiaries.

Affordable Care Act Notifications.—The Committee continues bill language requiring the administration to provide detailed enrollment figures to the Committees on Appropriations not less than 2 full business days before any public release of the information.

Alzheimer’s Disease [AD] Diagnostics.—AD is among the top 10 causes of death in the United States. Racial and ethnic minorities are disproportionately impacted by AD both in terms of disease prevalence and inequities in obtaining a timely and accurate diagnosis. The CMS’ rate-setting policies may discourage the use of advance diagnostics for AD in certain care settings. The Committee notes that CMS’ bundled payment policy for advance radiopharmaceuticals in the hospital outpatient setting makes these diagnostic imaging services cost prohibitive for many hospitals and doctors, especially those providing care to racial and ethnic minorities, who already face more significant delays in obtaining a timely diagnosis. The Committee encourages CMS to review these rate-setting policies and the impacts these payment rules have on utilization of

AD diagnostics among racial and ethnic minority groups. Furthermore, the Committee directs CMS to review the utilization of AD diagnostics and consider potential modifications that could make access to advanced imaging for AD more equitable.

Cardiac Computed Tomography [CT].—The Committee notes that unstable and low Medicare payments for cardiac CT services is contributing to significant disparity in access to this vital service among minority populations. The Committee encourages CMS to continue to consider actions to address this inequity.

Certified Community Behavioral Health Clinics [CCBHCs].—The Committee notes the Protecting Access to Medicare Act of 2014 (Public Law 113–93) does not prohibit States from certifying new CCBHCs under their Medicaid demonstration programs, including organizations that have been recipients of CCBHC Expansion Grants. CMS is encouraged to work with SAMHSA to review and update the Department’s approach to CCBHC certification activities authorizing States to certify any clinics that meet all State certification criteria.

Contraceptive Access under the Affordable Care Act.—The Committee is concerned about access to care for patients seeking preventive services, including contraceptive services. The Committee directs CMS to engage in patient education to ensure patients understand their rights under the Affordable Care Act [ACA] to access (without cost sharing) the contraceptive product that is determined best for the patient, in consultation with their healthcare provider. In addition, the Committee directs CMS to engage with healthcare providers to disseminate the latest guidance on contraceptive access for patients, as well as how to help patients seek access to contraceptive services (without cost sharing) through a health insurance plan’s exceptions process. The Committee also directs CMS to identify violations, such as where patients are inappropriately charged cost sharing or have the judgement of their healthcare provider disregarded, and take enforcement actions for non-compliance with these requirements.

Computed Tomography [CT] Colonography.—The Committee encourages CMS to evaluate and assess all available evidence, including through data and information released subsequent to previous coverage determination processes, to consider covering CT Colonography as a Medicare-covered colorectal cancer screening test under section 1861(pp)(1) of the Social Security Act.

Consumer Assistance, Outreach and Enrollment.—The Committee directs CMS to allocate not less than \$50,000,000 to support Consumer Assistance Programs in States participating in both the Federal and State-based exchanges. The Committee also strongly supports HHS’ restoration of funding for the Navigators program, which helps consumers understand their health coverage options and sign up for health insurance coverage during enrollment periods. The Committee urges CMS to continue providing robust funding for Navigator activities.

Cost Barriers to Vaccination.—The Committee notes that cost-sharing in Medicare Part D can limit beneficiaries’ access to vaccines that have the potential to prevent serious disease. To address low vaccination rates, the Committee urges CMS to identify options for patients to access Part D vaccines at no cost, similar to cov-

erage of Part B vaccines. The Committee recommends CMS to consider updating the Medicare plan finder to clearly designate to consumers the plans that cover vaccines at no cost and make data public on vaccination rates per plan.

Diabetes Self-Management Training.—The Committee notes that 13 percent of all adults and nearly one-third of individuals aged 65 years or older are living with diabetes. Given the prevalence and cost of diabetes, particularly among communities of color, the Committee is concerned that barriers to accessing the Medicare diabetes self-management training benefit have resulted in utilization by only 5 percent of newly diagnosed Medicare beneficiaries. The Committee encourages CMS to obtain additional feedback from stakeholders on the barriers to accessing the diabetes self-management training benefit and to consider changes to address these barriers to the extent permitted by the statute.

Diabetes Technology.—The Committee is concerned about access to new technologies to treat diabetes. The Committee notes that CMS and FDA have not coordinated their efforts regarding these technologies, leading to a lack of certainty and predictability regarding coverage and payment policies. The Committee looks forward to receiving the report on this issue as requested in Public Law 117–103.

Evaluation and Management Services [E/M].—To help ensure that payment rates for E/M accurately reflect the complexity of care delivered, the Committee recommends CMS explore alternatives for valuing E/M and other non-procedural services more regularly using the best data available, including potentially convening a panel of experts to assist the agency. The Committee requests that the agency provide an update in the fiscal year 2024 CJ on its plans to evaluate these services more regularly and comprehensively.

Free Choice of Provider.—The Committee is deeply concerned that States continue to exclude Planned Parenthood and other qualified reproductive health providers from their Medicaid programs in violation of Federal law and with serious consequences for the health of Medicaid beneficiaries. Medicaid provides coverage to over 80 million individuals and serves as the country’s primary payer of family planning services. Since 1967, Medicaid has provided beneficiaries with the right to obtain care from any provider qualified to perform the service, known as Medicaid’s “free choice of provider” provision. These State efforts obstruct access to family planning services in addition to cancer screenings, vaccinations, and other important preventive care services for millions of people, particularly families with low incomes and people of color, exacerbating underlying inequities in these States. The Committee directs CMS to enforce Medicaid’s long-standing protections to ensure that beneficiaries are able to access the health services they need from the providers they choose.

Graduate Medical Education [GME].—The Committee notes that in Public Law 116–260, Congress provided an additional 1,000 new GME slots eligible for Medicare payment. In section 126, Congress specified four categories of hospitals eligible for additional GME slots: hospitals located in rural areas; hospitals currently training over their caps; hospitals located in States with new medical

schools; and hospitals serving Health Professional Shortage Areas [HPSAs]. However, when CMS released their final plan for the distribution of the 1,000 new slots, a “super prioritization” was created based on location of resident training that is not found in the statute and is not consistent with Congressional intent. The Committee directs CMS to eliminate or partially modify the “super prioritization” in fiscal year 2023 and beyond to prioritize applications from any hospitals seeking to establish or expand residency training in certain needed specialties, such as primary care, geriatrics, and general surgery, as had been the priority with previous GME slot distribution programs.

Healthcare for People with Mobility Disabilities.—The Committee notes a recent National Council on Disability [NCD] report that identified inaccessible medical equipment among the reasons for the susceptibility of people with disabilities to experience substandard healthcare, citing numerous studies documenting access barriers involving medical equipment and the health disparities experienced by millions of people with disabilities. People with physical disabilities often postpone or delay care due to their inability to get onto exam tables and other diagnostic equipment, and have to search for facilities that have such equipment. The Committee is also aware of the nexus between the lack of disability clinical care training for healthcare professionals and the well-documented health disparities experienced by people with disabilities. The Committee encourages the CMS to require disability clinical care training and the availability of accessible medical and diagnostic equipment into its conditions of participation for Part A and Part B providers.

Health Insurance Exchange.—The Committee continues bill language that requires CMS to provide cost information for the following: Federal Payroll and Other Administrative Costs; Exchange related Information Technology [IT]; Non-IT Program Costs, including Health Plan Benefit and Rate Review, Exchange Oversight, Payment and Financial Management, Eligibility and Enrollment; Consumer Information and Outreach, including the Call Center, Navigator Grants and Consumer Education and Outreach; Exchange Quality Review; Small Business Health Options Program and Employer Activities; and Other Exchange Activities. Cost information should be provided for each fiscal year since the enactment of the Patient Protection and Affordable Care Act [ACA]. CMS is also required to include the estimated costs for fiscal year 2024.

Long-term Care Facility Metrics.—The Committee supports efforts to improve the quality of care and outcomes for individuals served by long-term care facilities, including skilled nursing facilities, and recognizes that many residents of these facilities have a range of chronic and disabling conditions, including neuropsychiatric symptoms associated with Alzheimer’s disease, related dementias, neurodegenerative disorders, and serious mental health issues. The Committee notes concerns that residents of these facilities not be treated with so-called chemical restraints. However, the Committee also is concerned that too many residents with neuropsychiatric symptoms who could benefit from FDA-approved treatments do not receive appropriate care and treatment due to a range of factors, including measures that impact the five-

star rating system, stigma, and lack of understanding and awareness of appropriate treatment. In 2021, the HHS OIG found that the current CMS measures related to the use of antipsychotics are insufficient. CMS is directed to review and consider retiring or improving the validity of the ten-year-old measures, which due to their design are not able to sufficiently capture information regarding appropriate or inappropriate use of antipsychotics. CMS is encouraged to design new measures to reflect and capture inappropriate use of antipsychotics in skilled nursing facilities. The Committee requests that CMS provide an update on progress reviewing these measures in the fiscal year 2024 CJ.

Lowering the Cost of Care.—The Committee encourages CMMI to consider creative pilot projects that lower the cost of care among older Americans and enable individuals that retire overseas to retain and utilize their Medicare primary healthcare benefits. The pilot should consider potential cost savings involving international collaborations where the quality of care is comparable and less expensive. CMS shall provide an update on this effort in the fiscal year 2024 CJ.

Lymphatic System Failure.—The Committee encourages the Secretary to promulgate rules for covering prescribed compression garments as acknowledged by CMS' 2001 decision memorandum [CAG-00016N] in the treatment of lymphatic system failure.

Medicaid Expansion.—The Committee recognizes the importance Medicaid expansion has had on making quality healthcare more affordable and accessible to low-income and Black and LatinX communities. The 38 States and District of Columbia that expanded this critical safety net program under the ACA were able to drastically reduce the uninsured rate for individuals and families, improve health outcomes, and reduce uncompensated care for providers across the country. However, there are still 12 States that have not expanded Medicaid and continue to deny healthcare coverage to the most vulnerable, even in the midst of COVID-19. The American Rescue Plan Act of 2021 [ARP] offered these States robust financial incentives to finally expand Medicaid. The Committee encourages CMS to work with these 12 States and encourage them to take advantage of the incentives in the ARP to close the coverage gap and provide affordable healthcare to nearly 4 million low-income Americans, 60 percent of whom are individuals of color. Additionally, within 120 days of enactment, the Committee directs CMS to provide a report on the impacts that lack of expanded coverage has on had on health outcomes and mortality rates in every State that has not expended Medicaid.

Non-Invasive Colorectal Screening Tests.—The Committee commends CMS for dropping cost-sharing requirements for the removal of potentially precancerous or cancerous polyps during a screening colonoscopy. However, the Committee urges CMS to fully remove any barrier to access to colonoscopies by also waiving cost-sharing requirements for beneficiaries that select a covered non-invasive colorectal screening test who receive a positive test result and require a colonoscopy. At home colorectal cancer screening tests are an important tool to encourage increased adoption of colorectal cancer screenings and should be treated equal to a screening colonoscopy under CMS's reimbursement policy.

Nursing Home Medical Directors.—COVID-19 placed nursing home populations at significant risk. Among the key factors to controlling the spread of COVID-19 in the post-acute and long-term care setting [PALTC] is the engagement of facility medical directors. The facility medical director is responsible for coordination and oversight of the overall clinical care in the facility. The Committee is concerned that this position remains underutilized and invisible to most patients, families and others in the healthcare field. As a result, State, and local public health agencies struggled to identify nursing facility medical directors in order to provide assistance in the preparation for, as well as the response to, the COVID-19 pandemic. A clinician list may improve the ability of public health agencies to address preparedness for influenza, norovirus, and other seasonal outbreaks, as well as other emergency uses similar to the COVID-19 pandemic. The Committee requests that CMS and the Secretary identify better ways for public health agencies to contact nursing facility medical directors.

Obesity.—The Committee encourages CMS to provide access to the full continuum of care for obesity, including to anti-obesity medications under Medicare Part D, consistent with regulatory authority. The Committee also encourages CMS to update its Medicare Part B national coverage determination for intensive behavioral therapy [IBT] for obesity to be consistent with current United States Preventive Services Task Force recommendations. These provide that IBT for obesity can be provided, through referral, outside of the primary care setting and by a broader range of qualified providers than are currently permitted to bill under Part B for this service.

Payment Coding for Reducing Opioid Consumption.—The Committee encourages CMS to review current prescription practices and make necessary changes to payment levels to incentivize the use of non-addictive opioid alternative FDA-approved drugs, devices, or therapies in lieu of the prescription of opioids for pain management.

Pediatric End Stage Renal [ESRD] Services.—The Committee recognizes that children with ESRD have unique care needs and require services that are not typically required by adult ESRD patients, including specialized nursing care, nutritional support, social workers, and child life specialists. These additional costs are not accurately reflected in the ESRD bundled payment and pediatric outlier. The Committee commends CMS for focusing on pediatric case-mix adjustment in its December 2020 technical expert panel and requesting information on the adequacy of reimbursement for pediatric services in the request for information included in the CY 2022 End Stage Renal Disease Prospective Payment System Proposed Rule. The Committee requests that CMS provide an update in the fiscal year 2024 CJ on its progress towards establishing adequate bundled payments for pediatric end stage renal disease services.

Pediatric Oral Health.—The Committee appreciates CMS' ongoing work to improve access to pediatric oral healthcare. However, as CMS and States work to meet Oral Health Initiative targets, the Committee urges CMS to continue to look towards innovative approaches to improve pediatric oral healthcare by coordinating with

other agencies and programs that serve Medicaid and CHIP populations such as the Department of Agriculture's Women, Infants and Children [WIC] and Supplemental Nutrition Assistance Program [SNAP] programs. Efforts should include expanding programs to integrate care into different settings and increasing education for parents and families on the importance of oral healthcare for children throughout each stage of development.

Psychosocial Rehabilitation.—The Committee notes concerns that traditional care delivery models fail to address many of the underlying needs of the 14 million people in the United States who suffer from severe mental illness [SMI]. Without investments and changes to systems and structures, communities will continue to face the dire challenge of the revolving door of hospitalization and jails, which destroy lives and harm communities. More specifically, these failures result in unnecessary morbidity, mortality, and other social service and healthcare costs to society. The Committee encourages CMS to support comprehensive models of community-based psychosocial rehabilitation that focus on social practice to create intentional community as therapy and break down social isolation and improve quality of life. These solutions come with significant returns on investment and improved outcomes for people living with SMI. The Committee directs CMS to consider: how the Center for Medicare and Medicaid Innovation could integrate the value associated with breaking down social isolation for people with SMI in current and future value-based models; how the Center for Clinical Standards of Quality could identify patient-reported outcome measures related to social isolation and loneliness that could be included in current and future value-based models; and how the Center for Medicaid and CHIP Services could encourage State Medicaid agencies to contract with payers that offer comprehensive psychosocial rehabilitation services, as described above.

Rare Diseases.—The Committee notes the limitations of bundled payments for rare and ultra-rare diseases and urges the HHS Inspector General to review payment systems and quality reporting methodologies across settings of care that use bundled payments for barriers to accessing treatments, diagnostics, clinicians, and specialists, as appropriate.

Risk Corridor Program.—The Committee continues bill language to prevent the CMS Program Management appropriation account from being used to support risk corridor payments.

Rural Hospital Closures.—The Committee notes that 135 rural hospitals have closed in the past decade and many others are vulnerable to closure. When hospitals close, they rarely reopen and rural patients lose access to care, compounding health disparities. The situation is only exacerbated by the challenges posed by COVID-19. The Committee notes that once a hospital closes, the effects on a community are dire—doctors leave, jobs disappear, businesses struggle, and families pull up roots. The Committee directs CMS to provide feedback to both the Committee on Appropriations and the Committee on Finance on providing appropriate relief for struggling hospitals in rural and under-served communities.

Screening and Diagnostic Testing in Cancer Treatment.—The Committee understands that the use of pre-treatment interven-

tions, such as screening for signs of cancer or testing with a companion diagnostic to determine a specific cancer type, can help healthcare providers select treatment options with a greater probability of success leading to better outcomes for patients. The Committee also recognizes that the use of these interventions can reduce unnecessary costs in the current healthcare system by avoiding ineffective treatments and that awareness of genetic risk factors can encourage preventive care and early diagnosis. The Committee urges CMS to identify ways to expand access to screening and testing.

Sepsis.—The Committee directs CMS to use the measure development process to develop new or identify existing hospital quality measures for adult and pediatric sepsis that could be implemented through notice and comment rulemaking. The Committee is concerned that sepsis continues to be a leading public health threat that is responsible for the death of approximately 270,000 adults and 7,000 children annually in U.S. The Committee notes the success of New York State’s three-pronged approach to substantially reducing sepsis mortality: implementation of evidence-based outcome measures, implementation of evidence-based process measures, and mandatory hospital sepsis protocols, whereby all New York hospitals must train staff to treat patients according to updated and locally developed evidence-based protocols for early recognition and treatment. These efforts resulted in significant reductions in sepsis mortality across the State, for all races and ethnicities. The Committee notes that the evaluation and treatment of sepsis has evolved and additional work needs to be done to develop or identify measures for sepsis, including outcome measures. The Committee directs CMS to use the measure development process in collaboration with CDC, to develop or identify sepsis outcome measures. Such measures should be developed by taking into account the adult and pediatric measures that were successfully adopted and implemented in New York State. CMS should consult with the CDC to determine if CDC’s National Healthcare Safety Network [NHSN] could include Adult Sepsis Event surveillance and early identification of sepsis, perhaps leveraging new data interoperability standards (such as Fast Healthcare Interoperability Resources [FHIR]) which have the potential to reduce the data collection burden for facilities and improve accuracy by centralizing the logic used for event determinations. CMS, in coordination with the CDC, shall develop new or identify existing processes to publicly report quantitative and qualitative information regarding sepsis care that may be reported through the NHSN and may track hospital implementation of quality improvement measures for adult and pediatric sepsis care.

Whole Child Health Models.—The Committee recognizes that social determinants of health influence health outcomes, particularly for children. The Committee also recognizes that the COVID–19 pandemic has placed additional social stressors on children and their families and has negatively impacted pediatric mental health. The Committee commends CMS for testing the Integrated Care for Kids Model and for its guidance on social determinants issued to States in January 2021. The Committee encourages CMS to consider approaches to designing a whole child health demonstration

program to address the health and social factors impacting children served by Medicaid and CHIP and to improve health equity through pediatric value-based care models and locally driven strategies to align financial incentives and resources across Medicaid and other public and private programs. The Committee requests that CMS report back to the Committees on Appropriations within 180 days on its plan to design the demonstration program, including cost estimates for implementation.

Whole Genome Sequencing.—The Committee understands there is a growing body of evidence that whole genome sequencing [WGS] and gene panel testing can save lives and save money when used to diagnose infants and children suspected of having a rare genetic disease. The Committee notes that States are pursuing or considering similar initiatives. To support these efforts, the Committee urges CMS to develop guidance for State health officials on best practices for incorporating these technologies into their Medicaid and CHIP programs as a first-line diagnostic for children who are suspected of having rare genetic diseases in the inpatient setting. This guidance should also include advice for States on how to encourage and incentivize managed care organizations to cover these diagnostic tools for this population. The Committee on Appropriations requests a report within 180 days of enactment on steps taken to develop such guidance. Additionally, the Committee understands that there are undiagnosed diseases that do not require hospital inpatient care. Therefore, the Committee urges CMS to issue guidance on the Early and Periodic Screening, Diagnostic and Treatment Benefit on the usage of WGS and gene panel testing.

State Survey and Certification

The Committee recommends \$473,989,000 an increase of \$76,655,000 for State Survey and Certification activities, which ensure that institutions and agencies providing care to Medicare and Medicaid beneficiaries meet Federal health, safety, and program standards. On-site surveys are conducted by State survey agencies, with a pool of Federal surveyors performing random monitoring surveys.

Federal Administration

The Committee recommends \$807,533,000, an increase of \$35,000,000 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.

HEALTHCARE FRAUD AND ABUSE CONTROL

Appropriations, 2022	\$873,000,000
Budget estimate, 2023	899,000,000
Committee recommendation	893,000,000

The Committee recommends \$893,000,000, to be transferred from the Medicare trust funds, for Health Care Fraud and Abuse Control [HCFAC] activities. The Committee recommendation includes a discretionary base amount of \$317,000,000 and an additional \$576,000,000 in resources through a budget cap adjustment. Healthcare waste, fraud, and abuse costs our Nation as much as

\$300,000,000 a year, according to some estimates. Proactively identifying these issues continues to be a priority for the Committee.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

Appropriations, 2022	\$2,795,000,000
Budget estimate, 2023	2,883,000,000
Committee recommendation	2,883,000,000

The Committee recommendation includes \$2,883,000,000 in fiscal year 2023 mandatory funds for Child Support Enforcement and Family Support programs. In addition, the Committee recommends \$1,300,000,000 in advance funding for the first quarter of fiscal year 2024.

These funds support States’ efforts to promote the economic security of low-income families, including administrative expenses matching funds and incentive payments to States for child support enforcement; grants to States to help establish and administer access and visitation programs between noncustodial parents and their children; payments to territories for benefits to certain aged, blind, or disabled individuals; and temporary benefits for certain repatriated citizens.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

Appropriations, 2022	\$3,800,304,000
Budget estimate, 2023	3,975,304,000
Committee recommendation	4,000,000,000

The Committee recommendation includes \$4,000,000,000 for the Low Income Home Energy Assistance Program [LIHEAP], which is \$199,696,000 over fiscal year 2022 and \$24,696,000 over the president’s budget request. LIHEAP provides home heating and cooling assistance to low-income households. In addition to funding made available in this bill, the Infrastructure Investment and Jobs Act (Public Law 117–58) provided \$500,000,000 in LIHEAP funding, with \$100,000,000 available each fiscal year through September 30, 2026, for home energy assistance.

Sudden, significant, and unexpected decreases in annual funding for States, even when based in part on changes in home energy costs or other formula factors, can be difficult for States to manage. Accordingly, the Committee recommendation continues to limit year-to-year fluctuations in allocations to States.

State Administrative Funding.—The Committee is aware that some States face challenges reaching LIHEAP eligible populations due to understaffing and outdated technology. The Committee requests a briefing, when practicable, on ways to improve State administration of LIHEAP, including if allowing States to use a greater portion of their LIHEAP funding on administrative costs would benefit the program.

Technical Assistance and Program Administration.—Within the total, the Committee recommendation includes up to \$7,300,000 for program integrity and oversight efforts, a \$2,700,000 increase over fiscal year 2022. The additional funding will allow ACF to create

an administrative support system to improve grants management and LIHEAP program administration. These activities shall include additional outreach to target hard to reach households and newly eligible individuals. The technical assistance funding includes \$1,700,000 to continue to develop a formula system, which will allow ACF to provide estimates more readily when requested by the Committee. Once such a system is in place, the Committee instructs HHS to work collaboratively with the Committee to promptly respond to requests for estimates and to ensure no request shall be outstanding for longer than 10 calendar days.

REFUGEE AND ENTRANT ASSISTANCE

Appropriations, 2022	\$8,925,214,000
Budget estimate, 2023	6,327,314,000
Committee recommendation	9,370,013,000

The Committee recommends \$9,370,013,000 for Refugee and Entrant Assistance [REA] programs. These programs provide a variety of benefits and services to refugees, asylees, Cuban and Haitian entrants, immigrants arriving on Special Immigrant Visas [SIV], trafficking victims, and torture victims (collectively referred to below as “refugees”). These programs also provide temporary care and services for unaccompanied children apprehended by the Department of Homeland Security [DHS] or other law enforcement agencies, who have no lawful immigration status in the United States until they can be placed with a parent, guardian, or other sponsor while awaiting adjudication of their immigration status.

The Committee recommendation continues the directive to provide monthly updates to the Committees on Appropriations of arrivals each month by category, including refugees, asylees, Cuban and Haitian Entrants, SIVs, and unaccompanied children. Such updates shall include any changes in estimated funding needs as a result of changing trends. Further, the Committee notes that through the third quarter of fiscal year 2022 there has been a significant increase in Cuban arrivals, and an increase in the percentage of Cuban arrivals receiving ORR-funded services. The Committee will continue to work closely with HHS to evaluate the effect of this increase on fiscal year 2023 funding needs.

The Committee believes that the U.S. Refugee Admissions Program [USRAP] serves as a reflection of U.S. humanitarianism as well as the Nation’s strategic interests. In times of changes in the pace and projections of refugee arrivals, the Committee encourages HHS, to the extent practicable, to ensure that resettlement agencies are able to maintain their infrastructure and capacity at a level to continue to serve new refugees, previously arrived refugees, and other populations of concern who remain statutorily eligible for integration services, and to ensure that there is capacity for future arrivals to be adequately served.

The Committee recognizes that quarterly consultations and regular community engagement are critical to support refugee integration and encourages HHS to pursue efforts to ensure robust participation in regular community consultations.

The Committee notes that not all refugees (including all populations eligible for ORR-funded services) receive ORR-funded services. The Committee encourages ORR to better coordinate with

DHS and the Department of Justice to improve the referral process for eligible arrivals.

The Committee recognizes that mental health is an important component of ORR's work. Many of the individuals that ORR serves have endured torture, war, loss of homes and loved ones and other traumatic events, and through indirect exposure to their trauma ORR staff can themselves experience secondary trauma. The Committee further recognizes that trauma can profoundly affect primary and secondary survivors' mental health and well-being, as well as their behavior. The Committee encourages ORR to assess the need for training for ORR staff who regularly engage with potential trauma survivors, including: training on recognizing signs of trauma exposure, understanding culturally specific behaviors of people exposed to trauma, and sensitive or trauma-informed principles for interacting; and secondary trauma and resilience training and support.

The Committee requests information in the fiscal year 2024 CJ on the status and outcomes of Afghans who arrived to the United States through Operation Allies Welcome, including data, to the extent practicable, on employment, financial status, housing, education, and cultural integration.

Transitional and Medical Services

The Committee recommendation includes \$860,000,000 for Transitional and Medical Services. This program provides grants to States and nonprofit organizations to provide cash and medical assistance to arriving refugees, as well as foster care services to unaccompanied minors.

The Committee continues to support the Matching Grant [MG] program and strongly encourages HHS to expand the program, including increasing the number and percentage of eligible arrivals served by the program; increasing the government's per capita contribution to respond to inflation and cost of living; and easing the burden of the match requirement, including waiving the match requirement on a case-by-case basis. The Committee also strongly encourages HHS to give matching grant organizations flexibility in administering their programs, including, when justified, carrying over unexpended funding and slots and extending exemptions to the 31-day enrollment period, and also the ability to use some designated funds to strengthen outreach to populations of concern beyond currently arriving refugees. The Committee also encourages HHS to continue permitting flexibilities in dispersing MG funds, such as continuing to separate direct assistance and administrative portions, and encourages HHS to create a plan to expand case management for MG enrollees. Finally, the Committee encourages HHS to work with resettlement sites to ensure continuity of MG enrollments and services during the transition from one fiscal year to the next.

Refugee Support Services

The Committee recommendation includes \$450,000,000 for Refugee Support Services [RSS]. This program provides a combination of formula and competitive grants to States and nonprofit organiza-

tions to help refugees become self-sufficient and address barriers to employment.

The Committee recommendation includes a new proviso to allow HHS to use the most recent data available in allocating formula funding under the RSS program. This will allow HHS to more accurately allocate funding based on need, which should include taking into account secondary migration.

The Committee recognizes that the increase in refugee arrivals projected for fiscal year 2023 requires expanded capacity among the resettlement network. The Committee supports the Preferred Communities [PC] program and strongly encourages HHS to expand the program. The Committee directs HHS to include information in its fiscal year 2024 CJ on such efforts, including an estimate of funding to be spent on the program and funding needed to maintain PC programming at all resettlement sites.

The Committee recognizes the importance of expanding intensive case management [ICM] and virtual case management, particularly in locations where expanded resettlement capacity relies on remote placement. The Committee encourages HHS to expand the availability of virtual case management to provide ICM services, particularly in locations without existing resettlement sites nearby. The Committee directs HHS to include information in its fiscal year 2024 CJ on such efforts, including an assessment of the use of virtual ICM services.

Victims of Trafficking

The Committee recommendation includes \$32,755,000 for Victims of Trafficking programs. These programs support a national network of organizations that provide a variety of services—including case management, counseling, benefit coordination, and housing assistance—for victims of commercial sex and forced labor trafficking.

Within this amount the Committee recommendation includes no less than \$5,500,000 for the National human trafficking resource center.

Unaccompanied Children

The Committee recommendation includes \$8,006,258,000 for the Unaccompanied Children [UC] program, the same as the comparable fiscal year 2022 level. The UC program provides temporary care for children who have no lawful immigration status in the United States and who have been apprehended by DHS without a parent or a guardian. HHS provides care for children until they can be placed with a parent or other sponsor living in the United States pending resolution of their immigration status.

Bond Hearings.—The Committee expects HHS to approach Flores bond requests with expediency, fairness, child-centered procedures, and trauma-informed approaches prior to and during Flores bond hearings, including the provision of counsel and child advocates for children who appear at these hearings.

Child Advocates.—The Committee recommendation includes \$12,000,000 for child advocates for carrying out section 235(c)(6) of the William Wilberforce Trafficking Victims Protection Reauthorization Act [TVPRA] of 2008. The Committee recommendation will allow ORR to expand Child Advocate services and to ensure that

child advocates are appointed to vulnerable children, including victims of abuse or trafficking, children 12 years old and younger, children in residential treatment centers, children seeking review of their release or placement, pregnant and parenting children, children with disabilities and complex medical conditions, and to children who are expected to remain in ORR custody for prolonged periods of time. The Committee expects that child advocates will be able to communicate and share information essential to protecting a child's best interests with the child and the child's attorney. Further, the Committee strongly urges ORR to proactively share census data from each facility with child advocates on a consistent basis, including information on children who have been in ORR's care for more than 120 days. Finally, the Committee recommendation continues language waiving matching requirements.

Family Reunification Services.—The Committee recommendation includes a general provision allowing Refugee and Entrant Assistance funds to be used for mental health and other supportive services, including legal services, for children and families who were separated at the border. The Committee also strongly supports the budget proposal making such children and families more broadly eligible for Federal benefit programs.

Legal Services and Access to Counsel.—The Committee recommendation includes no less than \$535,000,000 in fiscal year 2023 funds for legal services and access to counsel for unaccompanied children. The Committee recommendation includes funding to ensure in-person Know Your Rights presentations and legal screenings for every child in ORR custody, access to legal counsel for any child in prolonged ORR-care, and for the significant expansion of direct representation for children who have been released from ORR-care, consistent with the goals of the Trafficking Victims Protection Reauthorization Act of 2008 for all children to have access to counsel. The Committee expects that legal services will be in person absent exigent circumstances and that ORR will ensure that there is sufficient confidential space available for legal services at all facilities, including emergency or influx facilities. When services are provided remotely, ORR must make sufficient technology and confidential space available for communication via video whenever possible, and telephone if necessary.

The Committee emphasizes the vital importance of legal services for unaccompanied children both during ORR custody and following release. Post-release legal representation is essential to the fairness, effectiveness, and efficiency of unaccompanied children's immigration proceedings. ORR should therefore make every effort to ensure post-release legal representation of these children. Accordingly the Committee directs ORR to fund activities to expand the capacity of legal service providers necessary to provide independent legal representation for all unaccompanied children, including the training and recruitment of attorneys. Finally, the Committee requests information in the fiscal year 2024 CJ on the number of children in and previously in ORR custody who have legal representation.

Mental Health and Related Services for Children in ORR-Care.—The Committee appreciates the steps ORR has taken to improve mental health services for children in their care, and encourages

ORR to continue to expand such services and ensure that they are developmentally appropriate, trauma-informed, culturally competent, and provided in the most integrated, least restrictive setting. This should also include in-person training for ORR and ORR-contracted staff. The Committee expects ORR will implement and enforce policies that prevent the disclosure or otherwise inappropriate use of information and records related to a child's care. Further, the Committee expects that ORR will take steps, including working with relevant stakeholders, to ensure compliance with all laws and regulations related to the standards of care and well-being of young children and children with disabilities. The Committee encourages ORR to more robustly monitor the care and treatment of unaccompanied children with disabilities, including partnering with a nationwide network of protection and advocacy organizations to support monitoring visits. The Committee directs ORR to include information in its fiscal year 2024 CJ on these efforts, including the types of mental health supports, services, and training offered to ensure appropriate care is available to all children, including young children, children with disabilities, and children with mental health needs.

Office of the Ombudsperson.—The Committee strongly supports efforts to increase independent oversight of the UC program. Accordingly, the Committee directs the Secretary to establish an Office of the Ombudsperson to provide independent child-welfare focused recommendations to ORR and the Secretary regarding the care of unaccompanied children. The Ombudsperson shall monitor, including by making site visits, for compliance with all applicable laws and standards relating to unaccompanied children in Federal custody. The Committee directs the Ombudsperson to submit a report to Congress no less than once each fiscal year including a summary of activities carried out during the preceding fiscal year, as well as recommendations for improving the UC program and a description of the priorities for the subsequent fiscal year.

Post-18 Plan.—The Committee directs ORR to have developed a concrete post-18 plan for every 17-year-old unaccompanied child in ORR care at least two weeks in advance of their 18th birthday to ensure that an appropriate non-secure placement has been identified and arranged for the child, along with any necessary social support services, prior to discharge from ORR, to facilitate the placement of children in the least restrictive setting possible in accordance with 8 U.S.C. § 1232(c)(2)(B). The Committee directs ORR to ensure that it is complying with its obligation to protect children's private and confidential information, including information in children's individual case files and significant incident reports on file, from unauthorized disclosure to DHS and any other third party entities in fulfilling its obligation to engage in post-18 planning for children aging out of ORR care.

Post Release Services.—The Committee recommendation includes \$500,000,000 for post-release services to significantly increase the number of children receiving such services and expand the types of services available. This will help ensure children are placed in safe and appropriate environments, and have access to the services they need after they have been released from ORR care, including legal services, healthcare, mental healthcare, community services, coun-

seling, and support with school enrollment. The Committee encourages ORR to engage with current family reunification service providers, post-release service providers, and recently released children and sponsors to discuss needed services, the length of services, and how to improve coordination between shelters, providers and other community services providers, to help evaluate the current program, and to identify new risks and opportunities for improvement.

In addition to children already designated under law or policy to receive such services, the Committee encourages ORR to ensure that all pregnant or parenting teens, children whose primary language is neither English nor Spanish, as well as children who faced separation from a parent or legal guardian at the U.S.-Mexico border, are referred for post-release services. ORR should arrange for such services to be provided by non-governmental organizations with experience and expertise in working with these children. The Committee requests ORR develop and make public on its website the criteria for how children are prioritized for post-release services, and the number of children and percentage of released children who receive services in each fiscal year. Finally, the Committee directs ORR to include information in its fiscal year 2024 CJ on efforts to expand post-release services, including estimates of funding spent and to be spent on such activities.

Prioritization of Small-Scale, Community- and Family Based Placements.—The Committee continues to direct ORR to prioritize small-scale, community- and family-based placements, including transitional foster care, small group homes, and long-term foster care, and pursue efforts to expand capacity in such programs to decrease reliance on larger facilities, including emergency shelters. The Committee directs ORR to include information in its fiscal year 2024 CJ on such efforts, which should include an analysis of past funding opportunity announcements and any challenges with expanding capacity in such programs. Further, the Committee continues to strongly encourage ORR to more consistently and predictably post funding opportunity announcements, and to provide training and technical assistance to potential new providers.

Spend Plan.—The Committee directs ORR to continue to provide quarterly spend plans with actual and estimated obligations by major category, at the same level of detail has been provided in previous years. The Committee further expects at least this level of detail to be included in future budget justifications.

Trusted Adult Relatives.—The Committee strongly supports efforts to co-locate ORR staff at the border in designated locations to verify family relationships, screen out risks of trafficking, and otherwise conduct sponsor suitability determinations for children travelling with a close adult relative. This allows children, when it's determined to be appropriate, safe, and in the best interest of the child, to be quickly released to the care and custody of a close relative, avoiding unnecessary trauma from separation. This also has the potential to decrease ORR shelter capacity and funding needs, as such children would otherwise be in ORR care for a longer period of time, in some cases significantly longer. The Committee requests information be included in the fiscal year 2024 CJ on any such efforts.

Unlicensed Facilities.—The Committee appreciates the steps HHS has taken to improve the quality of care provided in former Emergency Intake Sites [EIS] to meet Influx Care Facility [ICF] requirements. The Committee expects HHS will continue to work towards eliminating the need for ICFs as well, including increasing capacity in small, family-based shelters and programs, and quickly placing children with families whenever appropriate and possible, including children traveling with a close non-parent relative. In the interim, the Committee directs HHS to continue to improve the quality of care provided in ICFs, particularly former EISs. The Committee directs HHS to make modifications to ICFs as necessary to allow for smaller, more developmentally appropriate, and private settings for children’s daily activities. This includes not relying on large open dormitories, and subdividing them to allow for smaller cohorts of children if necessary, and ensuring that there is private, confidential space available for the provision of healthcare, mental healthcare, and legal services. The Committee further expects HHS to prioritize, to the extent they are necessary, ICFs with the physical infrastructure to provide developmentally appropriate care for children, and to phase out the use of ICFs where that’s less feasible. The Committee directs HHS to provide a report to the Committees on Appropriations within 60 days of enactment on the steps it has taken to improve care for children in ICFs and to address the specific issues above. Further, the report should include a plan for independent, third-party monitoring of unlicensed facilities to verify their compliance with required standards. As certain States have taken steps to no longer license facilities and in doing so undermine the safety and well-being of children, this should also include steps to be taken to increase monitoring and support of programs in those States.

Victims of Torture

The Committee recommendation includes \$21,000,000 for the Victims of Torture program to provide support to non-profit organizations providing direct support to torture survivors and their families.

PAYMENTS TO STATES FOR THE CHILD CARE AND DEVELOPMENT
BLOCK GRANT

Appropriations, 2022	\$6,165,330,000
Budget estimate, 2023	7,562,000,000
Committee recommendation	7,165,330,000

The Committee recommends \$7,165,330,000, an increase of \$1,000,000,000 for the Child Care and Development Block Grant [CCDBG], a formula grant to States that provides financial assistance to families to help pay for child care, and otherwise improve the quality of child care programs.

SOCIAL SERVICES BLOCK GRANT

Appropriations, 2022	\$1,700,000,000
Budget estimate, 2023	1,700,000,000
Committee recommendation	1,700,000,000

The Committee recommends \$1,700,000,000 for the Social Services Block Grant [SSBG], a flexible source of funding that allows

States to provide a diverse array of services to low-income children and families, the disabled, and the elderly in order to reduce poverty.

The Committee continues to note that SSBG funding can be used for a wide-range of activities and encourages HHS to ensure that States are aware that funding can be used to support child support programs by providing job training and employment services for non-custodial parents.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Appropriations, 2022	\$13,438,343,000
Budget estimate, 2023	15,311,822,000
Committee recommendation	14,765,967,000

The Committee recommends \$14,765,967,000 for Children and Families Services programs, which is an increase of \$1,327,624,000 over fiscal year 2022. These funds support a variety of programs for children, youth, and families; Native Americans; victims of child abuse, neglect, and domestic violence; and other vulnerable populations.

Head Start

The Committee recommendation includes \$12,036,820,000, an increase of \$1,000,000,000 for Head Start. Head Start provides grants directly to local organizations to provide comprehensive early childhood education services to children and their families, from before birth to age 5.

Within the total, the Committee recommendation includes a \$596,000,000 cost of living adjustment for all Head Start grantees to help keep up with rising costs, to recruit and retain highly qualified staff, and to continue to provide high-quality services to children and families.

Designation Renewal System [DRS].—The Committee continues to encourage HHS to consider the unique challenges faced by Head Start grantees in remote and frontier areas when reviewing such grantees’ compliance with health and dental screening requirements as part of the DRS.

Early Head Start [EHS] Expansion and EHS–Child Care Partnerships.—The Committee continues to support EHS expansion and EHS–Child Care Partnerships and recommends \$140,000,000 to expand Head Start and EHS programs to eligible children and families. This funding has increased access to infant and toddler care in communities nationwide through traditional EHS programs or through partnerships with center-based and family child care providers who meet the Head Start Program Performance Standards. The Committee directs the Office of Head Start [OHS] to award grants under EHS expansion or EHS–Child Care Partnerships in a manner that best meets local community needs and that does not disadvantage communities where EHS–Child Care Partnerships are not available or are not feasible. The Committee urges OHS to ensure the program expansion does not exclude children and infants of parents who do not qualify for child care subsidies, or pregnant women. Finally, the Committee continues to direct HHS to include in future CJs the actual and estimated number of

slots in each of Head Start, EHS, and EHS–Child Care Partnerships.

Facility Improvement Funding.—The Committee continues to strongly encourage ACF to ensure that all Head Start grantees are aware of any funding opportunities, or funding otherwise available, for making capital improvements to their facilities. Further, the Committee continues to encourage ACF to standardize this process so all grantees have equal opportunity to apply and are aware of priorities and eligible uses of such funds.

Migrant and Seasonal Head Start [MSHS] Eligibility Requirements.—The Committee continues to be concerned that the COVID–19 pandemic has disrupted the ability of farmworkers to be eligible for services under the MSHS, in part due to the inability of workers to migrate during the pandemic or demonstrate income eligibility. The Committee is pleased that OHS has made efforts to ensure programs are aware of the flexibilities that exist for determining eligibility under the Migrant and Seasonal Head Start Program for farmworker families and strongly encourages OHS to continue to raise awareness directly with grantees.

Quality Improvement Funding for Staff Recruitment and Retention and Trauma-Informed Care.—The Committee provides \$262,000,000 in quality improvement funding, which may include activities to recruit and retain qualified staff in order to support the provision of high-quality program services, and address the rise of adverse childhood experiences. The Committee directs the Administration to allow flexibility to address specific local priorities with the goal of improving program performance.

Tribal Colleges and Universities-Head Start Partnership Program.—The Committee recommendation includes \$8,000,000 for the Tribal Colleges and Universities-Head Start Partnership Program, \$2,000,000 more than the enacted level for fiscal year 2022.

Preschool Development Grants

The Committee recommendation includes \$350,000,000 for Preschool Development Grants, an increase of \$60,000,000 over the fiscal year 2022 enacted level. This program, as authorized in the Every Student Succeeds Act (Public Law 114–95), provides competitive grants to States to improve the coordination, collaboration, and quality of existing early childhood programs; improve the transition from early childhood programs to kindergarten; implement evidence-based practices; improve professional development for early childhood providers; and generally improve educational opportunities for children. The bill includes new language, which allows the Secretary to make subsequent renewal grants.

The Committee recommends the Department encourage States to consider how providing access to kindergarten preparedness services, including those that are innovative, technology-enabled for use in the home, and focused on parent engagement, could improve their birth through five systems.

Dual Language Learners [DLL].—The Committee encourages ACF to support States that choose to develop high-quality and culturally competent dual immersion preschool programs through Preschool Development Grants. The Committee recommends a focus on training, professional development, and postsecondary education

for all caregivers, teachers, and directors to meet the needs of DLLs through dual language acquisition, engaging culturally and linguistically diverse families, home language support, and culturally and linguistically appropriate assessment.

Consolidated Runaway and Homeless Youth Program

The Committee recommendation includes \$130,283,000 for the Consolidated Runaway and Homeless Youth program, which is \$10,000,000 above fiscal year 2022 enacted level and \$1,443,000 above the fiscal year 2023 budget request. This program supports the Basic Centers program, which provides temporary shelter, counseling, and after-care services to runaway and homeless youth under age 18 and their families; the Transitional Living Program, which provides longer-term shelter and services for older youth; and a national toll-free runaway and homeless youth crisis hotline.

The Committee continues to support the ability of grantees to provide prevention services such as counseling and case management, regardless of their enrollment in residential services. The Committee urges ACF to advise grantees that they are not required to enroll youth in shelter or residential services, nor require the young person to physically travel to the grantee's location in order for an at-risk youth to receive prevention and supportive services.

The Committee continues to encourage the program to notify applicants if grant applications are successful at least 30 days before the grant begins or no less than 30 days before an existing grant is set to end.

The Committee again strongly urges the program to ensure that service delivery and staff training comprehensively address the individual strengths and needs of youth, as well as language-appropriate, gender-appropriate interventions that are culturally sensitive and respectful of the complex social identities of youth. The Committee strongly believes that no runaway youth or homeless youth should be excluded from participation in, be denied the benefits of, or be subject to discrimination under, any program or activity funded in whole or in part under the Runaway and Homeless Youth Act, based on any of the conditions outlined in this paragraph.

National Communications System, National Runaway Safeline.—The Committee remains concerned with the amount of homeless children and youth and those at risk of homelessness and the ability of those youth and parents to access information that can help connect them with the needed services, resources, and support both at school and in the community. The Committee encourages ACF to coordinate with the Department of Education to increase outreach efforts at schools and community-based organizations that raise awareness of services and resources provided by the National Runaway Safeline.

Education and Prevention Grants To Reduce Sexual Abuse of Runaway Youth

The Committee recommendation includes \$21,000,000 for Education and Prevention Grants to Reduce Sexual Abuse of Runaway and Homeless Youth. This program provides competitive grants for

street-based outreach and education services for runaway and homeless youth who are subjected to, or are at risk of being subjected to, sexual abuse or exploitation.

Child Abuse Prevention and Treatment State Grants

The Committee recommendation includes \$110,091,000 for the Child Abuse Prevention and Treatment State Grant program, an increase of \$15,000,000 above the fiscal year 2022 enacted level. This program provides formula grants to States to improve their child protective service systems.

Infant Plans of Safe Care.—Within the total, the Committee recommendation includes \$60,000,000 to help States continue to develop and implement plans of safe care as required by section 106(b)(2)(B)(iii) of the Child Abuse Prevention and Treatment Act (Public Law 93–247). The Committee urges HHS to support States in their implementation of the plans by providing specialized, non-punitive family support services for infants and their birth parents affected by substance use disorders to reduce the need for child welfare or foster care system involvement. The Committee continues to direct HHS to provide technical assistance to States on best-practices in this area to address the health, developmental, housing, and treatment needs of infants and their parents and to evaluate States’ activities on plans of safe care. The Committee also encourages HHS to provide technical assistance to States on best practices for developing notification systems that are distinct and separate from the system used in the State to report child abuse and neglect in order to promote a public health response to infants affected by substance use disorders, and not for the purpose of initiating an investigation of child abuse or neglect. The Committee also encourages HHS to ensure such technical assistance include an emphasis on the role of public health focused plans of safe care in reducing racial disproportionality in child protective services investigations and removals.

Child Abuse Discretionary Activities

The Committee recommendation includes \$40,000,000 for Child Abuse Discretionary Activities, \$4,000,000 above the fiscal year 2022 enacted level. This program supports discretionary grants for research, demonstration, and technical assistance to increase the knowledge base of evidence-based practices and to disseminate information to State and local child welfare programs.

Child Abuse Hotline.—The Committee supports ongoing efforts to address and support youth and families impacted by child abuse and neglect. Within the total, the Committee includes \$2,000,000 for the hotline to provide support, including call, text, and online chat-based intervention and education services through a national child abuse hotline for child abuse victims and concerned adults.

Trauma Informed Interventions.—The Committee encourages the program to consider demonstration projects for serving children in foster care who have experienced severe trauma through trauma-informed interventions.

Community-based Child Abuse Prevention

The Committee recommendation includes \$75,660,000 for the Community-based Child Abuse Prevention program, an increase of \$10,000,000 above the fiscal year 2022 enacted level. This program provides formula grants to States that then disburse funds to local community-based organizations to improve local child abuse prevention and treatment efforts, including providing direct services and improving the coordination between State and community-based organizations.

Child Welfare Services

The Committee recommendation includes \$272,735,000 for Child Welfare Services, which is an increase of \$4,000,000 above fiscal year 2022. 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 \$58,984,000 for child welfare research, training, and demonstration projects, an increase of \$40,000,000 above the fiscal year 2022 enacted level. 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 be concerned by the high rates of homelessness among children who age-out of the foster care system. The Committee encourages HHS to support the development, implementation, and evaluation of innovative programs that effectively serve vulnerable populations of youth transitioning out of the foster care system.

Advancing Racial Equity in the Child Welfare System.—The Committee recommendation includes \$15,000,000 to develop and implement new approaches to advance racial equity in the child welfare system and reduce unnecessary involvement with child protective services including investigations and child removals. In carrying out these grants, the Committee encourages HHS to work with States to coordinate, to the extent practicable, with Community-Based Child Abuse Prevention [CBCAP] lead agencies to expand access to family strengthening services to families outside of the child welfare system. It also strongly encourages States to work with individuals with lived experience in the child welfare system, including parents, to design and implement such grants.

Foster Care.—The Committee is aware of the education obstacles faced by students in foster care, including frequent school transfers, incomplete transcripts, missing credits, and access to appropriate social-emotional and academic support services. To address these challenges, the Committee has included \$25,000,000 for a

new initiative to improve the educational outcomes of these students and to identify best practices for collaborations between child welfare agencies and State and local educational agencies. Funds will be made available for demonstration grants to establish strong collaborations and partnerships between States, State and local child welfare agencies, State and local educational agencies, and other key partners, to research and support innovative strategies for improving the educational outcomes of students in foster care. ACF is directed to collaborate with the Department of Education on the design and implementation of this demonstration program.

In addition, this act provides additional administrative resources for all SEAs that may be used to more effectively implement and support new foster care requirements established by the latest reauthorization of the Elementary and Secondary Education Act [ESEA]. The Committee is aware the Department of Education has identified findings and made recommendations during its monitoring of these requirements and requests an update in the fiscal year 2024 CJ on actions implemented to resolve these findings and plans to support effective implementation of these requirements, including coordinated efforts with ACF.

Adoption Opportunities

The Committee recommends \$49,000,000 for the Adoption Opportunities program. This program funds discretionary grants to help facilitate the elimination of barriers to adoption and provide technical assistance to help States increase the number of children adopted, particularly children with special needs.

The Committee recommendation includes \$2,000,000 to continue the National Adoption Competency Mental Health Training Initiative. This initiative supports ongoing resources for a national organization with the capacity and expertise to continuously evaluate and update the training curriculums, and will provide all States, Tribes, and territories the necessary technical assistance to ensure that the curriculums are appropriately used by State child welfare and mental health professionals. This funding should also be used to initiate the development of derivative trainings for courts and continuing medical education for medical professionals to ensure consistency across disciplines. The Committee recommends the agency take steps to standardize the National Adoption Competency Mental Health Training Initiative's curriculum to provide consistent training in all State child welfare agencies.

Adoption and Legal Guardianship Incentive Payments

The Committee recommends \$75,000,000 for the Adoption and Legal Guardianship Incentive Payments program. This program provides formula-based incentive payments to States to encourage them to increase the number of adoptions of children from the foster care system, with an emphasis on children who are the hardest to place.

Social Services Research and Demonstration

The Committee recommends \$77,992,000 for Social Services Research and Demonstration. These funds support research and evaluation of cost-effective programs that increase the stability and eco-

conomic independence of families and contribute to the healthy development of children and youth.

Congressionally Directed Spending.—Within the funds included in this account, \$40,480,000 shall be for the Congressionally Directed Spending projects, and in the amounts, as specified in the table titled “Congressionally Directed Spending Items” in the explanatory statement accompanying this act.

Diaper Distribution Grant Demonstration.—The Committee recommendation includes \$20,000,000 for the purposes of carrying out a diaper distribution grant program, a \$10,000,000 increase over the fiscal year 2022 funding level. The diaper distribution program will provide grants to social service agencies or other non-profit organizations specifically for diaper and diapering supply needs.

Whole Family Approaches to Service Delivery Demonstration.—The Committee includes \$10,000,000 to fund demonstrations of whole-family approaches to service delivery across the lifecycle of families’ interaction with benefits programs. In particular, the demonstration program should focus on projects that aim to reduce the impact of benefit cliffs on working families as incomes rise, which can result in the sudden reduction or elimination of financial benefits in a wide range of programs. ACF is encouraged to prioritize demonstration projects in states with large rural populations and with high rates of poverty.

Native American Programs

The Committee recommends \$61,762,000 for Native American programs, which is a \$3,000,000 increase over fiscal year 2022. These funds support a variety of programs to promote self-sufficiency and cultural preservation activities among Native American, Native Hawaiian, Alaska Native, and Pacific Islander organizations and communities.

Native American Language Preservation.—Within the total, the Committee recommendation includes \$17,000,000 for Native American language preservation activities, including no less than \$8,000,000 for Native American language immersion programs, as authorized by sections 803C(b)(7)(A)-(B) of the Native American Programs Act (Public Law 88–452).

Community Services Block Grant

The Committee recommendation includes \$770,000,000, for the Community Services Block Grant [CSBG], which is \$15,000,000 above the fiscal year 2022 enacted level and \$15,781,000 above the fiscal year 2023 budget request. CSBG is a formula grant to States and Indian Tribes to provide a wide-range of services to alleviate causes of poverty in communities and to assist low-income individuals. States are required to pass on at least 90 percent of these funds to local community-based organizations, the vast majority of which are community action agencies.

Community Economic Development

The Committee recommendation includes \$23,383,000 for the Community Economic Development program, which is \$2,000,000 above the fiscal year 2022 level. Community Economic Development grants fund non-profit, Community Development Corpora-

tions that help communities address the needs of low-income individuals and families by creating employment and business development opportunities.

Rural Community Facilities

The Committee recommendation includes \$13,000,000 for the Rural Community Facilities program, which is \$2,000,000 above the fiscal year 2022 enacted level. The Rural Community Facilities program provides grants to regional non-profit organizations to provide technical assistance to small, low-income rural communities, that are not served by other similar Federal programs, to help manage, develop, and improve safe drinking and waste water facilities.

National Domestic Violence Hotline

The Committee recommendation includes \$26,500,000 for the National Domestic Violence Hotline, which is \$11,000,000 above the fiscal year 2022 enacted level. This national, toll-free hotline provides critical emergency assistance and information to victims of domestic violence 24 hours a day.

The Committee recommendation includes continued support for the StrongHearts Native Helpline, which provides critical support and resources to meet the unique legal and cultural needs of American Indians and Alaska Natives affected by domestic violence.

Family Violence Prevention and Services

The Committee recommendation includes \$300,000,000 for Family Violence Prevention and Services programs, an increase of \$100,000,000 over the fiscal year 2022 enacted level. These funds support programs to prevent family violence and provide immediate shelter and related assistance for survivors of domestic violence and their dependents.

The Committee notes the benefits of providing survivors of domestic violence with direct payments in order to help stabilize families and prevent homelessness. As such, the Committee allows programs to use grant funds to provide direct payments to survivors.

Additionally, the Committee understands the need to provide support, technical assistance, and training to grantees to appropriately respond to the needs of survivors, particularly survivors of sexual assault. The Committee strongly encourages ACF to partner with technical assistance providers with extensive knowledge of and demonstrated expertise in the problem and solutions to sexual assault as well as experience in the anti-sexual assault field to provide assistance to grantees.

Culturally Specific Services for Domestic Violence.—The Committee understands that women and girls of color are often disproportionately impacted by domestic violence and sexual assault yet often lack access to family violence prevention services in their communities that incorporate or reflect their specific needs. In order to foster programming for this community, the Committee includes \$20,000,000 for culturally specific, community-based organizations to provide culturally specific services for survivors of domestic violence.

Native Hawaiian Resource Center on Domestic Violence.—The Committee includes \$2,000,000 for the Native Hawaiian Resource Center on Domestic Violence. This Resource Center will continue to build capacity to engage Native Hawaiian communities in developing local responses to domestic violence and support critical networking and coalition building between Native Hawaiian advocates across the State and the Nation.

Chafee Education and Training Vouchers

The Committee recommendation includes \$43,257,000 for the Chafee Education and Training Voucher program. This program supports vouchers to foster care youth to help pay for expenses related to postsecondary education and vocational training.

Disaster Human Services Case Management

The Committee recommends \$3,000,000 for Disaster Human Services Case Management. This program assists States in establishing the capacity to provide case management services in a timely manner in the event of a disaster. It ensures that States are able to meet social service needs during disasters by helping disaster victims prepare recovery plans, referring them to service providers and Federal Emergency Management Agency contacts to identify needed assistance, and providing ongoing support and monitoring through the recovery process.

Program Administration

The Committee recommendation includes \$227,500,000 for the Federal costs of administering ACF programs.

PROMOTING SAFE AND STABLE FAMILIES

Appropriations, 2022	\$427,515,000
Budget estimate, 2023	451,000,000
Committee recommendation	439,515,000

The Committee recommends \$439,515,000 for the Promoting Safe and Stable Families program. The Committee recommendation includes \$345,000,000 in mandatory funds authorized by the Social Security Act (Public Law 74–271) and \$94,515,000 in discretionary appropriations.

This program enables States to operate coordinated programs of family preservation services, time-limited family reunification services, community-based family support services, and adoption promotion and support services.

Kinship Navigator Programs.—The Committee recommendation includes \$28,000,000 for Kinship Navigator Programs to improve services for grandparents and other relatives taking primary responsibility for children, particularly children and families affected by opioid addiction and substance use disorder. The Committee encourages HHS to encourage States to collaborate with agencies with experience servicing kinship families both inside and outside foster care, and to demonstrate how they are preparing their navigator programs to meet evidence-based kinship navigator standards included in the Family First Prevention Services Act (Public Law 115–123).

Family First Clearinghouse.—The Committee recognizes the need to support research into programs that provide rigorous evaluations of established foster care prevention and family support programs within the child welfare population, including programs that support adoption arrangements at risk of a disruption or dissolution that would result in foster care placement, provide mental health prevention and treatment services, substance abuse prevention and treatment services and in-home parent skill-based programs, and kinship navigator programs. The Committee provides \$6,750,000 for the Family First Clearinghouse to support evaluation and technical assistance relating to the evaluation of child and family services programs. The Committee encourages ACF, through the Office of Planning, Research and Evaluation [OPRE], to improve transparency and establish technical assistance procedures and other transparency efforts to advise programs on effective application metrics and on applicant best practices, informed by research standards and accepted programs for the clearinghouse.

PAYMENTS FOR FOSTER CARE AND PERMANENCY

Appropriations, 2022	\$6,963,000,000
Budget estimate, 2023	7,606,000,000
Committee recommendation	7,606,000,000

The Committee recommends \$7,606,000,000 in mandatory funds for Payments for Foster Care and Permanency. In addition, the Committee recommends \$3,200,000,000 in advance mandatory funding for the first quarter of fiscal year 2024. 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.

Adoption and Foster Care Analysis and Reporting System [AFCARS].—The Committee continues to strongly encourage HHS to collect all necessary data to improve outcomes for youth in the foster care system, including data collection on LGBTQ foster youth, parents, and guardians.

ADMINISTRATION FOR COMMUNITY LIVING

AGING AND DISABILITY SERVICES PROGRAMS

Appropriations, 2022	\$2,345,742,000
Budget estimate, 2023	3,013,433,000
Committee recommendation	2,542,788,000

The Committee recommends \$2,542,788,000 for the Administration for Community Living [ACL], an increase of \$197,046,000 above the fiscal year 2022 enacted level, which includes \$27,700,000 to be transferred to ACL from the PPH Fund.

ACL was created with the goal of increasing access to community support for older Americans and people with disabilities. It is charged with administering programs authorized under the Older Americans Act [OAA] (Public Law 116–131) and the Developmental Disabilities Act (Public Law 106–402), as well as promoting community living policies throughout the Federal Government for older Americans and people with disabilities.

The Committee continues to fund the Senior Medicare Patrol Program through the Health Care Fraud and Abuse Control Account.

Home- and Community-Based Supportive Services

The Committee recommends \$430,000,000 for the Home and Community Based Supportive Services program, which is \$31,426,000 above the fiscal year 2022 enacted level. 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 home-maker assistance.

Preventive Health Services

The Committee recommends \$26,339,000 for Preventive Health Services, an increase of \$1,491,000 above the fiscal year 2022 level. 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 \$40,000,000, \$15,342,000 above the fiscal year 2022 enacted level, for grants to States for the Long-term Care Ombudsman program and the Prevention of Elder Abuse program. Both programs provide formula grants to States to prevent the abuse, neglect, and exploitation of older individuals. The Ombudsman program focuses on the needs of residents of nursing homes and other long-term care facilities, while the elder abuse prevention program targets the elderly community at large.

National Family Caregiver Support Program

The Committee recommends \$220,000,000 for the National Family Caregiver Support program, which is \$26,064,000 above the fiscal year 2022 enacted level. Funds appropriated for this activity establish a multifaceted support system in each State for family caregivers, allowing them to care for their loved ones at home for as long as possible. States may use funding to provide information to caregivers about available services, assistance to caregivers in gaining access to services, caregiver counseling and training, respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities, and limited supplemental services that fill remaining service gaps.

National Family Caregiver Strategy.—The Committee is encouraged by the Family Caregiving Advisory Council's work to develop recommendations to establish a national approach to addressing the needs of all family caregivers and includes \$400,000 to continue

support for the development of a national family caregiving strategy.

Native American Caregiver Support Program

The Committee recommends \$11,306,000 to carry out the Native American Caregiver Support program. This program provides grants to Tribes for the support of American Indian, Alaskan Native, and Native Hawaiian families caring for older relatives with chronic illness or disability, as well as for grandparents caring for grandchildren.

Congregate and Home-Delivered Nutrition Services

The Committee recommends \$550,000,000 for congregate nutrition services, an increase of \$34,658,000 above the fiscal year 2022 enacted. The recommendation includes \$320,000,000 for home-delivered meals, an increase of \$28,658,000. These programs address the nutritional needs of older individuals, thus helping them to stay healthy and reduce their risk of disability. Funded projects must make home-delivered and congregate meals available at least once per day, 5 days a week, and each meal must meet a minimum of one-third of daily dietary requirements. While States receive separate allotments of funds for congregate meals, home-delivered meals, and supportive services, they have flexibility to transfer funds between these programs.

Nutrition Services Incentives Program [NSIP].—The Committee recommends \$160,069,000 for NSIP. NSIP augments funding for congregate and home-delivered meals provided to older adults. States and Tribes may choose to receive all or part of their funding in the form of commodities from the U.S. Department of Agriculture.

Aging Grants to Indian Tribes and Native Hawaiian Organizations

The Committee recommends \$36,264,000 for grants to Native Americans. This program provides grants to eligible Tribal organizations for the delivery of nutrition and supportive services to Native Americans.

Aging Network Support Activities

The Committee recommends \$22,461,000 for Aging Network Support activities, which is \$4,000,000 above the fiscal year 2022 level. These funds support activities that expand public understanding of aging and the aging process, apply social research and analysis to improve access to and delivery of services for older individuals, test innovative ideas and programs, and provide technical assistance to agencies that administer programs authorized by the OAA.

Care Corps Grants.—The Committee provides \$4,240,000 to support innovative local models in which volunteers assist family caregivers or directly assist older adults or adults with disabilities in maintaining their independence.

Holocaust Survivor Assistance.—The Committee provides \$10,000,000 for the Holocaust Survivor Assistance program, which provides supportive services for aging Holocaust survivors and their families, and to other older adult populations that have been exposed to and impacted by traumatic events, including aging mili-

tary veterans, first responders, victims of childhood and domestic violence, and survivors of man-made or natural disasters.

Alzheimer's Disease Program

The Committee recommends \$15,360,000, an increase of \$560,000, for the Alzheimer's Disease Program which includes Demonstration Grants to States and the Alzheimer's Disease Initiative. Within this funding, the Committee supports the continuation of the National Alzheimer's Call Center, which is available in all States, 24 hours a day, 7 days a week, year-round, to provide expert advice, crisis counseling, care consultation and information referral services in at least 140 languages, for persons with Alzheimer's disease, their family members and informal caregivers. The Committee recommends no less than \$2,000,000 to continue the National Alzheimer's Call Center.

Lifespan Respite Care

The Committee recommends \$14,000,000, an increase of \$5,890,000, for the Lifespan Respite Care program. The Lifespan Respite Care program provides grants to States to expand respite care services to family caregivers, improve the local coordination of respite care resources, and improve access to and quality of respite care services, thereby reducing family caregiver strain.

Chronic Disease Self-Management Program

The Committee recommends \$8,000,000 to be transferred from the PPH Fund to ACL for the Chronic Disease Self-Management Program [CDSMP]. This program assists those with chronic disease with education to manage their conditions and improve their health status. Topics covered by the program include nutrition; appropriate use of medications; fitness; and effective communications with healthcare providers. Multiple studies have shown CDSMP to result in significant and measurable improvements in health and quality of life, as well as reductions in hospitalizations and emergency room visits.

Elder Falls Prevention

The Committee recommends \$5,000,000 to be transferred from the PPH Fund for Elder Falls Prevention activities at ACL. Preventing falls will help seniors stay independent and in their homes and avoid costly hospitalizations and hip fractures, which frequently lead to nursing home placement.

Elder Rights Support Activities

The Committee recommends \$25,000,000 for Elder Rights Support activities, an increase of \$6,126,000 above the fiscal year 2022 enacted level. These activities support programs that provide information, training, and technical assistance to legal and aging services organizations in order to prevent and detect elder abuse and neglect.

Aging and Disability Resource Centers

The Committee recommendation includes \$8,119,000 for Aging and Disability Resource Centers. These centers provide informa-

tion, one-on-one counseling, and access for individuals to learn about their long-term services and support options with the goal of allowing seniors and individuals with disabilities to maintain their independence.

State Health Insurance Assistance Program

The Committee recommends \$53,115,000 for State Health Insurance Assistance Programs, which provide accurate and understandable health insurance information to Medicare beneficiaries and their families.

Paralysis Resource Center

The Committee recommends \$11,185,000 for the Paralysis Resource Center [PRC]. This program has long provided essential, comprehensive information, and referral services that promote independence and quality of life for the nearly 5.4 million people living with paralysis and their families. The Committee directs ACL to support the National PRC at not less than \$10,200,000.

Limb Loss

The Committee recommends \$4,200,000 for the Limb Loss program, which supports programs and activities to improve the health of people with limb loss and promote their well-being, quality of life, prevent disease, and provide support to their families and caregivers. Maintaining these programs is critical to support independent living within the disability community across their life course.

Traumatic Brain Injury

The Committee provides \$13,000,000 for the Traumatic Brain Injury program, an increase of \$1,179,000 above the fiscal year 2022 level. The program supports implementation and planning grants to States for coordination and improvement of services to individuals and families with traumatic brain injuries. Such services can include pre-hospital care, emergency department care, hospital care, rehabilitation, transitional services, education, employment, long-term support, and protection and advocacy services.

Developmental Disabilities State Councils

The Committee recommends \$82,000,000 for State councils on developmental disabilities, which is \$2,000,000 above the fiscal year 2022 level. These councils work to develop, improve, and expand the system of services and supports for people with developmental disabilities at the State and local level. Councils engage in activities such as training, educating the public, building capacity, and advocating for change in State policies with the goal of furthering the inclusion and integration of individuals with developmental disabilities in all aspects of community life.

Technical Assistance.—The Committee recommends the Department to provide not less than \$700,000 for technical assistance and training for the State Councils on Developmental Disabilities. In addition, the Committee encourages ACL to consult with Developmental Disabilities Act stakeholders prior to announcing opportunities for new technical assistance projects and to notify the Com-

mittee prior to releasing new funding opportunity announcements, grants, or contract awards with technical assistance funding.

Developmental Disabilities Protection and Advocacy

The Committee recommends \$45,000,000 for protection and advocacy programs for people with developmental disabilities, which is \$2,216,000 above the fiscal year 2022 enacted level. This formula grant program provides funds to States to establish and maintain protection and advocacy systems that protect the legal and human rights of persons with developmental disabilities who are receiving treatment, services, or rehabilitation.

Voting Access for Individuals with Disabilities

The Committee recommends \$12,414,000 to improve voting access for individuals with disabilities, an increase of \$3,951,000 above the fiscal year 2022 level. This program provides grants to protection and advocacy organizations to ensure that individuals with disabilities have the opportunity to participate in every step of the electoral process, including registering to vote, accessing polling places, and casting a vote.

Developmental Disabilities Projects of National Significance

The Committee recommends \$12,250,000 for projects of national significance to assist persons with developmental disabilities. This program funds grants and contracts that develop new technologies and demonstrate innovative methods to support the independence, productivity, and integration into the community of persons with developmental disabilities.

University Centers for Excellence in Developmental Disabilities

The Committee recommends \$45,000,000 for the University Centers for Excellence in Developmental Disabilities, an increase of \$2,881,000, to support the network of 67 centers that are interdisciplinary education, research, and public service units of a university system or public or nonprofit entities associated with universities. Funding is provided to ensure the UCEDDs can successfully respond to increased requests to assist people with I/DD; address the needs of people with disabilities from underrepresented populations; demonstrate quality and cost-effective services and supports for people with I/DD; and provide technical assistance to strengthen and support the National network of Centers as they disseminate research and practices nationwide.

Independent Living

The Committee recommends \$127,000,000 for the Independent Living Program, an increase of \$8,817,000. This program helps ensure that individuals with disabilities can live productive and independent lives in society. Funding helps States sustain, improve, and expand independent living services and establish and support a network of centers for independent living.

National Institute on Disability, Independent Living, and Rehabilitation Research

The Committee recommends \$119,000,000 for the National Institute on Disability, Independent Living, and Rehabilitation Research [NIDILRR], which is \$2,530,000 above the fiscal year 2022 enacted level. NIDILRR supports research and activities that help to maximize the full potential of individuals with disabilities in employment, independent living, and social activities. NIDILRR is the only government entity charged to focus on the whole person with a disability and their ability to function independently and maintain a high quality of life among all personal, societal and environmental factors. The recommendation continues funding to support the Traumatic Brain Injury Model Systems National Data and Statistical Center [NDSC].

Assistive Technology

The Committee recommends \$44,000,000, an increase of \$5,500,000, for Assistive Technology [AT]. AT provides States with funding to support individuals with disabilities of all ages to obtain devices and services that will increase, maintain, or improve their functional capabilities.

Program Administration

The Committee recommends \$56,000,000, an increase of \$13,937,000, for program administration at ACL. These funds support salaries and related expenses for program management and oversight activities.

Congressionally Directed Spending.—The Committee includes \$12,006,000 for aging and disability services projects, as specified in the explanatory statement accompanying this act.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

Appropriations, 2022	\$571,122,000
Budget estimate, 2023	665,067,000
Committee recommendation	980,222,000

The Committee recommends \$980,222,000 for General Departmental Management [GDM]. The recommendation includes \$64,828,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

This appropriation supports activities that are associated with the Secretary’s role as policy officer and general manager of the Department. It supports health activities performed by the Office of the Assistant Secretary for Health [OASH], including the Office of the Surgeon General. GDM funds also support the Department’s centralized services carried out by several Office of the Secretary staff divisions, including personnel management, administrative and management services, information resources management, intergovernmental relations, legal services, planning and evaluation, finance and accounting, and external affairs.

Abstinence-Only Education.—The Committee eliminates funding for the discretionary abstinence-only-until-marriage “sexual risk avoidance education” program for fiscal year 2023. This kind of

programming has been proven to be ineffective, including by a congressionally mandated evaluation. In addition, this kind of programming can be harmful as it withholds and distorts pertinent information that allows young people to make informed decisions about their health. Furthermore, it also often perpetuates harmful gender stereotypes, shames LGBTQ+ youth, and stigmatizes sex.

Alzheimer's Disease National Plan.—The Committee commends the Secretary for updating the National Plan to include a sixth goal focused on reducing the risk of dementia and promoting healthy aging. To ensure this goal is realized, the Committee directs the Secretary to include specific, measurable, time bound milestones and commensurate strategies to achieve this goal in the annual plan update and to align these milestones with budget requests. Milestones should be developed in collaboration with a broad group of non-governmental stakeholders including payers, technology platforms, consumer wellness and lifestyle innovators, health equity advocates, experts in the social determinates of health, and voluntary health organizations focused on each of the risk factors for Alzheimer's disease and related dementias.

Antibiotic Resistant Infections.—The Committee supports the Administration's proposal to combat antibiotic-resistant infections by encouraging the development of innovative antimicrobial drugs, which is in alignment with the United States' obligations made at the December 2021 G7 Summit. The Committee believes that it is essential to delink revenue of antimicrobials from volume of sales and provide a robust contracting mechanism to incentivize the commercial availability of new and novel antimicrobials in order to protect Americans against highly dangerous drug-resistant microbes. The success of similar creative funding initiatives, such as Project BioShield, show the need for pursuing unique approaches to preparing for and countering serious threats to human health. The Committee requests the Department provide a briefing to the Committees on Appropriations within 60 days of enactment of this act that details the budgetary requirements for implementation of this proposal. In addition, the Committee directs OASH, NIH, ASPR/BARDA, CDC, ASPE and AHRQ to jointly update the Committees on Appropriations no later than 60 days after the enactment of this act and each succeeding annual Appropriations bill detailing how HHS and its agencies are coordinating their AMR-related efforts, as well as domestic and international AMR trends. The briefing should include a comparison of actual performance for the most recent years available against the National targets established in the current National Action Plan for Combatting Antibiotic-Resistant Bacteria and whether those goals were achieved in the last fiscal year. Building on these results, agencies are directed to outline in briefings the focus of their plans for the next two fiscal years and how these are connected to longer-term objectives included in the current National Action Plan.

Bereavement and Grief Services.—The Committee encourages ASPE-in collaboration with OASH, CDC, NIH, and the Assistant Secretary for Mental Health and Substance Use-to research and develop a report on the scope of need for high quality evidence-based bereavement and grief services best practices for youth, and adults. COVID-19, the lack of access to cultural and community

supports due to the resulting social isolation from the pandemic, and the ongoing behavioral health crises have increased the need for bereavement care, and the Committee urges ASPE to evaluate the growing need for these services. The report should provide a holistic evaluation of populations impacted, such as healthcare workers and communities of color, and the types of necessary interventions to address grief. Additionally, the report should identify the prevalence of different mental health conditions (e.g., PTSD, complicated grief, etc.) that result from the intersection of the pandemic and the behavioral health crisis and identify bereavement and grief services that are currently utilized, the number of individuals accessing services, and their outcomes. This work should examine a potential expansion of the Behavioral Risk Factor Surveillance Survey to include a bereavement module urged in last year's agreement. It should also describe how best practices used in supporting bereavement and grief services in hospice care and other identified interventions could inform work with families who have lost a loved one to COVID-19.

Brain Aneurysm.—The Committee directs the Secretary to develop best practices on brain aneurysm detection and rupture for first responders, emergency room physicians, primary care physicians, nurses, and advanced practice providers.

Cardiovascular Disease [CVD].—The Committee is aware that the growing prevalence of CVD and its economic burden on the healthcare system. The Committee notes that lipid-panel (cholesterol) screenings, diagnosis and appropriate treatment and management of CVD is vital to preventing major cardiac events. The Committee is alarmed that more than 800,000 people die of CVD each year in the United States. Additionally, the Committee notes that according to the American Heart Association Journal, Black Americans and other people of color saw a disproportionate increase in the number of cardiovascular deaths during the COVID-19 pandemic. Various disease prevention and progression therapies are widely available, but individuals often face barriers in accessing such treatments, including prohibitive utilization management practices by health plans. The Committee directs the Secretary to provide a report to the Committees on Appropriations within 120 days of enactment of this act on challenges facing healthcare providers and patients related to postponed, delayed, or suboptimal treatments for CVD, including out of pocket costs.

Children's Interagency Coordinating Council.—The Committee notes that the pandemic has contributed to a further decline in the economic standing, education, and physical and mental health status of low-income children, particularly among youngsters in Hispanic, African American, and American Indian/Alaska Native families. Data shows that COVID-19 is causing more children and families to experience poverty and other hardships, including educational gaps and negative mental health impacts. The Committee supports collaboration amongst HHS, DOE, DOJ, USDA and other Federal agencies to address these problems. In order to foster greater coordination and transparency on child policy across agencies, the Committee includes \$3,000,000 to establish a Children's Interagency Coordinating Council. Among other tasks, the Council shall enter into agreement with NASEM to prepare a report to

Congress analyzing Federal policies that have affected child poverty. The study should rely on the Census Bureau Supplemental Poverty Measure, among other sources of information. In addition, the Council will examine and periodically report on a broad array of cross-cutting issues affecting child well-being.

Contraceptive Deserts.—One recent study found that contraceptive deserts vary across States, with between 17 and 53 percent of the State population living in a desert, defined as having no Title X clinic present in 2018. Furthermore, it found that low-income people and people of color are more likely to live in contraceptive deserts. The Committee requests that the Secretary undertake a study of contraceptive deserts and the extent to which changes to Federal policy can improve access. The Committee requests this report, along with recommendations, within 180 days of enactment.

COVID-19 Impacts on Ending the HIV Epidemic.—The Committee is concerned the COVID-19 pandemic has interrupted HIV prevention, testing, and linkage and engagement in care services that could allow HIV infections to go undetected and untreated, increasing the risk of HIV transmission, negatively impacting the health of those individuals with undiagnosed and untreated HIV, and undermining efforts to End the HIV Epidemic. The Committee directs OASH, in consultation with related agencies, to provide a report to the Committees on Appropriations no later than 180 days after the enactment of this act assessing the impact of the COVID-19 pandemic on access to and utilization of HIV testing, prevention, treatment and care services. The report shall include a special focus on key populations that have been disproportionately impacted by COVID-19, including Black, LatinX and LGBTQ+ communities, and communities in the Southern U.S. The report should also include recommendations for how investments in public health systems and the COVID-19 response, such as funding for the Disease Intervention Specialist workforce and other innovative approaches, can be leveraged to increase access to HIV testing, prevention, treatment, and care services.

Decentralized Trials.—The Committee notes that the COVID-19 pandemic has shown the possibility of conducting remote and decentralized clinical trials. Decentralized trials can foster greater participation, including by promoting increased diversity in clinical trial participants. The Committee directs the Secretary to evaluate agency practices across the Department to ensure that providers and patients have tools to identify and participate in decentralized and remote clinical trials. The assessment should include steps to foster greater data sharing, including of electronic health records, genomics, and imaging information. Not later than 18 months after the enactment of this act, the Secretary-in collaboration with FDA, ONC, and CMS-shall deliver a report to the Committees on Appropriations with its findings and recommendations to accelerate decentralized clinical trials and increase trial diversity.

Pain Management.—The Committee remains deeply concerned about the epidemic of acute and chronic pain, including its inter-relationship with the opioid crisis. The COVID-19 pandemic has exacerbated these problems. As recommended in the HHS Pain Management Best Practices Inter-Agency Task Force report [Task Force report], the Committee urges the Department to coordinate

with the Departments of Defense [DoD] and Veterans Affairs [VA] to launch a public awareness campaign to educate Americans about the differences between acute and chronic pain and available evidence-based non-opioid treatment options. The Committee again urges the Department to widely disseminate the report's recommendations, including the importance of individualized, multidisciplinary, patient-centered care in the treatment of pain to healthcare providers and other public health stakeholders, including but not limited to State public health departments, medical licensing boards, medical schools, and VA facilities, and to update relevant pain management policies and educational tools to reflect Task Force recommended best practices across all relevant HHS agencies. The Committee directs the Department to provide the Committees on Appropriations a report on its progress to disseminate the Task Force report's recommendations as well as resources required to generate a public awareness campaign on the differences between acute and chronic pain and the full range of treatment options in the Task Force report within 180 days of enactment of this act.

Ensuring Equity in Telehealth Policies.—The COVID-19 pandemic has exposed an array of related health disparities, including a difference in severity and outcomes by race and ethnicity; geographic location; and socioeconomic status. The rapid expansion of telemedicine has been an effective tool in mitigating barriers to care during the pandemic. The Committee recognizes that focusing on health equity when considering telehealth policies is imperative to ensuring the needs of underserved communities are met. Therefore, the Committee directs HHS to prioritize equity as a consideration when making decisions on telehealth policy during and after the COVID-19 public health emergency and to report to Congress within 60 days after the end of the public health emergency how it is using telehealth to sustain equitable access.

Global Health Research.—The Committee requests an update in the fiscal year 2024 CJ on how CDC, FDA, BARDA, and NIH jointly coordinate global health research activities with specific measurable metrics used to track progress and collaboration toward agreed upon health goals.

Hepatitis B.—The Committee is aware of the November 2021 Advisory Committee Immunization Practices [ACIP] recommendation that all adults between 19 and 59 be vaccinated for hepatitis B and urges the Secretary to fully support the CDC to insure the ACIP recommendation is implemented as early as possible in fiscal year 2023. The Committee also urges the Secretary to host an inter-agency Summit to discuss dissemination and implementation of the new recommendation. The Committee is also aware that the CDC is actively considering a complimentary universal HBV screening policy and urges the OASH to support this process and be prepared to lead an implementation effort if it is adopted.

Herpes Simplex Virus [HSV].—The Committee expects OASH to develop a national strategic plan for the treatment and prevention of HSV types 1 and 2 as directed by Public Law 117-103. The Committee directs the Department to update the Committees on Appropriations on this work within 30 days of enactment of this act.

Liver Disease.—The Committee is concerned by the disproportionate impact of liver disease on minority populations and encourages the Secretary to work with DoD and VA to develop a strategy to prevent, diagnose, and treat liver disease at all levels of the Federal Government. Specifically, the strategy should identify opportunities to better coordinate efforts to prevent future cases of liver disease through better disease surveillance and improve liver disease outcomes for current patients by addressing health disparities and inequities.

Nonprofit Pharmaceutical Industry.—The Committee recognizes the potential of the emerging nonprofit pharmaceutical industry to address certain gaps in the pharmaceutical marketplace. In particular, the Committee is interested in better understanding how the nonprofit pharmaceutical sector could address drug shortages, increase access to essential medicines, provide low-cost alternatives to expensive medications, and enhance domestic pharmaceutical manufacturing capacity. The Committee directs ASPE to conduct an analysis of the benefits a nonprofit pharmaceutical model may provide in addressing these goals, and what policy changes might be necessary to make success possible. The Committee requests that this analysis be provided to the Committees on Appropriations no later than 120 days after enactment of this act.

Nonrecurring Expenses Fund [NEF].—The Committee directs the Secretary to prioritize obligations from resources in the NEF for projects currently underway, including the CDC NIOSH facility in Cincinnati, Ohio. The Secretary should complete outstanding projects, prioritizing the NIOSH project, in a timely manner and prior to funding to new projects.

Office of Climate Change and Health Equity.—The Committee includes \$3,000,000 in funding for the Office of Climate Change and Health Equity [OCCHE] within OASH. HHS established OCCHE to enhance overall population health by serving at the intersection of social determinants of health and climate resiliency.

Office of the Assistant Secretary for Financial Resources [ASFR].—The Committee recommendation includes an additional \$300,000 to hire an appropriations attorney. When necessary, the Committee has funded attorney positions in other department financial resources offices when it cannot get the timely legal advice from the Department's General Counsel. The Committee directs ASFR to expeditiously fill this position upon enactment of this act.

Office of the General Counsel [OGC].—The Committee recommendation includes \$31,100,000, which is the same as the fiscal year 2022 level for OGC.

Preventing Harmful Exposure to Phthalates.—The Committee is concerned about the prevalence of the class of chemicals known as ortho-phthalates (phthalates) in materials that come into contact with food (“food contact articles”) through the use of plastic gloves, and food packaging. This class of chemicals, which has been found to leach into food from the plastic, is linked with harm to child brain development and male reproductive development. Therefore, the Committee directs the Secretary, in coordination with FDA, to consider withdrawing approval of the nine phthalates that are currently approved for use in food contact articles and to submit to the Committees on Appropriations within 180 days of enactment of this

act a public report outlining next steps for protecting the public from exposure to phthalates in food, including details on how and where these chemicals are getting into the food supply.

Population Health Data Modernization.—The Committee notes that many healthcare providers that treat uninsured patients and Medicaid beneficiaries often lack population health management tools and modernized information technology systems to support comprehensive care for these individuals. To mitigate the risk of increasing disparities and inequity in the care for these patients, the Secretary is encouraged to develop—in coordination with ONC, HRSA and CMS—a roadmap for modernizing the technology systems used by healthcare providers that disproportionately treat underserved populations. The Secretary shall include a progress report on this effort in the fiscal year 2024 CJ.

Programs of All-Inclusive Care for the Elderly.—The Committee notes before the COVID–19 pandemic and during the COVID–19 Public Health Emergency, Programs of All-Inclusive Care for the Elderly [PACE] have been effective in keeping their medically complex, nursing home eligible population safe at home. Given the increasing demand for home and community based services by older adults and those living with disabilities, within 120 days of enactment of this act, the Committee directs the Secretary to submit a report providing details of an implementation plan for PACE-specific model tests that examine methods of increasing access and affordability for Medicare and Medicaid beneficiaries.

Public Health Data Report.—The Committee encourages HHS to provide a report on whether additional data authority, as recommended in GAO report 20–701, would improve the availability of COVID–19 and other public health data, including important demographic data, to support rapid data analysis that will allow public health professionals and policymakers to gain real-time insights, enhancing the ability of the United States to detect public health threats before they become emergencies.

Reproductive Healthcare Access Fund.—The Supreme Court’s decision to overturn *Roe v. Wade* in June 2022 is having the immediate and devastating impact of limiting or banning access to abortion care in nearly half of states across the country. The Committee recognizes that access to safe and legal abortion is an essential part of healthcare. Therefore, the fiscal year 2023 bill removes the harmful Hyde and Weldon Amendments and invests \$350,000,000 for a new fund to expand access to care for women seeking abortion services, including assistance to cover the costs of services, travel, childcare, lodging and other barriers that impede access. This also includes funding for health providers to support expanded hiring and construction and renovation to expand capacity and enhance protections for providers in States where abortion remains legal.

Reproductive Health Ombudsman.—The Committee includes \$10,000,000 for the Secretary to establish a Reproductive Health Ombudsman, which shall: oversee reports of failure by insurers to adequately cover birth control costs; disseminate information to help individuals connect with Title X clinics, STD clinics, and abortion funds; and provide information on safety related to self-managed abortions.

School-Based Mental Health.—The Bipartisan Safer Communities Act requires the Secretary, in consultation with the Secretary of Education, to provide updated guidance and technical assistance to support the expansion of access to school-based healthcare through the Medicaid program. Such guidance must address, in part, updates to the Medicaid School-Based Administrative Claiming Guide, tools to support Medicaid billing and record-keeping, best practices for enrolling school-based health providers in Medicaid, and best practices for providing Medicaid-covered services in school settings. Congress included \$50,000,000 for CMS to award planning grants to States for the purpose of implementing, enhancing, or expanding school-based health programs under Medicaid or the Children’s Health Insurance Program. The Committee believes such guidance and resources should include information on sustaining school-based mental healthcare staff hired using funding available from the Elementary and Secondary School Emergency Relief Fund, Mental Health Service Professional Development Grant Program and School-based Mental Health Services Grant Program, including such programs funded in the Bipartisan Safer Communities Act. The Committee directs the Departments to provide a briefing to the appropriations and authorizing committees not later than 90 days after enactment of this act on the Department’s actions and plans, in conjunction with the Department of Education, to support SEAs and LEAs in utilizing these supports and funds to implement the Medicaid in Schools program.

Sickle Cell Disease Treatment Centers.—Approximately 100,000 Americans are living with sickle cell disease, an inherited blood disorder that causes pain, infection, and stroke. This disease disproportionately affects Black Americans, occurring in approximately one in every 365 Black or African American births. NASEM’s report, “Addressing Sickle Cell Disease: A Strategic Plan and Blueprint for Action”, provides important recommendations for improving the health and quality of life for sickle cell disease patients, including a hub and spoke “Centers of Excellence” care model. The Committee urges HHS to direct the Sickle Cell Interagency Working Group to use the NASEM report to develop a plan for treatment centers to address the unmet care needs for patients with sickle cell disease, sickle cell trait and other heritable hemoglobinopathies and report back to the Committees on Appropriations within 180 days of enactment of this act.

Teen Pregnancy Prevention

The Committee recommendation includes \$130,000,000 for the Teen Pregnancy Prevention [TPP] program, which is \$29,000,000 above the fiscal year 2022 enacted level. TPP has been widely cited as a high-quality evidence-based program, including by the bipartisan Commission on Evidence-Based Policymaking. This program supports competitive grants to public and private entities to replicate evidence-based teen pregnancy prevention approaches and develop and evaluate new and innovative approaches to prevent teen pregnancy and STIs among adolescents. In addition, the recommendation includes \$6,800,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

Teen Pregnancy Prevention Program Evidence Review.—The Committee includes \$900,000 for ASPE to support the TPP Evidence Review. The Evidence Review is an independent, systematic, rigorous review of evaluation studies that informs grant making and provides a clearinghouse of evidence-based programs for other Federal, State, and community initiatives.

Office of Minority Health

The Committee recommends \$80,835,000 for the Office of Minority Health [OMH], which is \$16,000,000 above the fiscal year 2022 enacted level. The Office focuses on strategies designed to decrease health disparities and to improve the health status of racial and ethnic minority populations in the United States. OMH establishes goals and coordinates all departmental activity related to identifying and disseminating innovative and effective approaches for improving health outcomes for racial and ethnic minority individuals.

Achieving Equitable Maternal Health Outcomes.—The Committee recommendation provides \$7,000,000 for awards to community-based and other eligible organizations located in geographic areas with high rates of adverse maternal health outcomes, particularly among racial/ethnic minority families. The awards will support activities that include but are not limited to identifying evidence-based and evidence-informed practices for: addressing social determinants of health; promoting evidence-based health literacy, and pregnancy, childbirth, and parenting education programs; providing support from perinatal health workers; and providing culturally congruent, linguistically appropriate, and trauma-informed training to perinatal health workers.

Addressing Structural Racism in Public Health.—The Committee provides \$7,000,000 to establish a pilot program to address structural racism in public health and promote policies and practices that counter the disparate impact on the health and well-being of racial and ethnic minority populations. The program will support coalitions at the community level to identify existing policies, practices and programs that impede equitable access to care and perpetuate health disparities. The initiative will support public and non-profit entities that represent a community coalition to address structural racism in public health.

Center for Indigenous Innovation and Health Equity.—The Committee continues to recognize the importance of advancing Indigenous solutions to achieve health equity. The Committee provides \$3,000,000, an increase of \$1,000,000 to the OMH to support the work of the Center for Indigenous Innovation and Health Equity.

Language Access Services.—The Committee recommendation includes an increase of \$1,000,000 to expand research, development and testing of methods to inform limited English proficient [LEP] individuals about their right to and the availability of language access services. This includes including considerations related to literacy levels of LEP populations, the needs of older adults and speakers of indigenous languages, readability, and the usage of symbols, taglines, translated materials and other methodologies. OMH shall create a Technical Advisory Committee [TAC] for the project to consult with external experts and organizations with knowledge on or connections to limited English proficient commu-

nities. The TAC should include advocates, interpreters and translators (or representatives of their associations), individuals engaged in refugee resettlement (to represent individuals with less frequently encountered languages), and others who work with LEP individuals. The Committee directs OMH to submit a report on this research within 18 months of the date of enactment of this act to the Committees on Appropriations.

Lupus Initiative.—The Committee continues support for the National Lupus Outreach and Clinical Trial Education Program and the goal of increasing minority participation in lupus clinical trials. The program has developed multiple resources that can be used by the broader lupus community to enhance trial enrollment. The Committee encourages OMH to continue to develop public-private partnerships, validate existing action plans, and engage the lupus community in order to facilitate the use and development of action plans to increase participation in clinical trials for all minority populations at highest risk of lupus including, Native Americans, Asians, Hispanics, and African Americans.

Minority HIV/AIDS Fund

The Committee includes \$60,000,000 for the Secretary's Minority HIV/AIDS Fund, an increase of \$3,100,000 above the fiscal year 2022 enacted level, to strengthen and expand services provided by minority-serving community-based organizations [CBOs] for HIV education and awareness campaigns, testing, prevention, linkage to care, and engagement in care to racial and ethnic minority individuals at risk for or living with HIV in order to address the decline in HIV testing and the challenges with linkage to and retention in care and treatment that occurred during the COVID-19 pandemic. Funding may be prioritized for minority-serving CBOs in the South, which has the highest burden of HIV of any region nationwide.

Office of Women's Health

The Committee recommends \$48,140,000 for the Office of Women's Health [OWH], which is \$10,000,000 above the fiscal year 2022 enacted level. This office develops, stimulates, and coordinates women's health research, healthcare services, and public and healthcare professional education across the Department. It advances important crosscutting initiatives and develops public-private partnerships, providing leadership and policy direction to address the disparities in women's health.

The Committee recommendation includes \$10,100,000 an increase of \$5,000,000 to combat violence against women through the State partnership initiative. This program provides funding to State-level public and private health programs to partner with domestic and sexual violence organizations to improve healthcare providers' ability to help victims of violence and improve prevention programs. The Committee continues to recommend OWH create a State-level pilot program to incentivize substance use disorder treatment providers to be trained on intimate partner violence.

Women's Health Research Study.—To address the persistent gaps of knowledge of women's health and improve access to care, the Committee directs the Secretary to coordinate with NIH and

NASEM in support of research that explores the proportion of research on conditions that are more common or unique to women. This research should establish how these conditions are defined and ensure that it captures conditions across the lifespan, evaluates sex and gender differences and racial health disparities, and determine the appropriate level of funding that is needed to address gaps in women’s health research at the NIH and submit to Congress a report containing the findings and recommendations of the study no later than 18 months after enactment of this Act.

OFFICE OF MEDICARE HEARINGS AND APPEALS

Appropriations, 2022	\$196,000,000
Budget estimate, 2023	196,000,000
Committee recommendation	196,000,000

The Committee provides \$196,000,000 for the Office of Medicare Hearings and Appeals [OMHA]. This Office is responsible for hearing Medicare appeals at the Administrative Law Judge [ALJ] level, which is the third level of Medicare claims appeals. OMHA ensures that Medicare beneficiaries who are dissatisfied with the initial decisions about their benefits or eligibility can appeal and exercise their right to a hearing in front of an ALJ.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

Appropriations, 2022	\$64,238,000
Budget estimate, 2023	103,614,000
Committee recommendation	74,238,000

The Committee makes available \$74,238,000, in transfers available under section 241 of the PHS, to the Office of the National Coordinator for Health Information Technology [ONC]. ONC is responsible for coordinating Federal health information systems and collaborating with the private sector to develop standards for a nationwide interoperable health information technology infrastructure.

Communication with the Committee.—The Committee notes instances of delayed reports and incomplete information on requested communications. ONC shall notify the Committee of any limitations with any directive included in a report or explanatory statement, and such notification shall be provided within 30 days of the public release of any such report or statement.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2022	\$82,400,000
Budget estimate, 2023	106,329,000
Committee recommendation	87,400,000

The Committee recommends \$87,400,000 for the HHS Office of Inspector General [OIG].

OIG conducts audits, investigations, and evaluations of the programs administered by the Department’s operating and staff divisions, including the recipients of the Department’s grant and 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, 2022	\$38,798,000
Budget estimate, 2023	60,250,000
Committee recommendation	60,250,000

The Committee recommends \$60,250,000 for the Office for Civil Rights [OCR] in budget authority. OCR is responsible for enforcing civil rights-related statutes in healthcare and human services programs. To enforce these statutes, OCR investigates complaints of discrimination, conducts program reviews to correct discriminatory practices, and implements programs to generate voluntary compliance among providers and constituency groups of health and human services.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

Appropriations, 2022	\$673,278,000
Budget estimate, 2023	710,327,000
Committee recommendation	710,327,000

The Committee provides an estimated \$710,327,000 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, 2022	\$3,199,678,000
Budget estimate, 2023	3,814,610,000
Committee recommendation	3,639,479,000

The Committee recommends \$3,639,479,000 for the Public Health and Social Services Emergency Fund. This appropriation supports the activities of the Assistant Secretary for Preparedness and Response [ASPR] and other components within the Office of the Secretary to prepare for the health consequences of bioterrorism and other public health emergencies, including pandemic influenza. It also provides funding for the Department's cybersecurity efforts.

Office of the Assistant Secretary for Preparedness and Response

The Committee recommendation includes \$3,077,081,000 for activities administered by ASPR. This Office was created to lead the Department's activities regarding preventing, preparing for, and responding to public health emergencies, including disasters and acts of terrorism.

Antimicrobial Resistance [AMR].—The Committee is encouraged by the Administration's proposal to combat antibiotic-resistant infections by encouraging the development of innovative antimicrobial drugs, which is in alignment with the United States' obligations made at the December 2021 G7 Summit. The Committee requests the Department provide a briefing to the Committees on Appropriations within 60 days of enactment of this act that details the budgetary requirements for implementation of this proposal.

The Committee directs the Office of the Assistant Secretary for Health, NIH, ASPR/BARDA, CDC and AHRQ to jointly brief the Committees on Appropriations no later than 30 days after the enactment of this act and each succeeding annual Appropriations bill detailing how HHS and its agencies are coordinating their AMR-related efforts. The briefing should include a comparison of actual performance for the most recent years available against the National targets established in the current National Action Plan for Combatting Antibiotic-Resistant Bacteria and whether those goals were sustained in the last fiscal year. Building on these results, agencies are directed to outline the focus of their plans for the next two fiscal years and how these are connected to longer-term objectives included in the applicable National Action Plan.

At-Home Diagnostic Testing.—The Committee recognizes the benefit of reliable at-home diagnostic testing for COVID-19 and sees value in expanding at-home testing options for use against other infectious disease threats. ASPR is urged to partner with industry to advance at-home infectious disease diagnostic technologies, including those that are designed to accurately diagnose more than one viral agent. The Committee encourages ASPR to work across HHS to advance such tests and technological solutions that can facilitate home test result reporting to relevant public authorities and providers. The Committee requests a briefing from ASPR on the status and progress of these activities within 180 days of enactment of this act.

Commercialization of COVID-19 Vaccines and Therapeutics.—The Committee directs ASPR to provide a briefing to the Committees on Appropriations on the plan to transition COVID-19 vaccines and therapeutics with FDA approval to the commercial market. Such briefing shall include a timeline for each product, for products that have FDA approval and those that have emergency use authorization; possible costs associated with a transition from Federal purchasing to the private market; and details about how non-Federal purchasers will compete in the market. Such briefing shall be provided within 30 days of enactment of this act and every 6 months thereafter until transition to the commercial market is complete.

Ensuring the Availability of Next Generation Masks and Respirators.—The Committee is concerned about sufficient availability of high-quality respirators and masks for healthcare workers, other essential workers, and the public in a future pandemic or public health emergency. Current disposable respirators and medical use masks depend on unreliable global supply chains and are not cost efficient in a large-scale, prolonged emergency. The Committee understands that reusable respirators would be less vulnerable to supply chain disruptions and more cost efficient in the long run, and urges ASPR to assess its stockpile of reusable respirators and conduct scenario-based modeling studies to determine the appropriate amount needed for the stockpile. ASPR should consider creating Target Product Profiles [TPP] for respirators and masks and a process of recurring competitive bids for products meeting the increasingly stringent TPPs. ASPR is directed to submit a progress report to the Committees on Appropriations on these activities within 120 days of enactment of this act.

Far-Forward Patient Care.—The Committee recognizes that advancing and expanding far-forward patient care can significantly improve the delivery, cost, and outcomes for patients injured by natural or human-caused disasters. Conducting traditional medical care closer to the point of injury can also have positive downstream effects on routine medical operations. ASPR is encouraged to consider establishing a federally Funded Research and Development Center [FFRDC] in partnership with an academic medical center to improve far-forward care, transportation and coordination, and advanced technology that can provide additional solutions to future patient care. Furthermore, ASPR is also encouraged to consider leveraging this FFRDC to support the National Disaster Medical System by utilizing the experience and innovations produced by the Center.

Insulin Domestic Supply Chain.—The Committee notes the importance of developing a domestic supply chain of insulin, and encourages ASPR to review the potential for establishing an Insulin Center of Excellence. A Center of Excellence would promote lower prices in the U.S. by addressing the entire life cycle of insulin product and development, including research and development, clinical trials, production, and post-market studies.

Public Health Emergency Medical Countermeasures Enterprise [PHEMCE].—The Committee is aware that NASEM released a report in November 2021, Ensuring an Effective Public Health Emergency Medical Countermeasures Enterprise, that provides recommendations for a re-envisioned PHEMCE. Four priority areas of improvement emerged, including collaborating more effectively with external public and private partners. The Committee encourages efforts by the PHEMCE to create an advisory committee incorporating private sector and non-Federal partners and stakeholders to enhance transparency and communication, identify and close gaps, and build collaborative solutions.

Reporting.—The Committee directs ASPR to brief the Committees on Appropriations monthly regarding activities funded by this act and other available appropriations. The agency shall notify the Committee at least 24 hours in advance of any obligation greater than \$25,000,000 from any appropriation available to ASPR. Such notification shall include the source of funding, including the applicable legislative citation, and a description of the obligation. In addition, ASPR shall submit a monthly obligation report in electronic format summarizing the details of these obligations to the Committees on Appropriations. Such report shall be due not later than 30 days after the end of each month and shall be cumulative for the fiscal year with the most recent obligations listed at the top. Furthermore, the Secretary shall include in this monthly report the current inventory of COVID-19 vaccines and therapeutics, as well as the deployment of these vaccines and therapeutics during the previous month as reported by States and other jurisdictions until the inventory is expended.

Strategic Active Pharmaceutical Ingredients Reserve [SAPIR].—The Committee is concerned with the risk of increased reliance on foreign-based sources for much of the pharmaceutical supply chain's Active Pharmaceutical Ingredients [APIs], their chemical components and drug production. Key identified vulnerabilities in

the essential medicine supply chain include the current lack of the ability to manufacture high-quality products for the U.S. market, need for diversification of the drug supply chain, and establishing redundancy in the supply chain, such as incentivizing the existence of multiple manufacturers for each product and its precursors. The Committee urges BARDA to prioritize and expand programs that deliver high quality, cost competitive API to the SAPIR to ensure U.S. supply chain reliability and resiliency. The Committee directs the Secretary to submit to the Committees on Appropriations an action plan as part of these activities to address identified vulnerabilities in the National drug supply chain infrastructure related to stockpiling and access to essential API within 180 days of enactment of this act. This report shall include a description of the Department's current methodology for identifying and prioritizing such products based on their strategic importance to public health emergency response needs and drug shortage vulnerabilities, and specific steps the Department is taking to ensure: a robust and secure domestic stockpile; mitigation of supply chain vulnerabilities in API due to offshore production; and increased domestic manufacturing capabilities.

HHS Coordination Operations and Response Element (H-CORE).—The Committee includes \$82,801,000 to establish annual funding to ensure the synchronization of medical countermeasure efforts for the COVID-19 response and other threats, as they arise. The Committee requests the Secretary to provide to the Committee a detailed budget justification for its H-CORE proposal, including the specific levels of resources currently dedicated to these efforts using existing base and emergency supplemental funding. HHS should describe in its justification how current costs and operations included under H-CORE will be affected by plans to restructure ASPR as a separate Operating Division within the Department. More broadly, HHS should explain how the proposed restructuring will affect its response to both ongoing and future public health emergencies, including the envisioned roles of ASPR and CDC.

National Disaster Medical System

The Committee includes \$103,904,000, an increase of \$28,500,000, for the National Disaster Medical System to improve the disaster readiness of the Nation by better coordinating existing assets with States and regions.

Mission Zero.—The Committee includes \$10,000,000, an increase of \$8,000,000, for civilian trauma centers to train and incorporate military trauma care providers and teams into care centers.

Pediatric Disaster Care.—The Committee includes \$8,000,000, an increase of \$2,000,000, to support the pediatric disaster care program.

Public Health Preparedness Equipment.—The Committee includes \$20,000,000, an increase of \$10,000,000, for ASPR to invest in next generation air mobility solutions that will ensure more cost-effective health delivery systems.

Hospital Preparedness Program

The Committee's recommendation includes \$325,555,000, an increase of \$30,000,000, for the Hospital Preparedness Program

[HPP]. HPP provides grants to States to build healthcare coalitions that enhance regional and local hospital preparedness and improve overall surge capacity in public health emergencies. The Committee believes this funding should be carefully coordinated within communities to continue to provide our Nation's hospitals and emergency responders the necessary tools to respond quickly and collaboratively to public health emergencies.

EMS Preparedness and Response Workforce Shortage Program.—The Committee recognizes that our Nation is facing a crippling EMS workforce shortage which threatens public health and jeopardizes our ability to respond to healthcare emergencies on a timely basis. ASPR should prioritize ensuring a well-trained and adequate ground ambulance services workforce in underserved, rural, and Tribal areas and/or addressing health disparities related to accessing prehospital ground ambulance healthcare services, including critical care transport.

Hospital Preparedness Program Cooperative Agreements.—The Committee includes \$250,000,000, an increase of \$18,500,000, for critical support to State, local and regional partners to advance healthcare system preparedness and response.

National Special Pathogen System [NSPS].—The Committee includes \$8,500,000, an increase of \$2,000,000, to continue to support the National Emerging Special Pathogens Training and Education Center [NETEC], and \$36,000,000, an increase of \$15,000,000, to increase support for existing Regional Ebola and Other Special Pathogen Treatment Centers [RESPTCs] and to expand the number of RESPTCs and Special Pathogen Treatment Centers [SPTCs] to prepare for future pandemic threats. The Committee requests both a written report and briefing within 90 days of enactment of this act, and annual reports and briefings thereafter, on progress in establishing a robust NSPS and integrating NSPS with other healthcare delivery systems of care for emergencies, such as the trauma system.

Real-time Hospital Capacity Data.—The Committee recognizes the important contributions of HPP and the Regional Disaster Health Response System, as well as the jointly led effort by ASPR and CDC to establish the Unified Hospital Data Surveillance System. These programs allow timely response not only to medical emergencies, but to other disasters, natural and man-made, that tax our Nation's hospital systems and their capacity to treat patients. The Committee continues to support ASPR's preparedness efforts, and encourages its increased support of real-time data tracking to improve overarching capacity issues experienced by hospitals and providers in all 50 States and the territories during community, State, regional, and national emergencies. The Committee urges ASPR to identify the lessons that can be learned and the tools that have been developed for hospital data collection during the COVID-19 response for all-hazards hospital data collection and public health situational awareness.

Regional Disaster Health Response System.—The Committee includes \$7,000,000 to support ASPR's efforts to improve disaster readiness by better coordinating healthcare infrastructure and systems with States and across regions. The Committee urges ASPR to continue improving regional readiness efforts to increase re-

gional ability to respond to threats, leverage local, State, and Federal healthcare assets across coalition and State lines, and improve communications and coordination among participating agencies.

Biomedical Advanced Research and Development Authority [BARDA]

The Committee recommendation includes \$818,505,000, an increase of \$73,500,000, for the Biomedical Advanced Research and Development Authority [BARDA]. BARDA supports the advanced development of vaccines, drugs, and therapeutics for potential serious public health threats, including chemical, biological, radiological, and nuclear threats, pandemic influenza, and emerging and re-emerging infectious diseases. BARDA has played a critical role in the COVID-19 response, and the Committee encourages BARDA to expand its portfolio of partnerships for broader success.

Blood Supply.—The Committee's concerns about the vulnerability of the blood supply have been amplified by the frequent blood shortages resulting from the COVID-19 pandemic. While BARDA has developed next generation blood products to respond to nuclear threats, the threats posed by future pandemics involving a hemorrhagic disease, lone-wolf or coordinated terrorist attack, or natural or man-made disasters should be considered a priority for funding. The Committee encourages further development of freeze-dried hemostatic products, especially platelet-derived products, suitable for treatment of hemorrhagic disease, and use in general surgery, obstetrics, and trauma. The Committee further urges that, as a stopgap measure and pilot project, the Secretary, as soon as feasibly possible, support a pilot project to expand the manufacturing base for these products in order to develop adequate infrastructure supporting a national inventory to accommodate predicted needs so that in the event of an overwhelming number of casualties these research products could be used to fill the capability gap under the auspices of the Emergency Use Authorization Act.

Infectious Diseases.—The Committee commends BARDA for supporting advanced development efforts to produce vaccines, diagnostics, drugs, and therapeutics to minimize serious threats of infectious disease. The Committee supports robust funding for increased work by BARDA in this space to prepare for emerging infectious disease outbreaks and other naturally occurring threats to global health security. The Committee encourages BARDA to account for the constraints of different settings in its funding decisions to foster first-line tools that have wide applicability for many geographies, including low-resource settings in the U.S. and globally which may lack advanced health infrastructure. The Committee encourages ASPR to continue reporting and delineating its spending on emerging infectious diseases, pandemic influenza, and AMR in its annual 5-year budget plan for medical countermeasure [MCM] development. The Committee urges BARDA to publicly and regularly provide updated pathogen, product, and project-level data for all its funding, which it has done on its website for COVID-19 MCM investments, and to provide underlying data in tabular form. Such reporting helps clarify how ASPR is considering naturally occurring threats, including AMR, in relation to other priority areas

of MCM development, particularly given the inclusion of naturally occurring threats in the Strategic Initiatives section of the Pandemic and All-Hazards Preparedness and Advancing Innovation Act (Public Law 116–22).

Infectious Disease Outbreaks with Pandemic Potential.—The Committee encourages BARDA to engage in public-private partnerships to support advanced research and development of innovative platform technologies and MCM programs focused on (but not limited to) vaccines, therapeutics, and other MCMs for emerging infectious diseases, including novel pathogens and viral families with pandemic potential. The Committee encourages ASPR to collaborate with the heads of other appropriate Federal departments, agencies, and offices, the private sector, and other stakeholders to identify promising MCMs and platform technologies that can be leveraged to address a range of potential pathogens, including virus families with significant pandemic potential. The Committee directs BARDA to prioritize expeditious development of such MCMs and innovative platform technologies. The Committee requests a briefing from BARDA within 90 days of enactment of this act to provide an update on such efforts.

Long-COVID.—The Committee is concerned about the prevalence of “long-COVID” in patients who have previously been diagnosed with COVID–19. While there are no therapeutics currently on the market for this condition, there are existing FDA-approved services being used to treat long-term vascular disease which may also show promise in reducing long-COVID symptoms. The Committee encourages BARDA to consider investments to address this issue, with a specific focus on therapies with demonstrated evidence of improvement of symptoms.

Next-Generation Medical Technologies.—The Committee recognizes the need for next-generation medical technologies. The Committee urges BARDA to continue investments in promising new medical technologies to secure the next-generation of vaccines, diagnostics, and therapeutics to prepare the country to more quickly and effectively respond to current and future pathogens of pandemic potential. BARDA is urged to support a variety of vaccine platforms that improve vaccine immunogenicity, durability, tolerability, as well as thermostability, storage, and transport.

Red Blood Cell Technology.—The Committee commends BARDA for its clinical trial development of urgently needed nucleic acid targeted pathogen reduction technology to significantly improve red blood cell transfusion safety for all blood products in the Nation’s blood supply. The Committee urges BARDA to continue investments in blood technologies, including the Pathogen Reduced Red Blood Cell Technology clinical trial.

Strengthening Domestic Medical Manufacturing and Production.—The Committee is concerned about the Nation’s limited infrastructure to produce essential products such as medical devices, medical equipment, pharmaceuticals, and personal protective equipment [PPE]. Weaknesses in the supply chain and the dependence of the U.S. healthcare system on other countries continues to impact the availability of products and in some cases, limits care. The Committee recognizes the importance of domestic manufacturing and raw materials and urges HHS to undertake efforts to

ensure a long-term sustainable domestic supply chain for medical products.

Project BioShield Special Reserve Fund

The Committee recommendation includes \$790,000,000, an increase of \$10,000,000, for Project BioShield. The Committee is committed to ensuring the Nation is adequately prepared against chemical, biological, radiological, and nuclear attacks. These funds support the acquisition of promising MCMs developed through BARDA contracts for the most serious public health threats.

Strategic National Stockpile

The Committee includes \$875,000,000, an increase of \$30,000,000, for the Strategic National Stockpile [SNS].

Acute Radiation Syndrome [ARS].—The Committee notes ASPR, SNS and BARDA have the responsibility of developing and procuring MCMs for naturally occurring and intentional threat agents while ensuring that these are quickly available in the event of an emergency, and that these threats include nuclear and radiological events. Considering the risks associated with international supply chains and recent geopolitical developments, the Committee is concerned that the SNS has not prioritized fully achieving the stockpiling requirement for FDA-approved MCMs for ARS. The Committee requests a report be provided to the Committees on Appropriations within 30 days of enactment of this act that includes an update on (i) existing procurements and stockpiled MCMs for ARS; (ii) ASPR's plans to ensure existing ARS products are maintained; and (iii) how ASPR intends to meet the Administration's goal of investing in U.S. jobs and infrastructure to ensure the continued availability of a diverse set of ARS countermeasures.

CDC Engagement.—The Committee directs ASPR to support the significant role of CDC in the SNS by providing scientific expertise in decision-making related to procurement of countermeasures, and maintaining strong relationships with State and local public health departments to facilitate efficient deployment of countermeasures in public health emergencies.

Distributor interoperability for the SNS.—The Committee encourages SNS to work with all U.S.—based medical and pharmaceutical distributors on developing and maintaining IT connectivity. The Committee recognizes that distributors need to have and implement technology for IT interoperability so that their systems can connect with the SNS/HHS systems to participate in distribution efforts with the government.

Domestic Diagnostic Manufacturing.—The Committee remains concerned the COVID-19 pandemic demonstrated the need for warm-base manufacturing for U.S. diagnostic companies. Therefore, the Committee encourages ASPR to pursue public-private partnerships with U.S. diagnostic manufacturers to invest in warm-base manufacturing of over-the-counter tests for the SNS and public health surveillance.

Inventory Planning and Reporting Requirements.—Not later than 30 days after the date of enactment of this act, and monthly thereafter until the public health emergency related to COVID-19 ends, the Secretary shall report to the Committees on Appropriations on

the current inventory of PPE, including ventilators, face shields, gloves, goggles and glasses, gowns, head covers, masks, and respirators, as well as deployment of ventilators and PPE during the previous month, reported by State and other jurisdiction. Further, the Committee directs the Assistant Secretary to ensure that the working group under section 319F(a) of the Public Health Service Act and the PHEMCE established under section 2811–1 of such act includes expenditures necessary to maintain the minimum level of relevant supplies in the SNS, including in case of a significant pandemic, in the yearly submission of the PHEMCE multi-year budget.

Medical Distribution Supply Chain Task Force.—The Committee recognizes the importance of public-private partnerships in COVID response efforts. The Committee recommends establishing a task force where government agencies and distribution experts can proactively prepare for the next public health emergency. The task force would allow for pharmaceutical and medical distributors to participate in ongoing emergency preparedness planning and maintain relationships with government agencies; conduct tabletop exercises, emergency response planning; and report their work and findings to Congress.

Re-Envisioning the SNS.—The Committee recognizes that efforts are underway to review and propose a path forward for the SNS, as directed by Public Law 117–103, and awaits the release of these plans.

Replenishing Influenza Antivirals.—The Committee is concerned that there is an insufficient amount of influenza antivirals stockpiled in the SNS. The Committee strongly supports the Department’s multi-year strategic initiative to supplement shelf life extended flu antivirals in the stockpile with therapeutics that have not undergone extensions, in order to meet the full stockpiling requirements. ASPR is urged to prioritize acquiring influenza antivirals to the full stockpiling requirements that can be safely used in children under 12 and people that are pregnant.

Shelf-Life Extension Program [SLEP] for Antivirals.—The Committee is aware of the SLEP, whereby testing is used to defer drug replacement costs by delaying the replacement of certain drugs that have useful lives beyond their expiration dates in the SNS. While the SLEP program can result in significant cost savings and efficiencies, the Committee is concerned efforts to achieve cost savings through SLEP could negatively impact the distribution of, patient adherence to, and ultimately consumer confidence in certain products in the SNS, particularly aged antivirals. Not later than 180 days after enactment of this act, the Secretary is directed to conduct an audit of SLEP for antivirals in the SNS and provide recommendations to safeguard SNS’s ability to effectively respond to future severe influenza outbreaks in the United States.

Supply Chain Risk Assessment.—The COVID–19 pandemic has highlighted risks and vulnerabilities in our pandemic preparedness response infrastructure and medicines supply chain, which need to be addressed to respond more effectively to the ongoing pandemic and to better prepare for the next one. Therefore, the Committee urges ASPR to prioritize the identification of upstream pharmaceutical supply chain risks to reduce medicine supply disruptions while also providing evidence to inform public investment and pol-

icy reforms that build more resilience. This includes the ability to leverage integrated data analytics from a range of data sources to identify key risk indicators and improve both demand forecasting and capacity management. The Committee directs ASPR to identify opportunities to support the development of capabilities to continually assess the global supply chain for essential medicines that covers source location, volume, and the number of facilities involved in production of APIs, finished dosage forms, and other required components.

Other Activities

The Committee recommendation includes the following amounts for the following activities within ASPR:

- Operations.—\$114,739,000, Including \$82,081,000 for HHS Coordination Operations and Response Element;
- Preparedness and Emergency Operations.—\$24,654,000;
- Policy and Planning.—\$16,404,000.

Cybersecurity

The Committee recommends \$151,415,000, an increase of \$80,000,000, for information technology cybersecurity in the Office of the Chief Information Officer and HHS-wide to strengthen the Department's cybersecurity posture. These funds provide for continuous monitoring and security incident response coordination for the Department's computer systems and networks. The increase is expected to support the advancement of existing, and adoption of new, security technologies to protect the Department's information from the evolving number and complexity of cyber threats. The Committee directs the Department to identify ways to mitigate increasing cybersecurity threats to our healthcare systems and provide a report with these recommendations to the Committees on Appropriations no later than 120 days after enactment of this act. In addition, the Committee includes \$10,000,000 to continue HHS Protect, and directs ASPR to transfer the program to CDC, as proposed. The Committee directs CDC to lead HHS Protect and to immediately reassess its scope and capabilities, considering data quantity and quality as the COVID-19 pandemic evolves, and to make appropriate modifications. The Committee directs HHS Protect to be integrated into other programs and initiatives, as appropriate, but not prioritized above other efforts. The Committee requests a briefing for the Committees on Appropriations not later than 60 days after enactment of this act on the path forward for HHS Protect, including current and future year budget estimates.

Office of the Assistant Secretary for Health/Medical Reserve Corps

The Committee recommendation includes \$6,240,000 for the Medical Reserve Corps [MRC] program, which is a national network of local volunteer doctors, dentists, nurses, pharmacists, and other community members. The Committee appreciates that funding for MRCs has historically been provided to local units quickly and effectively, thereby allowing for grants to help build and sustain local communities' ability to prepare for and respond to emergencies. The Committee encourages ASPR to continue this locally-driven approach and to allocate this funding and any remaining

funding from the American Rescue Plan Act via established mechanisms that provide funds directly to local MRC units, which are made up of representatives from their communities.

Office of the Assistant Secretary for Health

The Committee recommendation includes \$10,000,000 for preparedness and readiness activities.

Pandemic Influenza Preparedness

The Committee recommendation includes \$382,000,000, an increase of \$82,000,000, for Pandemic Influenza Preparedness. This funding supports efforts to modernize influenza research and development of vaccines and next-generation influenza medical countermeasures, preparedness testing and evaluation, and stockpiling, as well as critical domestic vaccine manufacturing infrastructure. Of the total, \$35,000,000 is provided in annual funding and \$347,000,000 in no-year funding.

Office of Security and Strategic Information

The Committee includes \$8,983,000, an increase of \$473,000, for the Office of Security and Strategic Information to maintain the security of the Department’s personnel, systems, and critical infrastructure.

PREVENTION AND PUBLIC HEALTH FUND

In fiscal year 2023, the level transferred from the PPH Fund after accounting for sequestration is \$943,000,000. The Committee includes bill language in section 221 of this act that requires that funds be transferred within 45 days of enactment of this act to the following accounts, for the following activities, and in the following amounts:

[In thousands of dollars]

Account	Program	Committee recommendation
Aging and Disability Services Programs	Alzheimer’s Disease Prevention Education and Outreach.	\$14,700
Aging and Disability Services Programs	Chronic Disease Self-Management	8,000
Aging and Disability Services Programs	Falls Prevention	5,000
Immunization and Respiratory Diseases	Section 317 Immunization Grants	419,350
Emerging and Zoonotic Infectious Diseases	Epidemiology and Laboratory Capacity Grants	40,000
Emerging and Zoonotic Infectious Diseases	Healthcare Associated Infections	12,000
Chronic Disease Prevention and Health Promotion ..	Office of Smoking and Health (Tobacco Prevention/ Media and Quit Lines).	127,850
Chronic Disease Prevention and Health Promotion ..	Breast Feeding Grants (Hospitals Promoting Breastfeeding).	9,750
Chronic Disease Prevention and Health Promotion ..	Million Hearts Program	4,000
Chronic Disease Prevention and Health Promotion ..	Heart Disease and Stroke Prevention Program	57,075
Chronic Disease Prevention and Health Promotion ..	Diabetes	52,275
Chronic Disease Prevention and Health Promotion ..	Early Care Collaboratives	4,000
Environmental Health	Lead Poisoning Prevention	17,000
CDC-Wide Activities	Preventive Health and Health Services Block Grants	160,000
Mental Health	Suicide Prevention (Garrett Lee Smith)	12,000

GENERAL PROVISIONS

Section 201. The bill continues a provision placing a \$50,000 ceiling on official representation expenses.

Section 202. The bill continues a provision limiting the use of certain grant funds to pay individuals more than an annual rate of Executive Level II or capping NIH investigator salaries.

Section 203. The bill continues a provision restricting the Secretary's use of taps for program evaluation activities unless a report is submitted to the Committees on Appropriations of the House of Representatives and the Senate on the proposed use of funds.

Section 204. The bill modifies a provision authorizing the transfer of up to 3 percent of PHS Act (Public Law 78-410) funds for evaluation activities.

Section 205. The bill continues a provision restricting transfers of appropriated funds and requires a 15-day notification to the Committees on Appropriations of the House of Representatives and the Senate.

Section 206. The bill continues a general provision allowing National Health Service Corps contracts to be canceled up to 60 days after award.

Section 207. The bill continues a provision regarding requirements for family planning applicants.

Section 208. The bill continues language which States that no provider services under title X of the PHS Act (Public Law 78-410) may be exempt from State laws regarding child abuse.

Section 209. The bill continues language which restricts the use of funds to carry out the Medicare Advantage Program if the Secretary denies participation to an otherwise eligible entity.

Section 210. The bill continues a provision prohibiting the use of funds for lobbying activities related to gun control.

Section 211. The bill continues a provision that limits the assignment of certain public health personnel.

Section 212. The bill continues a provision which facilitates the expenditure of funds for international health activities.

Section 213. The bill continues a provision permitting the transfer of up to 3 percent of AIDS funds among ICs by the Director of NIH and the Director of the Office of AIDS Research at NIH.

Section 214. The bill continues language which requires that the use of AIDS research funds be determined jointly by the Director of NIH and the Director of the Office of AIDS Research and that those funds be allocated directly to the Office of AIDS Research for distribution to the ICs consistent with the AIDS research plan.

Section 215. The bill continues a provision authorizing the Director of NIH to enter into certain transactions to carry out research in support of the NIH Common Fund.

Section 216. The bill continues a provision permitting NIH to use up to \$100,000,000 of IC funding for construction, improvements, and repairs of facilities.

Section 217. The bill continues a provision that transfers funds from NIH to HRSA and AHRQ, to be used for National Research Service Awards.

Section 218. The bill continues a provision that provides BARDA with authority to enter into a multiyear contract for up to 10 years and to repurpose unused termination costs to pay contract invoices.

Section 219. The bill continues a provision related to ACA exchange funding transparency.

Section 220. The bill continues a provision prohibiting funds for the Risk Corridor program.

Section 221. The bill continues a provision requiring the Secretary to transfer Prevention and Public Health Fund resources within 45 days.

Section 222. The bill continues a provision related to breast cancer screening recommendations.

Section 223. The bill continues a provision on NIH indirect costs.

Section 224. The bill modifies a provision requiring Congressional notification prior to NIH transfers of opioid funds internally.

Section 225. The bill continues a provision related to notifications for ACA enrollment and Community Health Centers awards.

Section 226. The bill continues a provision on HHS staff travel for medical care.

Section 227. The bill modifies a provision allowing private donations for the care of unaccompanied children.

Section 228. The bill modifies a provision limiting the use of funds for unlicensed shelters for unaccompanied children.

Section 229. The bill continues a provision requiring Congressional notification prior to the use of influx facilities as shelters for unaccompanied children.

Section 230. The bill continues a provision regarding Member access to unaccompanied children facilities.

Section 231. The bill continues a provision requiring monthly reporting of unaccompanied children.

Section 232. The bill includes a new provision regarding services for families who were separated at the border.

Section 233. The bill continues a provision for CDC employees dependents' schooling of CDC employees stationed in a U.S. territory.

Section 234. The bill includes a provision rescinding funding from the Nonrecurring Expenses Fund.

Section 235. The bill includes a provision providing funding for the Lake Lynn Experimental Mine and Laboratory facility.

Section 236. The bill continues a provision relating to awards made by HRSA.

Section 237. The bill includes a provision related to compensation during a public health emergency.

Section 238. The bill includes a new provision prohibiting discrimination by child welfare and foster care grantees.

Section 239. The bill includes a new provision related to CDC fellowship and training participants.

Section 240. The Committee includes a new provision to amend the PHS Act and related statutes to revise references to the National Institute on Drug Abuse.

Section 241. The Committee includes a new provision to amend the PHS Act and related statutes to revise references to the National Institute on Alcohol Abuse and Alcoholism.

Section 242. The Committee includes a new provision to revise references to the Substance Abuse and Mental Health Services Administration.

Section 243. The bill includes a new provision to help individuals access abortion services.

Section 244. The bill includes a new provision designating that certain funding is for an emergency.

TITLE III

DEPARTMENT OF EDUCATION

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

EDUCATION FOR THE DISADVANTAGED

Appropriations, 2022	\$18,229,790,000
Budget estimate, 2023	21,280,551,000
Committee recommendation	20,852,667,000

The Committee recommends \$20,852,667,000 for programs in the Education for the Disadvantaged account. Funds appropriated in this account primarily support activities in the 2023–2024 school year.

Grants to Local Educational Agencies

The Committee recommends \$20,136,802,000 for the title I–A grants to local educational agencies [LEAs] program. Title I–A grants to LEAs provide supplemental education funding, especially in high-poverty areas, for LEAs to provide extra academic support to help raise the achievement of eligible students or, in the case of school-wide programs in which the vast majority of students participate in title I–A programs, help all students in high-poverty schools meet challenging State academic standards. Title I–A grants are distributed through four ESEA formulas in amounts provided by this act: basic, concentration, targeted, and the education finance incentive grant [EFIG].

Of the funds available for title I–A grants to LEAs, up to \$5,000,000 shall be available on October 1, 2022, for transfer to the Census Bureau for poverty updates; \$9,290,625,000 will become available on July 1, 2023; and \$10,841,177,000 will become available on October 1, 2023. The funds that become available on July 1, 2023, and October 1, 2023, will remain available for obligation through September 30, 2024.

The President’s budget also includes a proposal for new mandatory funding for title I–A grants, starting at \$16,000,000,000 in fiscal year 2023 and continuing through fiscal year 2032 when it reaches \$19,634,000,000. The Committee takes no action on that proposal.

The 2023 budget request also would reserve up to \$100,000,000 from amounts available for EFIG and targeted grants to support voluntary activities to help school systems address inequities in school funding through voluntary State school funding equity commissions and voluntary local educational agency equity reviews. The Committee recommendation instead allows the Secretary to

use up to \$50,000,000 available on July 1, 2023 for Basic grants for grants to States for voluntary activities designed to improve state performance on effort and equity factors used in the EFIG formula. These factors have been used in the EFIG formula for almost twenty years and are intended to allocate more EFIG funds to SEAs and LEAs in which state average per pupil expenditures are a greater share of personal income as compared to the Nation as a whole and in which a State has less variation in per pupil expenditures between LEAs. Any funds not needed for this purpose shall be distributed through the Basic formula.

The Committee is concerned by reports of continued fiscal disparities in schools that enroll many students of color and students from families with low-incomes. Data shows school districts with the highest percentage enrollments of students of color receive nearly \$1,800 per student less in State and local funding than school districts serving the fewest students of color, while districts serving the most students in poverty receive \$1,000 less than district serving the fewest students in poverty. These funding differences contribute to gaps in students' equitable access to high quality instruction and advanced coursework that existed before the COVID-19 pandemic and likely have been exacerbated by the pandemic. According to the Department's Civil Rights Data Collection in 2015-2016, Black students comprised 17 percent of total 8th grade enrollment but just 11 percent of such students enrolled in Algebra I, which research shows is a critical course in order for students to take higher level mathematics and science courses. Latino students accounted for 25 percent of total 8th grade enrollment but just 18 percent of students enrolled in Algebra I.

The Committee recognizes that most education funding comes from State and local sources; therefore, States must address longstanding inequities in their funding systems to ensure that all students have the resources they need to thrive. Funding available in this act would help States undertake voluntary reviews of State school finance systems, promote equity and adequacy in State funding systems, and help close funding gaps or provide more equitable funding between high- and low-poverty school districts. The Committee notes that both adequate amounts and equitable distribution of funding and other resources are important to tackle these challenges. To ensure that the voluntary State review activities highlight and address inequities in resource allocation, the Committee encourages the Department to ensure that States emphasize equitable resource allocation in the reviews; engage with local communities in developing ambitious plans and time-bound goals; and report annually on interim goals, progress, and corrective actions.

Additionally, the existing title I-A grant program authorizes the majority of the Federal school accountability and school improvement requirements, including a set aside of 7 percent of each State's total title I-A grants for LEAs for school improvement activities to support schools identified for comprehensive support and improvement, targeted support and improvement, and additional targeted support. According to a recent GAO report on school improvement, the average grant award for school improvement in 2019-2020 ranged from a minimum of \$31,000 to a maximum of \$444,000. Additional resources provided in this act would support

schools in implementing evidence-based interventions needed to better meet the needs of their students. Furthermore, GAO reported that 44 of 51 States indicated that helping LEAs select evidence-based interventions was somewhat or very challenging. And, GAO found that 43 of 51 States stated it was somewhat or very challenging to help LEAs identify resource inequities as required under ESEA. The Committee believes increased resources provided in this act, including additional administrative resources available to all SEAs, and Department technical assistance and support could help address these challenges and support improved student outcomes. The Committee requests a briefing not later than 30 days after enactment of this act on the Department's actions and plans for addressing the challenges identified in GAO's report and assisting SEAs and LEAs with implementing all of the school improvement requirements of ESEA, including meaningful resource allocation reviews. The Committee directs the Department to provide additional information on the amount reserved by each State for the school improvement set-aside, method of distribution to eligible LEAs, uses of such funds and the Department's actions and plans for supporting SEA and LEA implementation of ESEA school improvement requirements, including resource equity requirements, in the fiscal year 2024 and future CJs.

The Committee also urges the Department to support LEAs' development of plans under section 1112(b)(6) of the ESEA that describe the amount of funds for students experiencing homelessness reserved under section 1113(c)(3)(A) of the ESEA, how the LEA determined the amount reserved, and the amount of the prior year's reservation that was spent on students experiencing homelessness. The Committee further urges the Department to support SEAs' development of plans under section 1111(g)(1)(F) of the ESEA that describe how the SEA will monitor the amount and use of funds reserved for students experiencing homelessness under section 1113(c)(3)(A). The Committee urges the Department to provide technical assistance to assist LEAs in effectively using such funds to support students experiencing homelessness. The Committee requests the Department describe actions taken and planned to address these issues in the fiscal year 2024 and future CJs.

Comprehensive Literacy State Development Grants

The Committee recommendation includes \$197,000,000 for the Comprehensive Literacy State Development Grants program. This program provides competitive grants to SEAs that then subgrant at least 95 percent of such funds to eligible entities to support efforts to improve the literacy skills of children and students from birth through 12th grade in high-need schools and early education programs in a State for each of several age bands through implementation of evidence-based practices and interventions. The fiscal year 2023 appropriation will support approximately 25 new and continuation State grant awards, and funding reservations for Bureau of Indian Education schools, the outlying areas and national activities, including evaluation.

The Committee is aware that some SEAs have also used these funds for coordination with institutions of higher education on strengthening and enhancing pre-service teacher training on ex-

plicit, systematic, and intensive instruction in evidence-based literacy methods for children from birth through 12th grade. The Committee directs the Department to prepare a report on such activities; post the report on its website; and disseminate information on how Federal funding can further support these and related activities.

Innovative Approaches to Literacy

The Committee recommendation includes \$32,000,000 for the Innovative Approaches to Literacy program. This program provides competitive grants to national not-for-profit organizations and school libraries for providing books and childhood literacy activities to children and families living in high-need communities.

The Committee continues to direct the Department to reserve no less than 50 percent of funds under this program for grants to develop and enhance effective school library programs, which may include providing professional development to school librarians, books, and up-to-date materials to high-need schools. School library programs increase access to a wide range of print and electronic resources and provide learning opportunities for all students, particularly those who are less likely to have access to such materials at home. Further, the Committee continues to direct the Department to ensure that grants are distributed among eligible entities that will serve geographically diverse areas, including rural areas.

Migrant Education Program

The Committee recommends \$375,626,000 for the title I Migrant Education program. This funding supports grants to SEAs to ensure that migratory children receive full and appropriate opportunities to meet the same challenging State academic standards that all children are expected to meet and help such children overcome educational disruption and other factors that inhibit the ability of such children to succeed in school. Funding also supports activities to improve interstate and intrastate coordination of migrant education programs, as well as identify and improve services to the migrant student population.

Neglected and Delinquent

The Committee recommends \$52,239,000 for the Neglected and Delinquent program. This program, authorized under subpart 1 of title I-D of the ESEA, provides financial assistance to SEAs for education services to neglected and delinquent children and youth in State-run institutions and for juveniles in adult correctional institutions. States are authorized to set aside at least 15 percent, but not more than 30 percent, of their Neglected and Delinquent program funds to help students in State-operated institutions make the transition into locally operated programs, and to support the successful reentry of youth offenders who are age 20 or younger and have received a secondary school diploma or its recognized equivalent. The Department is authorized to reserve up to 2.5 percent of the appropriation for national activities, including technical assistance. The Committee urges the Department to increase its direct and technical assistance support to further assist grantees in their efforts to improve and report on program outcomes.

The Committee continues to be concerned about the program outcomes and data deficiencies related to services for neglected or delinquent children and youth in correctional facilities, particularly children and youth with disabilities. The Committee is particularly concerned about the quality of such services provided to such children and youth during the COVID-19 pandemic. A 2014 Dear Colleague Letter from the Office of Special Education and Rehabilitative Services noted that evidence suggests the quality of education services offered to children and youth served through the Individual with Disabilities Education Act in correctional facilities is often inadequate and a 2019 evaluation of the title I-D program identified significant issues with the quality of education and transition services provided to such children and youth in correctional institutions. The Committee is concerned that outcomes for these children and youth may have worsened during the pandemic. The Committee therefore directs the Department to submit a report to the Committees on Appropriations and to the Committees of Health, Education, Labor, and Pensions of the Senate and of Education & Labor of the House of Representatives not later than 6 months after enactment of this act that examines the quality of education and transition services provided by correctional institutions to such children and youth during the COVID-19 pandemic, including children and youth served through the Individuals with Disabilities Education Act and those served through title I-D and the Department's plan to improve implementation under these laws.

Children and Youth in Foster Care

The budget proposes to use \$30,000,000 of funds for the program for neglected and delinquent children and youth under title I-D, subpart 1 of ESEA for competitive grants to develop and implement innovative strategies for improving the education of foster children and youth. The Committee is aware of the education obstacles faced by students in foster care, including frequent school transfers, incomplete transcripts, missing credits, and access to appropriate social-emotional and academic support services. To address these challenges, the Committee has included \$25,000,000 within the Administration for Children and Families' [ACF] Child Welfare Research, Training, and Demonstration authority for a new initiative to improve the educational outcomes of these students and to identify best practices for collaborations between child welfare agencies and State and local educational agencies. Funds will be made available for demonstration grants to establish strong collaborations and partnerships between States, State and local child welfare agencies, State and local educational agencies, and other key partners, to research and support innovative strategies for improving the educational outcomes of students in foster care. ACF is directed to collaborate with the Department on the design and implementation of this demonstration program.

In addition, this act provides additional administrative resources for all SEAs that may be used to more effectively implement and support new foster care requirements established by the latest reauthorization of the ESEA. The Committee is aware the Department has identified findings and made recommendations during its

State monitoring of these requirements and requests an update in the fiscal year 2024 and future CJs on actions implemented to resolve these findings and plans to support effective implementation of these requirements, including coordinated efforts with ACF.

Special Programs for Migrant Students

The Committee recommends \$59,000,000 for Special Programs for Migrant Students, which consist of the High School Equivalency Program [HEP] and the College Assistance Migrant Program [CAMP]. HEP projects are 5-year grants to institutions of higher education and other nonprofit organizations to recruit migrant students ages 16 and older and provide the academic and support services needed to help them obtain a high school equivalency credential and subsequently gain employment, attain admission to a postsecondary institution or a job training program, or join the military. CAMP projects are 5-year grants to institutions of higher education and nonprofit organizations to provide tutoring, counseling, and financial assistance to migrant students during their first year of postsecondary education in order to support postsecondary education program completion.

The bill includes new language modified from the budget request which allows the Secretary the ability to fund the highest quality HEP and CAMP applications regardless of the requirements of the Higher Education Act that restrict such action. However, the Department may not eliminate new awards for either program and is required to notify the Committee in advance of the use of this authority.

IMPACT AID

Appropriations, 2022	\$1,557,112,000
Budget estimate, 2023	1,541,112,000
Committee recommendation	1,610,112,000

The Committee recommends \$1,610,112,000 for the Impact Aid program. Impact Aid provides financial assistance to LEAs affected by the presence of Federal activities and federally owned land. These LEAs face unique challenges because they must educate children living on federally owned land, such as military bases, while federally owned property is also exempt from local taxes, a primary source of revenue for LEAs. LEAs also enroll students residing on private property whose parents may be exempt from paying sales and income taxes, reducing the revenue available to support these LEAs.

Basic Support Payments

The Committee recommends \$1,459,242,000 for the Basic Support Payments program. Under this statutory formula, payments are made on behalf of all categories of federally-connected children, with a priority placed on making payments first to 23 heavily impacted LEAs and providing any remaining funds for regular basic support payments.

Payments for Children With Disabilities

The Committee bill includes \$48,316,000 for Payments for Children With Disabilities. Under this program, additional payments

are made for certain federally connected children eligible for services under the Individuals with Disabilities Education Act [IDEA].

Facilities Maintenance

The Committee recommends \$4,835,000 for Facilities Maintenance. This activity provides funding for emergency repairs and comprehensive capital improvements to certain school facilities owned by the Department and used by LEAs to serve federally connected military dependent students. Funds appropriated for this purpose are available until expended.

Construction

The Committee recommends \$18,406,000 for eligible LEAs for school construction activities allocated through the authority for competitive grants to LEAs under section 7007(b) of the ESEA. Such funds are available for obligation by the Department through September 30, 2024.

Payments for Federal Property

The Committee recommends \$79,313,000 for Payments for Federal Property. These payments compensate LEAs specifically for revenue lost due to the removal of Federal property from local tax rolls, regardless of whether any federally connected children attend schools in the LEA.

SCHOOL IMPROVEMENT PROGRAMS

Appropriations, 2022	\$5,595,835,000
Budget estimate, 2023	6,525,982,000
Committee recommendation	5,910,843,000

The Committee recommendation includes \$5,910,843,000 for the School Improvement Programs account.

Supporting Effective Instruction State Grants

The Committee recommends \$2,253,441,000 for Supporting Effective Instruction State Grants. States and LEAs may use funds for a range of activities related to the certification, recruitment, professional development, and support of teachers and administrators. Activities may include reforming teacher certification and licensure requirements, addressing alternative routes to State certification of teachers, recruiting teachers and principals, improving equitable access to effective teachers, and implementing teacher mentoring systems, evaluation and support systems, merit pay, and merit-based performance systems. These funds may also be used by LEAs to hire teachers to reduce class sizes.

The appropriation for this program primarily supports activities associated with the 2023–2024 academic year. Of the funds provided, \$572,000,000 will become available on July 1, 2023, and \$1,681,441,000 will become available on October 1, 2023. These funds will remain available for obligation through September 30, 2024.

The Committee notes ESEA requires SEAs and LEAs to address whether low-income and minority students served by title I, part A are taught at disproportionate rates by ineffective, out-of-field, or inexperienced educators compared to their peers. The Committee

understands the Department revised its performance measures intended to capture information on such inequities, with baseline information expected this summer. The Committee requests the Department describe actions taken and planned to ensure it collects reliable information on understanding these gaps, and the Department's plans for supporting SEAs and LEAs in their efforts to reduce inequitable access to effective educators in the fiscal year 2024 and future CJs.

The Committee also notes that title II, part A funds can be targeted toward effective preparation and professional development designs that enable teachers and school leaders to expand their knowledge and skills regarding the sciences of child and adolescent learning and development, including teaching challenging content, teaching diverse learners, and supporting social-emotional and academic development in culturally and linguistically responsive ways.

Supplemental Education Grants

The Committee recommendation includes \$24,464,000 for supplemental education grants to the Republic of Marshall Islands [RMI] and the Federated States of Micronesia [FSM]. This grant program was authorized by the Compact of Free Association Amendments Act of 2003 (Public Law 99–239). These funds will be transferred from the Department to the Secretary of the Interior for grants to these entities. The Committee bill continues language requested in the budget and contained in previous appropriations acts that allows the Secretary of Education to reserve 5 percent of these funds to provide FSM and RMI with technical assistance. The Committee requests the Department describe in the fiscal year 2024 and future CJs a proposed plan for the Republic of the Marshall Islands and the Federated States of Micronesia to receive the amount committed to by both governments but not paid to them since the enactment of the Compact.

Nita M. Lowey 21st Century Community Learning Centers

The Committee recommends an appropriation of \$1,374,673,000 for the Nita M. Lowey 21st Century Community Learning Centers program. Funds are allocated to States by formula, which in turn, award at least 95 percent of their allocations to LEAs, community-based organizations, and other public and private entities. Grantees use these resources to establish or expand community learning centers that provide activities offering significant extended learning opportunities, such as before and after-school programs, recreational activities, drug and violence prevention, and family literacy programs for students and related services to their families. Centers must target their services to students who attend schools that are eligible to operate a school-wide program under title I of the ESEA or serve high percentages of students from low-income families.

State Assessments Grants

The Committee recommends \$390,000,000 for the State Assessments Grants program. This program provides formula grants to States for developing and implementing standards and assessments required by the ESEA and helping States and LEAs carry out au-

dits of their assessment systems to eliminate low-quality or duplicative assessments. It also provides competitive grants to States, including consortia of States, to improve the quality, validity, and reliability of academic assessments.

Education for Homeless Children and Youth

The Committee recommends \$150,000,000 for carrying out education activities authorized by title VII, subtitle B of the McKinney-Vento Homeless Assistance Act. This program provides assistance to each State to support an office of the coordinator of education for homeless children and youth to develop and implement State plans for educating children and youth experiencing homelessness, and to make subgrants to LEAs to support the education of those children and youth. Grants are made to States based on the total that each State receives in title I-A grants to LEAs. States must subgrant not less than 75 percent of funds received to LEAs and may reserve remaining funds for State level activities. Under the McKinney-Vento Homeless Children and Youth Program, SEAs must ensure that children and youth experiencing homelessness have equal access to the same free public education, including a public preschool education, as is provided to other children and youth.

The Committee understands the Department is currently conducting programmatic monitoring of four SEAs, including interviews of liaisons at four LEAs. In addition, the Department plans to conduct monitoring of more SEAs next fiscal year to ensure compliance with ESEA requirements to improve educational outcomes for students experiencing homelessness. The Committee believes it's critical that timely and clear reports be prepared identifying commendable activities and areas for improvement. The Committee understands the shift to consolidated program monitoring significantly delayed the release of monitoring reports in 2021, as compared to historical averages. Additional resources for Program Administration provided last year and available in this act should help improve on this performance. The Committee directs the Department to ensure that the technical assistance needed for improvements identified in these monitoring reviews and for needs identified by SEAs and LEAs be provided in a timely way. The Committee requests the Department describe in the fiscal year 2024 and future CJs its performance in these areas, including the evidence it uses for evaluating the responsiveness of technical assistance, including technical assistance on American Rescue Plan—Homeless Children and Youth funds, and Department support of all Federal funds available to meet the needs of students experiencing homelessness.

Training and Advisory Services

For Training and Advisory Services authorized by title IV of the Civil Rights Act (Public Law 88–352), the Committee recommends \$6,575,000. The funds provided will support awards to operate regional equity assistance centers [EACs]. EACs provide services to LEAs, SEAs and other customers upon request. Activities include disseminating information on successful practices and legal requirements related to nondiscrimination in educational programs

on the basis of race, sex, religion or national origin. Last year, EACs also provided assistance on creating a positive, safe, and inclusive school climate and improving family engagement.

Native Hawaiian Education

The Committee recommends \$53,897,000 for the Education for Native Hawaiian program. In addition, the Committee bill continues a provision that clarifies the use of funds for administrative costs.

The Committee directs that \$10,000,000 of the funds made available for the Education for Native Hawaiians program shall be used for construction, renovation, and modernization of any public elementary school, secondary school, or structure related to a public elementary school or secondary school, that serves a predominantly Native Hawaiian student body. The Department shall make this funding competitively available to organizations in need of assistance with infrastructure improvement for increased capacity to serve a predominantly Native Hawaiian student body.

The Committee recommendation includes sufficient funding for the Native Hawaiian Education Council.

Alaska Native Education

The Committee recommends \$39,953,000 for the Alaska Native Education. These funds help address the unique educational needs of Alaska Native schoolchildren. Funds are used for the development of supplemental educational programs to benefit Alaska Natives.

The Committee continues language that allows funding provided by this program to be used for construction and overriding the authorizing statute's requirement to make noncompetitive awards to certain organizations.

The Committee directs the Department to make every effort to ensure that grants are awarded well in advance of the school year, to maximize grantees' ability to hire the necessary staff and have their programs ready to go with the start of Alaska's school year in mid-August. The Committee continues to direct the Department to ensure that Alaska Native tribes, Alaska Native regional nonprofits, and Alaska Native corporations have the maximum opportunity to successfully compete for grants under this program by providing these entities multiple opportunities for technical assistance in developing successful applications for these funds, both in Alaska and via various forms of telecommunications. The Committee also strongly encourages the Department to include as many peer reviewers as possible who are Alaska Natives or who have experience with Alaska Native education and Alaska generally on each peer review panel.

Rural Education

The Committee recommends \$215,840,000 for rural education programs. The Committee expects that rural education funding will be equally divided between the Small, Rural School Achievement Program, which provides funds to LEAs that serve a small number of students, and the Rural and Low-Income School Program, which

provides funds to LEAs that serve concentrations of poor students, regardless of the number of students served.

Additional resources are needed for rural schools. Many are not able to offer their students the same level of access to advanced coursework as other LEAs. For example, during the 2015–16 school year, just 44 percent of rural schools serving students in grades 9 through 12 offered Advanced Placement courses, while 62 percent of comparable suburban schools offered such coursework. Many small, rural LEAs also have difficulty in recruiting and retaining effective educators.

Two years ago, the Department announced that it had inappropriately implemented the Rural Education Achievement Program by permitting seven States in fiscal year 2019 to submit alternative poverty data for LEAs that the Department used to make Rural and Low-Income School [RLIS] eligibility determinations in place of U.S. Census Bureau's Small Area Income and Poverty Estimates [SAIPE] required by section 5221(b)(1)(A)(i) of the ESEA. However, the Department had erroneously and routinely accepted this data without question from several States since the program was first authorized in 2002. Because of this longstanding practice and concerns about an abrupt change in policy, the Department allowed the seven States to continue to use alternative poverty data in fiscal year 2020, and announced it would properly implement RLIS in compliance with the law beginning in fiscal year 2021.

There were strong concerns about the significant challenges some rural LEAs could have faced through no fault of their own with such an abrupt change, so Congress established a “hold harmless” provision in the Consolidated Appropriations Act, 2021 that enables affected LEAs in those seven States that do not have a poverty rate of at least 20 percent based on SAIPE data but did have at least a 20 percent poverty rate based on the State-provided poverty data in fiscal year 2020 to be considered eligible for RLIS at decreasing levels through fiscal year 2027. The Committee also has provided increases for this program since the error was first identified that total an additional \$30,000,000 or 16 percent at the level provided in this act. The Committee looks forward to the briefing later this year by the Department, in collaboration with the U.S. Census Bureau, and related material regarding the: analysis of the accuracy and effectiveness of U.S. Census Bureau's Small Area Income and Poverty Estimates as a measurement of student enrollment from families with incomes below the poverty line for the RLIS and Small Rural Schools Achievement programs; analysis of the accuracy and effectiveness of other poverty measurements, including State-provided poverty data for measuring student enrollment from families with incomes below the poverty line for the RLIS and Small Rural Schools Achievement programs; and any recommendations for improving measurements of poverty in rural LEAs.

Comprehensive Centers

The Committee recommends \$57,000,000 for the Comprehensive Centers program. These funds provide support to a network of comprehensive centers that are operated by research organizations, agencies, institutions of higher education, or partnerships thereof.

Centers provide training and technical assistance identified in annual State service plans to build the capacity of SEAs and the Bureau of Indian Education [BIE], and through them LEAs, and schools, to provide a high quality education to all students.

The current pandemic placed unexpected pressures on this system, including the National Comprehensive Center that coordinates 19 regional comprehensive centers in their work with SEAs and LEAs. The Committee recognizes more work will be needed from the system in continuing to build State and local capacity to use evidence in implementing approaches to addressing the continuing impact of lost instructional time, re-engaging students and eliminating educational inequities, including through required periodic resource allocations reviews. The Department should continue to describe examples of the impact of centers' work in these areas and findings from relevant evaluations in the fiscal year 2024 and future CJs.

Student Support and Academic Enrichment Grants

The Committee recommendation includes \$1,345,000,000 for Student Support and Academic Enrichment [SSAE] Grants. This program provides formula grants to States based on each State's share of title I–A grants, which then sub-grant to LEAs, to help support activities that provide students with a well-rounded education, ensure safe and supportive learning environments, and use technology to improve instruction.

Report on Use of Funds.—The Committee continues to encourage the Department to examine State and local expenditures, outlined by specific authorized activities, and provide detailed information about the most common uses of funds, as well as information about how LEAs plan to evaluate the effectiveness of their activities. Additionally, the Committee encourages the Department to periodically study how SEAs are collecting data from LEAs, including how States are verifying that funds are being used in an authorized manner and, as applicable, in accordance with required comprehensive needs assessments, and that LEAs are meeting the objectives and outcomes described in their applications.

Technical Assistance and Capacity Building.—The Committee appreciates the information provided in the fiscal year 2023 CJ on current expenditures for the 2 percent set-aside for technical assistance and capacity building. The Committee requests additional information about planned activities and the process for identifying the technical assistance and capacity needs of SEAs and LEAs, which may include fostering school diversity efforts across and within LEAs, also be included in future CJs.

School Based Health Professionals

The Committee recommendation does not include funding for the proposed School Based Health Professionals program. However, the Committee has supported funding for a similar purpose within the National Activities under the Safe Schools and Citizenship Education account.

INDIAN EDUCATION

Appropriations, 2022	\$189,246,000
Budget estimate, 2023	186,239,000
Committee recommendation	194,746,000

The Committee recommends \$194,746,000 for Indian Education programs.

Grants to Local Educational Agencies

For grants to LEAs, the Committee recommends \$110,381,000. These funds provide financial support to elementary and secondary school programs that serve Indian students, including preschool children. Funds are awarded on a formula basis to LEAs, schools supported and operated by the Department of the Interior/Bureau of Indian Education, and in some cases directly to Indian tribes.

Special Programs for Indian Children

The Committee recommends \$72,000,000 for Special Programs for Indian Children. Funds are used for demonstration grants to improve Indian student achievement from early childhood education through college preparation programs, and for professional development grants for training Indians who are preparing to begin careers in teaching and school administration. The Committee supports the request of \$10,494,000 for the Indian Education Professional Development Program to effectively prepare and address the need for American Indian/Alaska Native teachers and administrators.

In addition, the Committee directs the Secretary to reserve no less than \$2,750,000 for a teacher retention-initiative under the Demonstration Grants for Indian Children and Youth program to help address the shortage of Native American educators and expand their impact on Native American students' education. The initiative should support teacher leadership models to increase the retention of effective, experienced Native American teachers.

National Activities

The Committee recommends \$12,365,000 for National Activities. Funds are used to expand efforts to improve research, evaluation, and data collection on the status and effectiveness of Indian education programs, and to continue grants to Tribal educational departments for education administration and planning. The budget request also includes appropriations language overriding the authorized funding level for this program and the provision limiting the length of STEP and Native language immersion grants to 3 years to allow grantees sufficient time to implement their projects. The Committee bill continues language enacted last year, which allows the Secretary to make such awards for a period not to exceed five years.

Native American Language Immersion Programs.—The recommendation includes not less than \$5,500,000 for Native American Language Immersion Programs. These funds will support additional awards under a new Native American Language Immersion competition as well as continuation awards. Funds for the Native American Language Immersion program should continue to be

allocated to all types of eligible entities, including both new and existing language immersion programs and schools, to support the most extensive possible geographical distribution and language diversity. Further, the Department should continue to give the same consideration to applicants that propose to provide partial immersion schools and programs as to full immersion, as the local Tribes, schools, and other applicants know best what type of program will most effectively assist their youth to succeed.

The Committee notes that Hawaiian is a Native American language defined under the Native American Language Act, and that the Department website specifically lists Native Hawaiian organizations as eligible for funding under the Native American Language program. The Committee further notes that while significant share of the Native students enrolled in Native American language immersion schools or programs are taught in the medium of Hawaiian, there has not been a single Hawaiian language school or program applicant awarded funds in grant competitions held since fiscal year 2017. Therefore, the Committee is concerned the Department has failed to provide adequate notice of Native American Language program funding opportunities or to seek meaningful engagement with the Native Hawaiian community. The Committee directs the Department to provide parity in the treatment to American Indian, Alaska Native and Native Hawaiian language immersion schools and programs, including the development of a fair and equitable process to confer with Native Hawaiian organizations and Hawaiian language education stakeholders regarding implementation of the Native American Language program.

Native American Language Resource Centers.—The Committee recognizes the importance of supporting the revitalization of Native American languages, including by encouraging and supporting the use of Native American languages as a medium of instruction. In addition, the Committee recognizes the need to encourage and support elementary schools, secondary schools, and institutions of higher education to include Native American languages in the curriculum in the same manner as other world languages, including through cooperative agreements and distance education, and to grant proficiency in Native American languages the same full academic credit as proficiency in other world languages. To that end, the Committee provides not less than \$1,000,000 to continue precursor activities and establish Native American Language Resource Centers, as the Department implements direction included in the explanatory statement accompanying the Consolidated Appropriations Act, 2022. The Committee directs the Office of Indian Education to consult with the Office of English Language Acquisition [OELA] on the development, implementation and support of the Centers. The Committee notes that OELA has decades of experience managing language acquisition programs, multilingual learning, and dual language immersion education, and directs the Department to leverage this valuable expertise to ensure the Centers have the capacity and resources to address the challenges of schools and programs engaged in Native American language reclamation, revitalization, preservation, and instruction.

INNOVATION AND IMPROVEMENT

Appropriations, 2022	\$1,160,250,000
Budget estimate, 2023	1,572,000,000
Committee recommendation	\$1,361,764,000

The Committee recommends \$1,361,764,000 for programs within the Innovation and Improvement account. This amount includes an additional \$56,264,000 provided by a general provision at the end of this title of the bill.

Education Innovation and Research

The Committee recommendation includes \$360,000,000 for the Education Innovation and Research [EIR] program. This program supports the creation, development, implementation, replication, and scaling up of evidence-based, field-initiated innovations designed to improve student achievement and attainment for high-need students. EIR incorporates a tiered evidence framework that provides early-phase, mid-phase, and expansion and replication grants. This supports interventions throughout the pipeline, from smaller grants for early stage projects that are willing to undergo rigorous evaluation to test their efficacy to larger grants to scale-up proven-effective interventions that have demonstrated significant impacts through at least one rigorous evaluation.

Grant Priorities.—The Committee notes there is significant demand from the field to test many types of strategies and to examine promising techniques that can be scaled-up in different settings. The Committee expects funds to continue to support diverse and field-initiated interventions, rather than a single nationwide program or award focused solely on one area of educational innovation. The Committee is aware the Department is considering a priority for projects proposing to address the impact of the COVID-19 pandemic on underserved students and educators through support for identifying and scaling effective practices for improving educator recruitment and retention. The Committee notes EIR also has supported considerable investments in recent years in grants addressing the social-emotional needs of students and increasing access to high quality STEM opportunities, including computer science education, for underserved students. The Committee requests the Department brief the Committees on Appropriations on the fiscal year 2023 funding opportunities available under this program, including any proposed priorities, not less than 14 days prior to publication in the Federal Register.

Publicly Releasing and Disseminating Findings.—The Committee appreciates steps the Department has taken to disseminate research findings from evaluations of interventions supported through program funding, including by preparing cross-project summaries, establishing a resource page on its website, and hosting webinars. However, the Department should take additional steps to publicly release, widely publicize, and support the use of research findings from this critical program and its predecessor, the Investing in Innovation program, to stakeholders at the Federal, State, and local level. The Committee is particularly interested in better showcasing those programs that have demonstrated, through rigorous research as required by the ESEA, that their in-

novations show specific evidence of achievement in educational outcomes. The Committee also encourages the Department to post research findings on its own website and issue related press releases and Dear Colleague letters. The Committee requests an update in the fiscal year 2024 and future CJs on the Department's goals, outcome measures and corrective measures for achieving the widest possible dissemination and use of this information in SEA and LEA decisionmaking.

Rural Set-Aside.—The Committee supports the required 25 percent set-aside within EIR for rural areas and encourages the Department to take steps necessary to ensure the set-aside is met and that EIR funds are awarded to diverse geographic areas. The Committee encourages the Department to invest in rural, high-need communities by ensuring grants are awarded to a diverse set of institutions, affecting varied geographic locations, including areas with substantial minority students, which have submitted high quality applications meeting EIR program requirements.

School Leader Recruitment and Support

The Committee recommendation includes \$25,000,000 for the School Leader Recruitment and Support [SLRS] program. This program is authorized to provide competitive grants for improving the recruitment, preparation, placement, support and retention of effective principals and other school leaders in high-need schools. Funds may support developing or implementing leadership training programs; developing or implementing programs or activities for recruiting, selecting, and developing aspiring or current principals or other school leaders to serve in high-need schools; among other authorized activities. The Secretary may make awards for up to 5 years, with the option to renew effective programs for an additional 2 year period. Finally, the Secretary must ensure, to the extent practicable, grants are distributed among eligible entities that will serve geographically diverse areas, including urban, suburban, and rural areas.

Charter School Program

The Committee recommends \$440,000,000 for the Charter School Program [CSP]. This program supports the start-up, replication, and expansion of high-quality public charter schools.

Within the total, the Committee recommendation includes not less than \$219,000,000 for State Entity and Developer Grants to support high-quality charter schools under section 4303 of ESEA; \$140,000,000 for Charter Management Organization Grants for the replication and expansion of high-quality charter schools under section 4305(b); not more than \$65,000,000 for Facilities Grants under section 4304, of which not more than \$55,000,000 shall be for the Credit Enhancement program; and not more than \$16,000,000 for national activities to provide technical assistance, disseminate best practices, and evaluate the impact of the charter school program.

Technical Assistance Set-aside.—Under ESEA section 4303(c)(1)(B) a recipient of a Charter Schools Program State Entities grant must reserve at least 7 percent of its grant to provide technical assistance to eligible subgrant applicants, which may include assistance on opening and preparing for the operation of

charter schools, including ensuring subgrantees are equipped to meet the needs of all students, and specifically students with disabilities and English learners. Funds may also be used to work with public chartering agencies on improving authorizing quality (including authorizers' capacity for carrying out auditing and fiscal oversight.) These activities play an important role in improving quality among, and ensuring accountability for, charter schools in a State.

It is the Committee's understanding that the Department's practice has been to allow a recipient of a State Entities multi-year grant to use only 7 percent of each year's award (or, as applicable the larger percentage provided for under the State's grant) for technical assistance, rather than giving States the flexibility to reserve a greater or lesser amount in any year so long as the amount reserved over the life of the award does not exceed the 7 percent (or alternative) cap. Unfortunately, because the award in the first and second year of a multi-year grant is typically smaller than the awards made in later years, this practice deprives States of resources for technical assistance just when those resources are needed, for example, to provide assistance to prospective local charter school developers who may be planning to apply in an upcoming competition or to work with authorizers to ensure that new charter schools coming into operation in the State are well managed, held to high accountability standards, and likely to succeed in meeting the needs of all students.

The Committee urges the Department to take steps to provide flexibility to State entity grantees on their reservation of funding for technical assistance, in order to meet these objectives. The Committee directs the Department to confirm in writing, not later than 30 days after the date of awards of fiscal year 2022 State entity grants, how it will administer the technical assistance reservation in a more flexible manner.

National Activities.—The Committee appreciates the information provided in the January 2022 report “How 2017–2019 State Entity Grantees Are Using Technical Assistance Set-Aside Funds”, which provides summary information about how State Entity grantees are using or have proposed to use the technical assistance [TA] set-aside portion of their Charter School Program [CSP] funds “to ensure subgrantees are equipped to meet the needs of all students, and specifically students with disabilities and English learners [ELs].” To build upon the first report and to improve State and grantee planning and implementation of TA set-aside funding, the Committee requests a report, at least on an annual basis, with data disaggregated as it relates to students with disabilities and English learners, that includes: a description of the State's objectives in providing TA to grantees and the activities identified to provide the required TA; and a description of the impact of State action(s), or if no known impact, an explanation as to why. The Committee also encourages the Department to review the 2022 report and subsequent reports to identify resources across the Department that could support TA and dissemination activities, as appropriate, to support the provision of and oversight of programs to support students with disabilities and English learners in charter schools.

Staffing and Oversight.—The Committee notes that last year’s appropriation included additional funds in the Department’s Program Administration account intended to support additional staff needed for program administration and oversight. The Committee directs the Department to submit its plan for providing sufficient staffing and oversight for the Charter Schools Program, as directed in last year’s statement accompanying last year’s legislation released on October 18, 2021. This plan is to be submitted to the Committee no later than 90 days after the public posting of this statement.

Transparency in Contracting.—The Committee is aware of a 2021 report by the GAO that estimates that 42 percent of virtual charter schools had contracts with for-profit management organizations, and found that these contracts can pose heightened financial and programmatic risks to Federal funds. However, GAO found inaccuracies and undercounting of charter schools who contract with management organizations in data submitted by SEAs to the Department. As such, GAO urged the Department to identify the factors that cause underreporting and misreporting of information on management organizations that contract with charter schools, including virtual charter schools, and take steps to help states report accurate data on these contracts. The Committee directs the Department to provide a briefing to the Committee not later than 90 days after enactment of this act on the Department’s plan to implement GAO’s recommendation and improve data collection and reporting on the involvement of charter management organizations, particularly for-profit organizations, in the operation of charter schools that receive Federal funds.

Magnet Schools Assistance

The Committee recommends \$149,000,000 for the Magnet Schools Assistance program. This program supports grants to LEAs to establish and operate magnet schools that are part of a court-ordered or federally approved voluntary desegregation plan. Magnet schools are designed to attract substantial numbers of students from different social, economic, ethnic, and racial backgrounds. Grantees may use funds for planning and promotional materials; salaries of instructional staff; transportation, as long as such expenses are sustainable beyond the grant period and not a significant portion of the grant; and the purchase of technology, educational materials, and equipment.

Fiscal Year 2022 Priorities.—The Committee appreciates the priorities the Department established for applications for fiscal year 2022 Magnet Schools Assistance funds that propose to coordinate with public housing redevelopment efforts and strengthen inter-district and regional magnet school programs. The Committee requests the fiscal year 2024 and future CJs describe implementation plans, successes and challenges of such grantees.

Teacher and School Leader Incentive Grants

The Committee recommendation includes \$120,000,000 for Teacher and School Leader Incentive Grants. At this level, the Department would have sufficient funding for all non-competitive continuation awards and \$30,200,000 for renewal awards. This pro-

gram provides competitive grants to eligible entities to develop, implement, improve, or expand human capital management systems or performance-based compensation systems in schools. Funds can be used for a wide-range of activities, including developing or improving evaluation and support systems that are based in part on student achievement; providing principals with necessary tools to make school-level decisions; implementing a differentiated salary structure based on a variety of factors; improving the recruitment and retention of effective teachers, principals, and other school leaders; and instituting career advancement opportunities that reward effective teachers, principals and other school leaders.

Ready-To-Learn Television

The Committee recommendation includes \$30,500,000 for the Ready-to-Learn Television program. This program is designed to facilitate student academic achievement by leveraging the power and reach of public television to develop and distribute educational video programming, and digital content, for preschool and elementary school children and their parents, caregivers, and teachers.

Arts in Education

The Committee recommendation includes \$39,000,000 for the Arts in Education program. The funding is used for a program of competitive awards for assistance for arts education, including professional development for arts educators, teachers and principals; developing and disseminating accessible instructional materials and arts-based educational programming; and for national and community outreach activities that strengthen relationships among LEAs, schools, communities and arts organizations. Funds also are used for evaluation and dissemination activities. The bill includes new language directing not less than \$8,000,000 to non-competitive continuation awards made for competitive grants awarded through the May 31, 2022 Notice Inviting Applications [NIA] for Assistance for Arts Education Program.

Inclusive Arts Education.—The Committee recognizes the importance of inclusive arts education for students which is specifically authorized under section 4642(e)(2)(B) of the ESEA. With the support of Arts in Education funding, affiliates of the VSA Program at the Kennedy Center have been dedicated to increasing access to the arts for children with disabilities. The prior administration consolidated all of the Arts in Education program competitions into a single competition and made other changes in fiscal year 2021, which disrupted the funding of VSA affiliates because the Kennedy Center was not selected during that competition. The Committee continues to support inclusive arts education programs, including with its ongoing support for competitive awards made under the May 31, 2022 NIA which are required to have a special emphasis on serving children from low-income families and children with disabilities.

Javits Gifted and Talented Students

The Committee recommendation includes \$16,500,000 for the Javits Gifted and Talented Students Education program. Funds are used for awards to State and local educational agencies, institu-

tions of higher education, and other public and private agencies for research, demonstration, and technical assistance activities designed to enhance the capability of elementary and secondary schools to meet the special educational needs of gifted and talented students. Under ESEA, the Department gives priority to making awards for projects that include evidence-based activities or that develop new information to improve the capacity of schools to operate gifted and talented education programs or to assist schools in identifying and serving traditionally underserved students

Supporting Effective Educator Development

The Committee recommendation includes \$90,000,000 for the Supporting Effective Educator Development [SEED] program. SEED provides competitive grants to improve teacher and principal effectiveness by supporting pathways that help teachers, principals, or other school leaders with non-traditional preparation and certification obtain employment in underserved LEAs; providing evidence-based professional development; and making services and learning opportunities freely available to LEAs.

Effective School Leaders.—The Committee recognizes the significant impact of effective school principals and other school leaders on student achievement and other student outcomes, and believes the SEED program provides important support for helping ensure that more highly trained school leaders are available for service in schools that have concentrations of students from low-income families. Therefore, the Committee directs the Secretary to use a portion of funds made available for SEED for new awards supporting the preparation of principals and other school leaders.

American History and Civics Education

The Committee recommendation includes \$10,500,000 for American History and Civics Education, including \$1,750,000 for Presidential and Congressional Academies for American History and Civics and \$8,750,000 for American History and Civics Education National Activities.

Presidential Academies for the Teaching of American History and Civics offer residential workshops to elementary and secondary school teachers to strengthen their knowledge through instruction and interaction with primary scholars and accomplished teachers in these fields. The Congressional Academies for Students of American History and Civics provide similar workshops to students to enrich their understanding of American history and civics.

The Committee notes the fiscal year 2021 competition included an invitational priority on promoting information literacy skills that produced at least one award that seeks to improve student civic attitudes, interest in current events, and intent to vote, among other expected outcomes. The Committee believes the Department should continue to prioritize applications that promote information literacy skills. In addition the Department is directed to prioritize applications that propose projects intended to improve critical thinking, media literacy, and digital citizenship; enhance understanding of voting and other forms of political and civic engagement; increase awareness and interest in employment and careers in public service; improve understanding of United States

law, history, and government; improve the ability of participants to collaborate and compromise with others to create safe, inclusive communities and solve local and global problems; and strengthen participants' ability to evaluate the perspective, accuracy, and validity of information. The Committee requests a briefing not later than 14 days prior to the publication of a NIA for fiscal year 2023 grants under this program. Further, the Committee requests to be notified not later than seven days before the announcement of any new awards.

Statewide Family Engagement Centers

The Committee recommendation includes \$25,000,000 for Statewide Family Engagement Centers. This program provides competitive grants to statewide organizations to promote and implement evidence-based family engagement activities in education programs, and provide training and technical assistance to SEAs, LEAs, schools, and other organizations for carrying out such activities.

The Committee recognizes the COVID-19 pandemic has significantly impacted student learning and mental health over the past 2 years and that parental and family involvement will play a key role in recovery. The Committee understands the Department received more eligible applications during the fiscal year 2022 grant competition than could be funded. The Committee provides \$25,000,000, double the fiscal year 2021 appropriation and \$10,000,000 more than last year, and directs the Department to use these funds to award grants for high-quality applications that could not be funded during the prior year's grant competition. The Committee believes the Department also must continue to support effective implementation of parent and family engagement activities of SEAs and LEAs, including on culturally and linguistically responsive engagement and communication with families of English learners and migrant students.

Parental and Family Engagement.—The Committee also supports the Department in continuing to provide technical assistance to SEAs, LEAs and relevant organizations to increase parental and family engagement in order to improve educational outcomes. The Committee is concerned about data published by the Department's 2022 School Pulse Panel in July 2022 indicating that 39 percent of schools had higher rates of student absenteeism in school year 2021–22 than in the previous school year. The Committee urges the Department to continue to support educators, principals, school leaders, specialized instructional support personnel, and other school staff in implementing evidence-based parental and family engagement activities to address chronic absenteeism and other urgent issues facing students, parents, and families, such as home visitation programs, effective professional development, afterschool and summer activities, and the provision of resources in the home languages of such families. The Committee encourages the Department to support SEAs, LEAs, and schools in reaching parents and families who may be heightened risk of disengagement from school, such as those with low incomes or multiple jobs, families of color, immigrant families, families involved with the justice system, fami-

lies experiencing homelessness, and families involved in the foster care system.

Fostering Diverse Schools

The budget includes \$100,000,000 for the creation of a new Fostering Diverse Schools program. This new program would support competitive awards to address voluntary efforts to increase racial and socioeconomic diversity in preschool through 12th grade. LEAs, individually, in consortia, or in partnership with SEAs; education service agencies and other regional educational authorities serving LEAs may apply for planning grants for developing a high-quality strategic plan for increasing school racial and socioeconomic diversity and implementation grants for such plans developed with family, community and educator engagement. Funds would also be used to support research, development, technical assistance and evaluation.

While the Committee recommendation does not include requested bill language and funding for this proposal, the bill does include investments through a range of authorized programs that may be used to further racial and socioeconomic diversity in the Nation’s public schools.

Fund for the Improvement of Education

The bill includes a general provision providing an additional \$56,264,000 for this account for projects and associated amounts and purposes identified in the table at the end of this explanatory statement.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

Appropriations, 2022	\$361,000,000
Budget estimate, 2023	693,000,000
Committee recommendation	442,000,000

The Committee recommends a total of \$442,000,000 for activities to promote safe schools, healthy students, and citizenship education.

Promise Neighborhoods

The Committee recommendation includes \$91,000,000 for the Promise Neighborhoods program. This program awards competitive grants to not-for-profit, community-based organizations for the development of comprehensive neighborhood programs designed to combat the effects of poverty and improve educational and life outcomes for children and youth, from birth through college. Each Promise Neighborhood grantee serves a high-poverty urban neighborhood or rural community. Grants are for up to 5 years, with the final 2 years of funding contingent on grantee performance against program- and project-level performance objectives. Further, grants may be extended an additional 2 years beyond the 5-year project period contingent on grantee performance. The bill continues to provide extended availability of these funds, to allow the Department more flexibility for the timing of new awards and maximize the time for grantee planning activities.

Promise Neighborhoods Extensions.—The Committee notes that ESEA requires applicants to include, among other requirements,

an explanation of how the eligible entity will continuously evaluate and improve the continuum of high-quality pipeline services to provide for continuous program improvement and potential expansion. ESEA also permits the Secretary to make 2-year extension grants to grantees making acceptable progress on performance indicators of improved academic and developmental outcomes for children and youth. The Committee recommendation includes up to \$10,000,000 for the second year of two-year extension grants to high quality Promise Neighborhood programs that have demonstrated positive and promising results through their initial implementation grant to strengthen grantee communities' abilities to scale city and regional reinvestment strategies and allow for direct pipeline services. The Committee requests a briefing on the Department's implementation plans for the Promise Neighborhoods program not later than 14 days prior to issuing a notice inviting applications.

School Safety National Activities

The Committee recommendation includes \$201,000,000 for the School Safety National Activities, including up to \$5,000,000 for Project SERV. This funding supports activities to improve student safety and well-being, including improving school climates, access to mental healthcare, and emergency management response planning, and addressing the consequences of school violence or other traumatic events such as natural disasters.

Mental Health Service Professional Development Grant Program and School-Based Mental Health Services Grant Program.—The budget includes \$1,000,000,000 within the School Improvement account for a new School Based Health Professionals program. The Committee and Congress have already allocated nearly \$500,000,000 available for obligation through December 31, 2023 for new awards through the Mental Health Services Professional Demonstration Grant program established in the Department of Education Appropriations Act, 2019 and the School Based Mental Health Services Grant program established in the Department of Education Appropriations Act, 2020. The Department has yet to issue a notice of proposed priorities and requirements for funding available from last year's act and the Bipartisan Safer Communities Act. The Department is required to do so for funds provided in last year's act, which are only available for obligation through December 31, 2022. These programs were created to increase the number of qualified, well-trained mental health professionals in schools, including school counselors, social workers, psychologists, or other mental health professionals, and could also support similar activities for school nurses. The Committee notes an additional \$600,000,000 in total for fiscal years 2024 through 2026 is provided by the Bipartisan Safer Communities Act and split evenly between the Mental Health Services Professional Demonstration Grant Program and the School Based Mental Health Services Grant Program. The Committee directs the Department to notify it of the number of fundable applications submitted during the grant competition later this year, so the need for additional resources for this purpose can be evaluated.

The Bipartisan Safer Communities Act also requires the Secretary of Health and Human Services, in consultation with the Sec-

retary of Education, to provide updated guidance, resources and technical assistance to support the expansion of access to school-based healthcare through the Medicaid program. Such guidance must address, in part, updates to the Medicaid School-Based Administrative Claiming Guide, tools to support Medicaid billing and recordkeeping, best practices for enrolling school-based health providers in Medicaid, and best practices for providing Medicaid-covered services in school settings. The Bipartisan Safer Communities Act also provides \$50,000,000 for the Secretary of HHS to award planning grants to States for the purpose of implementing, enhancing, or expanding school-based health programs under Medicaid or the Children's Health Insurance Program. Such guidance and resources should include information on sustaining school-based mental healthcare staff hired using funding available from the Elementary and Secondary School Emergency Relief Fund, the Mental Health Service Professional Development Grant Program and School-based Mental Health Services Grant Program, including such programs funded in the Bipartisan Safer Communities Act. The Committee is aware the Department of Health and Human Services is required to work closely with the Department to implement the provision under the Bipartisan Safer Communities Act providing \$8,000,000 to fund a technical assistance center to support SEAs and LEAs in expanding and strengthening their school Medicaid programs and the \$50,000,000 in planning grants. The Committee directs the Departments to provide a briefing to the appropriations and authorizing committees not later than 90 days after enactment of this act on the Department's actions and plans, in conjunction with the Department of Health and Human Services, to support SEAs and LEAs in utilizing these supports and funds to implement the Medicaid in Schools program.

Promotion of Mental Health and Social and Emotional Well-Being.—Last year, the Surgeon General issued a Surgeon General's Advisory on Protecting Youth Mental Health that recommended a series of actions intended to improve youth mental health. The Committee is pleased with the Department's release last year of "Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs". The Committee urges the Department to continue its efforts to support LEAs, SEAs, and IHEs in their efforts to implement and strengthen comprehensive mental health programs in elementary and secondary schools and IHEs.

The Committee encourages the Department to continue to support schools, LEAs, and States in identifying and implementing evidence-based practices to improve student well-being and safety. The Committee notes that there are a range of factors that influence student well-being and safety, including incidents of bullying, harassment, hate-related speech, school violence, and school shootings, the development of positive relationships between students and educators that foster a safe supportive learning environment, access to school-based mental health services, health and safety hazards present in school buildings, rates of poverty and violence in the community, and other factors that affect the well-being and safety of students. The Committee recognizes that research indicates that some school safety measures may be applied in a manner that disproportionately affects and harms students of color and

students with disabilities, and encourages the Department to take such research into consideration as it supports schools, LEAs, and States in improving student well-being and safety.

School Infrastructure and Sustainability.—Recognizing the growing challenges high need LEAs face in ensuring that their school facilities provide safe, healthy, and engaging learning environments, the Committee directs the Secretary to use \$50,000,000 for grants to States for technical assistance to high need LEAs in leveraging existing resources to make needed improvements to their highest-need public school facilities. The Committee is aware the 2021 State of Our Schools Report include an estimates of an \$85,000,000,000 annual gap between our investment in school facilities and what communities need to maintain safe and up-to-date facilities. Further, a 2020 GAO report found that an estimated 54 percent of LEAs across the country must replace or update major systems in more than half their buildings. In many public schools, the poor state of facilities hampered the return to in person learning during the pandemic. Students also often lose learning days when school climate control systems are unable to maintain safe and healthy classroom conditions. Through the Elementary and Secondary School Emergency Relief Fund, the Coronavirus State and Local Fiscal Recovery Funds, the Infrastructure Investment and Jobs Act, and other programs, Congress has provided some resources to address specific school facility challenges. However, as the planning and management of elementary and secondary public school facilities has gotten more complex, there has not been an investment in providing the information, education, or training of the LEA personnel responsible for decisionmaking, planning, budgeting, operations or management of public school facilities. In making grants to States, the Secretary is encouraged to prioritize applications that describe how under-resourced LEAs, including small and rural LEAs, will be provided with technical assistance and training for facilities related challenges associated with risk management, preparing for natural disasters, strategic planning, and applying for and leveraging existing resources to improve the health, safety, and learning environment for students.

Project Prevent.—The Committee supports the Department’s plan to use additional national activities funds for a new round of Project Prevent grants. These grants have helped increase the capacity of LEAs in communities with high rates of violence to address the needs of students, including by supporting trauma-informed practices, and help break the cycle of violence. The Committee requests a briefing on the Department’s plans for this grant competition not later than 14 days prior to publication of a NIA.

Positive and Inclusive School Climate Program.—The Committee recommendation includes \$10,000,000 for competitive grants to SEAs to develop and support comprehensive positive and inclusive school climate plans that include effective, culturally relevant, and evidence-based initiatives to strengthen, promote, and enhance school climate, affirm student identities, and ensure school safety. The plans must include diversity in placement, hiring, and retention of Specialized Instructional Support Personnel, including restorative practice practitioners, counselors, school social workers, school psychologists, and other supportive school staff. Grant appli-

cations should be designed and submitted in consultation with a State multidisciplinary team of educators, parents, students, and mental health professionals, educational researchers, representatives from an urban, suburban, and rural LEA or representatives from the largest LEAs in the State, and should maintain the rights, respect, and dignity of all students.

National Clearinghouse on School Infrastructure.—The Committee recommendation includes \$2,000,000 for the proposed National Clearinghouse on School Infrastructure and Sustainability to compile and make available technical assistance and training materials to State educational agencies and local educational agencies on issues related to educational facility planning, design, financing, construction, improvement, operation, and maintenance. The Committee encourages the Department, in establishing and operating the clearinghouse, to consult and engage with public and private sector stakeholders with expertise in school infrastructure, green schools, and sustainability education with the goal of including robust and trusted resources.

Social Emotional Learning.—The Committee directs the Department to prioritize SEAs and LEAs whose applications describe how they will develop, adopt, and teach social and emotional skills in awarding grants pertaining to school safety.

Full Service Community Schools

The Committee recommendation includes \$150,000,000 for Full-Service Community Schools. This program provides support for the planning, implementation, and operation of full-service community schools that improve the integration, accessibility, and effectiveness of services for children and families, particularly for children attending high-poverty schools, including high-poverty rural schools. The Committee appreciates the Department adopted a priority for State scaling grants for implementation of the program in fiscal year 2022. The Committee believes prioritizing commitments by States to sustain the Federal investment made by this program is a powerful way to leverage these funds and support the growing evidence base that this approach improves student outcomes and school performance.

ENGLISH LANGUAGE ACQUISITION

Appropriations, 2022	\$831,400,000
Budget estimate, 2023	1,075,000,000
Committee recommendation	954,041,000

The Committee recommends an appropriation of \$954,041,000 for the English Language Acquisition [ELA] program.

The Department makes formula grants to States based on each State’s share of the Nation’s limited-English-proficient and recent immigrant student population. The program is designed to increase the capacity of States and school districts to address the needs of these students. The authorizing statute requires that 6.5 percent of the appropriation be used to support national activities, which include professional development activities designed to increase the number of highly qualified teachers serving limited-English-proficient students; and a National Clearinghouse for English Language Acquisition and Language Instructional Programs. National

activities funds shall be available for 2 years. The Committee recommendation does not include language proposed in the budget that would allocate \$50,000,000 of these funds to States with LEAs that have enrolled 100 immigrant children and youth since January 1, 2021, and in States with at least one county where 50 or more unaccompanied children have been released to sponsors since January 1, 2021, from HHS’ Office of Refugee Resettlement.

The budget proposes to allow the Secretary to retain 2 percent of the appropriation for technical assistance and capacity building that would greatly strengthen the Department’s ability to work with its State and local partners in meeting the needs of English learners in the context of encouraging multilingualism as a necessary skill for success in our globally competitive economy. The Committee recommendation includes new language allowing the Department to retain up to 2 percent of the appropriation for technical assistance from the Department on assisting school communities with implementing evidence-based instructional practices for language development and meeting high academic standards.

The Committee recognizes the urgent need to improve educational opportunities and outcomes for English learners, particularly as some research indicates that the academic achievement and English proficiency rates of English learners has declined in the wake of the COVID–19 pandemic. The Committee encourages the Department to strengthen the Office of English Language Acquisition by ensuring that such office has the sufficient staffing and resources, including an appointed director, to provide national leadership to ensure that English learners and immigrant students attain English proficiency and achieve academic success. The Committee encourages the Department to continue its work to support all English learners, with a specific emphasis on ensuring LEAs and SEAs have the technical assistance and resources to meet the unique needs of all English learners, including those who are newcomers, long-term English learners, or children with disabilities.

The Committee believes an asset-based approach to English language acquisition is critical to improving student English language proficiency and the academic achievement of students. Accordingly, the Committee encourages the Department to support SEAs and LEAs in the use of these funds for dual language approaches to improve classroom instruction for English learners and assist educational personnel working with such children to meet high professional standards, including standards for certification and licensure as teachers who work in language instruction educational programs or serve English Learners.

SPECIAL EDUCATION

Appropriations, 2022	\$14,519,119,000
Budget estimate, 2023	18,130,170,000
Committee recommendation	16,744,570,000

The Committee recommends an appropriation of \$16,744,570,000 for special education programs.

Grants to States

The Committee recommendation includes \$15,318,704,000 for IDEA part B Grants to States. This program provides formula

grants to assist States, outlying areas, and other entities in meeting the costs of providing special education and related services for children with disabilities. States pass along most of these funds to LEAs, but may reserve some for program monitoring, enforcement, technical assistance, and other activities.

The appropriation for this program primarily supports activities associated with the 2023–2024 academic year. Of the funds available for this program, \$6,035,321,000 will become available on July 1, 2023, and \$9,283,383,000 will become available on October 1, 2023. These funds will remain available for obligation through September 30, 2024.

Preschool Grants

The Committee recommends \$445,000,000 for Preschool Grants. This program provides formula grants to States to assist them in making available special education and related services for children with disabilities aged 3 through 5. States distribute the bulk of the funds to LEAs. States must serve all eligible children with disabilities aged 3 through 5 and have an approved application under the IDEA.

Grants for Infants and Families

The Committee recommends \$591,306,000 for the Grants for Infants and Families program under part C of the IDEA. Part C of IDEA authorizes formula grants to States, outlying areas, and other entities to implement State-wide systems for providing early intervention services to all children with disabilities, ages 2 and younger, and their families. IDEA also gives States the option of extending eligibility for part C services to children 3 and older if they were previously served under part C and will continue to be served until entrance to kindergarten.

The budget proposes new appropriations language in several areas. The first would permit the Secretary to reserve up to \$200,000,000 for State Incentive Grants for grants to States that choose to serve at-risk infants and toddlers or continue to provide services under part C for children ages three through five. The Committee recommendation includes the proposal, except for modifying the set-aside to up to \$45,000,000 for grants to States that exercise either option.

The second proposal would require all States to reserve 10 percent of their part C funding to implement a State equity plan approved by the Secretary. The Committee recommendation allows a State to reserve amounts necessary for use consistent with a State equity plan approved in the State.

The Committee adopts the proposal to require any State seeking to limit eligibility under part C to provide at least 2 years of advance notice to the public before implementing such changes. Another proposal adopted would permit States the flexibility to use part C funds for certain activities for expectant parents of infants or toddlers with disabilities. Finally, the Committee recommends the proposal to reserve up to \$5,000,000 from funds available under 611 of the IDEA to study issues related to the creation and implementation of a comprehensive system for services and supports for children with disabilities from birth through age 5.

The Committee recommendation does not include two provisions proposed in the budget. The first would prohibit any State receiving funds under part C of the IDEA from charging family fees or requiring out of pocket costs for receipt of services under part C of the IDEA. The Committee understands fewer than half of all States charge family fees. However, these fees and associated administrative requirements deter families from accessing needed services. The Committee directs the Secretary to provide technical assistance and support to any State seeking to remove these barriers to families accessing part C services. The Committee requests an update on these activities in the fiscal year 2024 CJ. The second would authorize a new formula for the allocation of part C funds to States.

State Personnel Development

The Committee recommends \$38,630,000 for the State Personnel Development program. Ninety percent of funds must be used for professional development activities. The program supports grants to SEAs to help them reform and improve their personnel preparation and professional development related to early intervention, educational, and transition services that improve outcomes for students with disabilities. The bill includes language in the budget request that continues to allow funds under the program to be used for program evaluation.

Technical Assistance and Dissemination

The Committee recommends \$84,345,000 for Technical Assistance and Dissemination. This program supports awards for technical assistance, model demonstration projects, the dissemination of useful information, and other activities. Funding supports activities that are designed to improve the services provided under the IDEA.

Deaf-Blind Projects.—Within the total, the Committee recommendation includes an increase of \$1,000,000 for OSEP's State Deaf-Blind Projects and the National Center on Deaf-Blindness. Additional steps must be taken to ensure each deaf-blind's child's abilities and needs are met, including through intervener services. The Committee is aware of a 2021 study that identified challenges to hiring intervener positions. The Committee requests an update in the fiscal year 2024 CJ on actions and plans to ensure that intervener services are available when recommended by the Individualized Education Program team and parents and families are aware of such services as early as possible.

Special Olympics.—Within the total, the Committee recommendation includes \$34,000,000 to support activities authorized by the Special Olympics Sport and Empowerment Act. This funding supports efforts to expand Special Olympics programs and the design and implementation of Special Olympics education programs that can be integrated into classroom instruction and are consistent with academic content standards.

Personnel Preparation

The Committee recommends \$190,000,000 for the Personnel Preparation program. Funds support competitive awards to help

address State-identified needs for personnel who are qualified to work with children with disabilities, including special education teachers and related services personnel. The program is required to fund several other broad areas, including training leadership personnel and personnel who work with children with low-incidence disabilities, and providing enhanced support for beginning special educators. The Committee urges the Department to direct additional resources to preparing personnel to serve children with low incidence disabilities, including interveners.

Parent Information Centers

The Committee recommends \$45,152,000 for Parent Information Centers. This program makes awards to parent organizations to support parent training and information centers, including community parent resource centers. These centers provide training and information to meet the needs of parents of children with disabilities living in the areas served by the centers, particularly underserved parents, and parents of children who may be inappropriately identified.

Technology and Media Services

The Committee recommends \$31,433,000 for Technology and Media Services. This program makes competitive awards to support the development, demonstration, and use of technology and educational media activities of value to children with disabilities.

Education Materials in Accessible Formats for Students with Visual Impairments.—The Committee recognizes the progress made with the services provided under the Educational Technology, Media and Materials program that have allowed more than 850,000 students with disabilities free access to more than 975,000 books in digitally accessible formats while creating systemic change in the publishing industry by equipping publishers with resources to make their products “Born Accessible,” ensuring all students can use the same educational materials.

The Committee recognizes that to meet the educational needs of more students with print disabilities, new investments are required to develop technology and expand capacity so that the growing diversity of educational materials, such as teacher curated educational materials not included in standard textbooks, are also available to eligible students in a timely manner. Additionally, the Committee recognizes the benefit of making more accessible educational materials available to pre-K and postsecondary students in addition to the K–12 student population, which requires additional resources and greater capacity to process and convert a larger volume of educational materials into accessible formats. The Committee recommendation includes additional funding to make a broader range of educational materials available to students and to meet the needs of all eligible students, including pre-K and postsecondary students.

REHABILITATION SERVICES

Appropriations, 2022	\$3,862,645,000
Budget estimate, 2023	4,125,906,000
Committee recommendation	4,093,406,000

Vocational Rehabilitation State Grants

The Committee recommends \$3,949,707,000 in mandatory funding for Vocational Rehabilitation [VR] State Grants. State Grants assist States in providing a range of services to help persons with physical and mental disabilities prepare for and engage in meaningful employment.

Disability Innovation Fund [DIF].—The Committee directs the Department to continue to use a portion of DIF funds in fiscal year 2023 to increase competitive integrated employment and decrease subminimum wage employment by offering competitive grants to help employers eliminate the use of 14(c) certificates and become competitive integrated employers that offer support services to employees with disabilities to transition from subminimum wage employment to competitive integrated employment.

The Committee recommendation also includes \$50,000,000 within DIF to support innovation in employment of workers with disabilities. Vocational Rehabilitation remains a critical lever to bolster employment for people with disabilities, yet obtaining competitive integrated employment is still a challenge for the majority of disabled Americans. These funds should be used for competitive grants awarded in coordination with the Office of Disability Employment Policy, to non-governmental entities in partnership with State VR agencies for innovative strategies that significantly increase employment of adults with disabilities. The Committee expects this will focus on individuals with disabilities over the age of Pre-ETS services who are not currently in the workforce. Grants shall be awarded to partnerships that support disabled adults in obtaining competitive integrated employment and advance their career trajectories. Strategies for improving employment outcomes for adults with disabilities must have as their goal a significant effect on disability employment in the State or region. Funds should be used to develop new and innovative strategies for the recruitment, hiring, retention, and career advancement of disabled adults, spurring change in the State VR agency's strategies and ability to improve State disability employment outcomes.

The Committee recommendation also includes new language permitting the transfer of DIF funds to IES study to determine the educational, employment, and independent living outcomes for students receiving services and supports under IDEA and 504 accommodations.

The Committee directs the Department to continue to brief the Committees on Appropriations; the Committee on Health, Education, Labor, and Pensions of the Senate; the Committee on Education and Labor of the House of Representatives; the Committee on Finance of the Senate; and the Committee on Ways and Means of the House of Representatives at least every 6 months with updates on activities funded within DIF.

Client Assistance State Grants

The Committee recommends \$13,000,000 in discretionary funds for Client Assistance State Grants. This program funds State formula grants to help VR clients or client applicants understand the benefits available to them. States must operate client assistance programs to receive VR State Grant funds.

Training

The Committee recommends \$29,388,000 for training rehabilitation personnel. This program supports grants to provide training to new VR staff or upgrade the qualifications of existing staff.

Demonstration and Training Programs

The Committee recommendation includes \$5,796,000 for demonstration and training programs. These programs support activities designed to increase employment opportunities for individuals with disabilities by expanding and improving the availability and provision of rehabilitation and other services.

Protection and Advocacy of Individual Rights

The Committee recommends \$21,150,000 for the Protection and Advocacy of Individual Rights program. This program provides grants to agencies to protect and advocate for the legal and human rights of persons with disabilities who are ineligible for the protection and advocacy services available through the Developmental Disabilities Assistance and Bill of Rights Act (Public Law 106-402) or the Protection and Advocacy for Individuals with Mental Illness Act (Public Law 99-319).

Supported Employment State Grants

The Committee recommendation includes \$22,548,000 for the Supported Employment State Grants Program. This program provides grants to States to provide supported employment services for individuals with the most significant disabilities, including youth with disabilities.

Independent Living Services for Older Individuals Who Are Blind

The Committee recommends \$33,317,000 for Independent Living State Grants. This program supports assistance to individuals over age 55 to help them adjust to their blindness and continue to live independently, including daily living skills training, counseling, community integration information and referral, the provision of low-vision and communication devices, and low-vision screening.

Helen Keller National Center

The Committee recommends \$18,500,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults. The Helen Keller National Center consists of a national headquarters in Sands Point, New York, with a residential training and rehabilitation facility where deaf-blind persons receive intensive specialized services; a network of 10 regional field offices that provide referral and counseling assistance to deaf-blind persons; and an affiliate network of agencies.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

AMERICAN PRINTING HOUSE FOR THE BLIND

Appropriations, 2022	\$40,431,000
Budget estimate, 2023	37,431,000
Committee recommendation	43,431,000

The Committee recommends \$43,431,000 to help support American Printing House for the Blind [APH].

APH provides educational materials to students who are legally blind and enrolled in programs below the college level. The Federal subsidy provides approximately 65 percent of APH’s total sales income. Materials are distributed free of charge to schools and States through per capita allotments based on the total number of students who are blind. Materials provided include textbooks and other educational aids in Braille, large type, recorded form, and computer applications. Appropriated funds may be used for staff salaries and expenses, as well as equipment purchases and other acquisitions, consistent with the purpose of the act to Promote the Education of the Blind (Public Law 45–186).

The Committee recommendation will help APH develop and distribute assistive technologies, books in accessible formats and specially designed educational aids that will allow students who are blind or visually impaired to fully participate in and benefit from education programs. The Committee applauds APH for expanding training resources and regional supports to assist schools, teachers, parents, and students to adapt to the changes in education brought about because of the COVID pandemic and to enhance support for education agencies throughout the States and territories.

The Committee recommendation includes one-time funding of \$1,500,000 to support field testing of an innovative and highly beneficial braille and tactile display product developed by the APH and its partners. Testing will be conducted by educational agencies working with students, families and teachers, to gather feedback and recommendations prior to production and distribution of the product in fiscal year 2024.

The Committee recommendation also includes \$6,000,000 for the existing Center for Assistive Technology Training regional partnership. APH is continually developing new products and technologies to help ensure students who are blind and visually impaired have access to the education materials they need to succeed in school. This partnership pairs the provision of assistive technology with training for students, families, and teachers to help them fully utilize available products and technology.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Appropriations, 2022	\$88,500,000
Budget estimate, 2023	84,500,000
Committee recommendation	92,500,000

The Committee recommends \$92,500,000 for the National Technical Institute for the Deaf [NTID].

NTID, located on the campus of the Rochester Institute of Technology in Rochester, New York, was created by Congress in 1965 to provide a residential facility for postsecondary technical training and education for persons who are deaf. NTID also provides support services for students who are deaf, trains professionals in the field of deafness, and conducts applied research.

Regional STEM Center.—The Committee recommendation includes \$9,500,000 for NTID’s existing Regional STEM Center [NRSC]. The NRSC, first established with fiscal year 2016 funds, expands NTID’s geographical reach and improves access to postsec-

ondary STEM education and employment for students who are deaf or hard of hearing in underserved areas. This has included professional development for teachers, developing relationships with business and industry to promote employment opportunities, and preparing students to be successful in STEM fields.

GALLAUDET UNIVERSITY

Appropriations, 2022	\$146,361,000
Budget estimate, 2023	143,361,000
Committee recommendation	180,361,000

The Committee recommends \$180,361,000 for Gallaudet University.

Gallaudet University is a private, not-for-profit institution offering undergraduate and continuing education programs for students who are deaf, as well as graduate programs in fields related to deafness for students who are hearing and deaf. The university conducts basic and applied research related to hearing impairments and provides public service programs for the deaf community.

This funding also supports the Model Secondary School for the Deaf, which serves as a laboratory for educational experimentation and development; disseminates curricula, materials, and models of instruction for students who are deaf; and prepares adolescents who are deaf for postsecondary academic or vocational education or the workplace. The university's Kendall Demonstration Elementary School develops and provides instruction for children from infancy through age 15.

The Committee recommendation includes up to \$30,000,000 for construction to help address longstanding facility needs.

Early Language Acquisition Project [ELAP].—Within the total, the Committee recommendation includes \$8,500,000 for the current regional partnership through the ELAP. The ELAP supports early language acquisition for children from birth through age three who are deaf or hard of hearing. The existing partnership includes activities to improve early language acquisition training for early educators, caretakers, and other professionals. This partnership allows Gallaudet to expand and build on its current research in this area, and test and evaluate interventions in diverse geographic areas.

CAREER, TECHNICAL, AND ADULT EDUCATION

Appropriations, 2022	\$2,091,436,000
Budget estimate, 2023	2,308,981,000
Committee recommendation	2,246,436,000

Career and Technical Education

The Committee recommends \$1,507,269,000 for the Career and Technical Education [CTE] account.

State Grants.—The Committee recommends \$1,439,848,000 for CTE State grants. Funds provided under the State grant program assist States, localities, and outlying areas to expand and improve their CTE program and help ensure equal access to CTE for populations with special needs. Persons assisted range from secondary students in pre-vocational courses through adults who need re-

training to adapt to changing technological and labor market conditions. Per the authorization of the program, after reservations for required set-asides and small State minimums, funds are distributed to a baseline level of the amount awarded to each State in fiscal year 2018, with any remaining funds allocated according to a formula based on State population and State per capita income.

Under the Indian and Hawaiian Natives programs, competitive grants are awarded to federally recognized Indian Tribes or Tribal organizations and to organizations primarily serving and representing Hawaiian Natives for services that are additional to what these groups receive under other provisions of the Perkins Act (Public Law 109–270).

Of the funds available for this program, \$648,848,000 will become available July 1, 2023, and \$791,000,000 will become available on October 1, 2023. These funds will remain available for obligation until September 30, 2024.

National Activities.—The Committee recommendation includes \$67,421,000 for national activities. This includes up to \$60,000,000 for Innovation and Modernization grants, which includes funds for grants to consortia of local educational agencies, institutions of higher education, and employers to pilot evidence-based strategies to increase the integration and alignment of the last 2 years of high school and the first 2 years of postsecondary education to improve postsecondary and career outcomes for all students.

The Committee directs the Department to continue to work with the Departments of Defense, Labor, and Commerce to develop a pilot project to increase the quality of, and participation in, career and technical education programs related to the skills needed for new submarine construction. The Committee directs the Department to include information in its fiscal year 2024 CJ on such efforts.

The Committee recognizes that youth growing up and living in areas with high rates of community violence often have fewer economic opportunities to help them break the cycle of poverty and violence. School-based mentoring programs that focus on cognitive and social-emotional learning are an effective strategy to improve a child's success in school, career, and life. The Committee strongly encourages the Department to use CTE National Activities funds to support school-based mentoring programs in communities with high rates of violence, and for students who experience trauma or were disproportionately affected by the COVID–19 pandemic. Programs supported with this funding should focus on providing students with social-emotional and other skills and experiences needed to be successful in the workplace.

The Committee is concerned about the growing shortage of qualified public school teachers at all levels of education. The Committee is also concerned that the Department of Education's Teacher Shortage Area database lacks accurate data on career and technical education teacher shortages to inform policy improvements for the CTE teacher pipeline. The Committee strongly encourages the Department to begin collecting data on the characteristics of the career and technical education teacher workforce, disaggregated by CTE program area, including demographic information, salary, years of industry experience, and highest level of

educational attainment. When collecting data for the Department’s Teacher Shortage Area database, schools that have ceased to offer CTE programming due to staffing shortages should be noted. The Committee directs the Department to include information in its fiscal year 2024 CJ on planned efforts in this area, including any challenges or limitations to collecting such data.

Adult Education

The Committee recommends \$739,167,000 for Adult Education programs.

Adult Education State Grants.—The Committee recommendation includes \$725,455,000 for Adult Education State Grants which provide funding for States for programs that assist adults in becoming literate and in obtaining the skills necessary for employment and self-sufficiency.

National Leadership Activities.—The Committee recommends \$13,712,000 for adult education national leadership activities.

The Committee encourages the Department to support technical assistance that will help build the evidence-base of adult education programs, including supporting States in prioritizing rigorously evaluated programs.

STUDENT FINANCIAL ASSISTANCE

Appropriations, 2022	\$24,580,352,000
Budget estimate, 2023	26,345,352,000
Committee recommendation	24,625,352,000

The Committee recommends an appropriation of \$24,625,352,000 for programs under the Student Financial Assistance account.

Federal Pell Grant Program

The Committee recommends \$22,475,352,000 in current year discretionary funding for the Pell grant program.

The Committee recommendation includes \$6,335 for the discretionary portion of the maximum Pell grant award, an increase of \$500. Combined with mandatory funding, under current law, this would provide a total maximum award of \$7,395 for the 2023–2024 award year.

Pell Grant Restoration and Prison Education Program.—The Committee continues to recognize the significance of restoring Pell Grant access for incarcerated individuals and the impact that will have on reestablishing effective prison education programs across the country, and ultimately reducing recidivism rates and saving taxpayer dollars by reducing the overall cost of incarceration. Given that regulations for the new Prison Education Program are expected to be finalized during fiscal year 2023, the Committee directs the Department to continue the Second Chance Pell Pilot program as the Department finalizes implementation of the full Pell Grant reinstatement. The Committee encourages the Department to use the expertise and best practices from the Pilot to develop guidance and technical assistance for the new Prison Education Program. The Committee further directs the Department to work with Second Chance Pell Pilot sites as they transition to the requirements under the new Prison Education Program to ensure that incarcerated students do not experience a gap in their edu-

cational programming. In addition, the Committee strongly encourages the Department to notify institutions of higher education (particularly those that operate Second Chance Pell Pilot sites), the Bureau of Prisons, State departments of corrections, county and local jail administrators, and institutional accrediting agencies about the new Prison Education Program. Further, the Committee expects the Department will provide technical assistance and guidance to Second Chance Pell sites to ensure that they have enough time and information to prepare and apply for Prison Education Program approval.

As a part of the new Prison Education Program, the Committee encourages the Department, in coordination with the Department of Justice, to develop and provide technical assistance and guidance to participating institutions of higher education on how to support formerly incarcerated students as they leave prison, reenter society, and reenroll in postsecondary education. This guidance should address evidence-based strategies for helping formerly incarcerated people to secure housing, employment, and other Federal benefits, as well as re-enroll in college, access Federal and State financial aid, and secure campus housing and student employment. The Department should convey to institutions of higher education that they should work to ensure that every student who participates in the new Prison Education Program is able to reenter their communities successfully post-release. The Committee also encourages the Department to continue to provide a “fresh start” to incarcerated individuals with defaulted student loans, allowing them to access education programs in prison.

Federal Supplemental Educational Opportunity Grant Program

The Committee recommends \$915,000,000 for the Supplemental Educational Opportunity Grant [SEOG] program. The SEOG program provides funds to institutions of higher education for need-based grants to students. Institutions must contribute at least 25 percent toward SEOG awards. Students qualify for grants of up to \$4,000 by demonstrating financial need. Priority is given to Pell grant recipients with exceptional need.

Federal Work-Study Program

The Committee bill provides \$1,235,000,000 for the Federal Work-Study [FWS] program. This program provides grants to institutions of higher education to help undergraduate, graduate, and professional students meet the costs of postsecondary education through part-time employment. Institutions must provide at least 25 percent of student earnings.

Within the total for FWS, the Committee recommendation includes \$11,046,000, for the Work Colleges program authorized under section 448 of the Higher Education Act (Public Law 89-329), as amended.

FEDERAL DIRECT STUDENT LOAN PROGRAM ACCOUNT

Appropriations, 2022	\$25,000,000
Budget estimate, 2023	
Committee recommendation	

The Committee recommendation does not include additional funding for the Federal Direct Student Loan Program Account. There are significant unobligated balances in this account from prior year appropriations that are more than sufficient to cover estimated loan forgiveness costs in this program.

The Committee established and first-funded TEPSLF in fiscal year 2018 to address eligibility gaps in the Public Service Loan Forgiveness [PSLF] program. The Committee applauds the Department for implementing a PSLF waiver process, in addition to other subsequent changes to PSLF, to address these and other long-standing issues in the PSLF program. The Committee supports the Department's efforts to continue to expand and simplify access to PSLF during the current rulemaking process, and looks forward to working with the Department on improvements to PSLF, including how those changes effect the continued role of TEPSLF to ensure borrowers do not face unnecessary challenges while pursuing loan forgiveness.

STUDENT AID ADMINISTRATION

Appropriations, 2022	\$2,033,943,000
Budget estimate, 2023	2,654,034,000
Committee recommendation	2,594,034,000

The Committee recommends \$2,594,034,000 for the Student Aid Administration account. These funds are available until September 30, 2024, and support the Department's student aid management expenses.

The Committee recommendation includes an increase in funding to support increased costs associated with servicing Federal student loans, enhance IT and cyber security, support the continued transition to a future servicing environment, and implement the FUTURE Act and FAFSA Simplification Act. The Committee notes that, in order to prioritize implementation of some of these activities, recent appropriations have covered fewer months of servicing costs. The fiscal year 2023 recommendation returns to a normal 12-month cycle, which significantly increases fiscal year 2023 funding needs relative to fiscal year 2022.

The Committee recommendation continues the requirement for the Department to provide quarterly briefings on implementation of a new student loan servicing solution, and to provide spend plans on planned and actual uses of funds within this account. These spend plans should include details on major activities, including base servicing costs; implementation of the Unified Servicing and Data Solution [USDS]; implementation of the FUTURE Act and FAFSA Simplification Act; IT and cybersecurity enhancements; and other activities as necessary. In addition, the Committee directs the Department to continue to provide quarterly reports detailing its obligation plan by quarter for student aid administrative activities, broken out by each servicer and private collection agency, and by activity, and detailing performance metrics, total loan volume, and number of accounts, assigned to each such servicer and private collection agency.

Accountability for Misconduct and Abrupt School Closures.—The Committee remains concerned by the significant number of institutions of higher education that in recent years have committed

fraud, abuse, substantial misrepresentation, or other misconduct, or have abruptly closed. The Committee strongly supports efforts to forgive loans for students who attended these institutions and directs the Department to develop procedures for holding executives, owners, and board members liable for such misconduct and closures. This would help alleviate negative consequences for students and taxpayers, and help deter future predatory or illegal behavior.

Office of Enforcement.—The Committee strongly supports efforts to expand the capabilities of the Office of Enforcement to identify and address major problems across institutions of higher education that pose widespread risk to students and taxpayers. The Committee expects FSA to robustly staff this office, and requests information in the fiscal year 2024 CJ on activities undertaken and planned to be taken to preemptively address fraud and other related issues.

Return of Title IV Funds.—The Committee continues to encourage the Department to pursue efforts to simplify and streamline the Return of Title IV Funds process for institutions of higher education and students.

State-Based and Non-Profit Servicing Organizations.—The Committee continues to note that many State-based and non-profit servicing organizations have demonstrated and specialized experience in helping struggling borrowers, and continues to encourage the Department to ensure such organizations have a role in any new Federal student loan servicing environment. Especially in light of the COVID–19 pandemic and the eventual return of Federal borrowers to regular payments, it is more important than ever that student borrowers are supported by mission-based organizations, like these State-based and non-profit organizations, that have longstanding experience in providing proactive borrower advocacy services. The Committee strongly encourages the Department to explore incentives for Federal student loan servicers to subcontract with such organizations.

Student Loan Servicing.—The Committee recommendation continues many of the requirements from the Consolidated Appropriations Act, 2022, with modifications focused on ensuring USDS provides high-quality service to all students and borrowers, holds student loan servicers and contractors accountable, and prioritizes those with the greatest needs. The Committee notes that over the last several years FSA has gone through multiple iterations of plans to update its core student loan servicing contracts. This has created uncertainty and delayed implementation of improvements for borrowers, and the Committee looks forward to working with FSA on implementation of USDS.

HIGHER EDUCATION

Appropriations, 2022	\$2,994,111,000
Budget estimate, 2023	3,792,802,000
Committee recommendation	3,547,681,000

The Committee recommends an appropriation of \$3,547,681,000 for higher education programs.

Aid for Institutional Development

The Committee recommends \$1,104,054,000 for Aid for Institutional Development. These totals do not include separately authorized and appropriated mandatory funding.

Strengthening Institutions.—The Committee recommends \$179,007,000 to provide competitive, 1-year planning and 5-year development grants for institutions with a significant percentage of students with financial need and with low educational and general expenditures per student in comparison with similar institutions. Applicants may use these funds to develop faculty, strengthen academic programs, improve institutional management, and expand student services.

Hispanic-Serving Institutions [HSIs].—The Committee recommends \$236,732,000 for competitive grants to institutions at which Hispanic students make up at least 25 percent of enrollment. Funds may be used for acquisition, rental, or lease of scientific or laboratory equipment; renovation of instructional facilities; development of faculty; support for academic programs; institutional management; and purchase of educational materials.

Promoting Postbaccalaureate Opportunities for Hispanic Americans.—The Committee recommends \$28,845,000 for competitive, 5-year grants to HSIs to help Hispanic Americans gain entry into and succeed in graduate study. Institutions may use funding to support low-income students through outreach programs; academic support services; mentoring and financial assistance; acquisition, rental, or lease of scientific or laboratory equipment; construction and other facilities improvements; and purchase of educational materials.

Strengthening Historically Black Colleges and Universities [HBCUs].—The Committee recommends \$402,619,000 for the Strengthening HBCUs program. The program makes formula grants to HBCUs that may be used to purchase equipment; construct and renovate facilities; develop faculty; support academic programs; strengthen institutional management; enhance fundraising activities; provide tutoring and counseling services to students; and conduct outreach to elementary and secondary school students.

Strengthening Historically Black Graduate Institutions [HBGIs].—The Committee recommends \$102,313,000 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 \$23,218,000 for the Strengthening PBIs program. This program provides 5-year grants to PBIs to plan and implement programs to enhance their capacity to serve more low- and middle-income students. Funding may be used for establishing or enhancing a program of teacher education designed to qualify students to teach in a public elementary school or secondary school in the State that shall include, as part of such program, preparation for teacher certification or licensure.

Strengthening Asian American and Native American Pacific Islander-Serving Institutions [AANAPISIs].—The Committee recommends \$20,120,000 for competitive grants to AANAPISIs that have an enrollment of undergraduate students that is at least 10 percent Asian American or Native American Pacific Islander students. Grants may be used to improve their capacity to serve Asian American and Native American Pacific Islander students and low-income individuals.

Strengthening Alaska Native and Native Hawaiian-Serving Institutions [ANNHs].—The Committee recommends \$25,044,000 for the Strengthening ANNHs program. The purpose of this program is to improve and expand the capacity of institutions serving Alaska Native and Native Hawaiian students and low-income individuals. Funds may be used to plan, develop, and implement activities that encourage faculty and curriculum development; improve administrative management; renovate educational facilities; enhance student services; purchase library and other educational materials; and provide education or counseling services designed to improve the financial and economic literacy of students or their families.

Strengthening Native American-Serving Non-Tribal Institutions.—The Committee recommends \$12,120,000 for this program, which serves institutions that enroll at least 10 percent Native American students and at least 50 percent low-income students. This program helps institutions plan, develop, and implement activities that encourage faculty and curriculum development; improve administrative management; renovate educational facilities; enhance student services; and purchase library and other educational materials.

Strengthening Tribally Controlled Colleges and Universities.—The Committee recommends \$53,080,000 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.

Strengthening Master's Degree Programs at Historically Black Colleges and Universities.—The Committee recommends \$20,956,000 for this program, authorized by section 723 of the HEA. This program provides grants to specified colleges and universities making a substantial contribution to graduate education opportunities at the master's level in mathematics, engineering, the physical or natural sciences, computer science, information technology, nursing, allied health, or other scientific disciplines.

International Education and Foreign Language Studies

The bill includes a total of \$86,664,000 for International Education and Foreign Language Studies programs. Funds are used to increase the number of experts in foreign languages and area or international studies to meet national security needs through visits and study in foreign countries.

Domestic Programs.—The Committee recommends \$76,353,000 for domestic program activities related to international education and foreign language studies under title VI of the HEA. Funds are used to support centers, programs, and fellowships. The Committee urges the Secretary to preserve the program's longstanding focus on activities and institutions that address the Nation's need for a

strong training and research capacity in foreign languages and international studies, including increasing the pool of international experts in areas that are essential to national security and economic competitiveness.

Overseas Programs.—The Committee recommends \$10,311,000 for overseas programs authorized under the Mutual Educational and Cultural Exchange Act of 1961 (Public Law 87–256), popularly known as the Fulbright-Hays Act. Funding is provided for group, faculty, or doctoral dissertation research abroad, as well as special bilateral projects. Grants focus on training American instructors and students to improve foreign language and area studies education in the United States.

Model Transition Programs for Students With Intellectual Disabilities into Higher Education

The Committee recommendation includes \$14,500,000 for the Model Transition Programs for Students with Intellectual Disabilities into Higher Education [TPSID] program. The TPSID program provides competitive grants to institutions of higher education or consortia of institutions of higher education to enable them to create or expand high quality, inclusive model comprehensive transition and postsecondary programs for students with intellectual disabilities. The TPSID program also supports a national Coordinating Center, and a technical assistance center to translate and disseminate research and best practices to IHEs more broadly.

Minority Science and Engineering Improvement

The Committee recommends \$18,370,000 for the Minority Science and Engineering Improvement program. Funds are used to provide discretionary grants to institutions with minority enrollments greater than 50 percent to purchase equipment, develop curricula, and support advanced faculty training. Grants are intended to improve science and engineering education programs and increase the number of minority students in the fields of science, mathematics, and engineering.

Workforce Development.—The Committee encourages the Department to prioritize awards for projects that assist in workforce development programs in industrial engineering, emergency management, and emergency response, and that provide support for minority student internships with local industries, hospitals, and businesses.

Tribally Controlled Postsecondary Career and Technical Institutions

The Committee recommends \$10,953,000 for tribally controlled postsecondary vocational institutions. This program provides grants for the operation and improvement of tribally controlled postsecondary vocational institutions to ensure continued and expanding opportunities for Indian students.

Federal TRIO Programs

The Committee recommends \$1,275,000,000 for Federal TRIO programs, which provide a variety of services to improve postsecondary education opportunities for low-income individuals and

first-generation college students. This includes: Upward Bound which offers disadvantaged high school students academic services to develop the skills and motivation needed to pursue and complete a postsecondary education; Student Support Services which provides developmental instruction, counseling, summer programs, and grant aid to disadvantaged college students to help them complete their postsecondary education; Talent Search which identifies and counsels individuals between ages 11 and 27 regarding opportunities for completing high school and enrolling in postsecondary education; Educational Opportunity Centers which provide information and counseling on available financial and academic assistance to low-income adults who are first-generation college students; and the Ronald E. McNair Postbaccalaureate Achievement Program which supports research internships, seminars, tutoring, and other activities to encourage disadvantaged college students to enroll in doctoral programs.

The Committee directs the Department to allocate increases to each of the TRIO programs. This includes administering a new Student Support Services grant competition in fiscal year 2023 as proposed in the budget request, and could include funding down the slate of high-quality applications from prior year grant competitions. The Committee continues to direct the Department to include estimated funding for each TRIO program in the operating plan required under section 513 of this act.

TRIO and Justice-Impacted Students.—The Committee recognizes that Educational Opportunity Centers [EOC] have a long history of helping justice-impacted adults to enroll in college. The upcoming restoration of Pell Grants for people in prison presents an opportunity for EOCs to reach more students. The Committee encourages the Department to provide technical assistance and guidance to EOCs on best practices for supporting justice-impacted students, including examples of programs that can serve as models to others. In addition, the Committee encourages the Department to consider how other TRIO programs can support justice-impacted students and provide guidance to institutions of higher education.

Gaining Early Awareness and Readiness for Undergraduate Programs [GEAR UP]

The Committee recommends \$400,000,000 for GEAR UP, which provides grants to States and partnerships of colleges, middle and high schools, and community organizations to assist cohorts or students in middle and high schools serving a high percentage of low-income students. Services provided help students prepare for and pursue a postsecondary education.

The Committee directs the Department to announce Notices Inviting Applications for New Awards for State Grants and Partnership Grants in the Federal Register. In such notice for State Grants, the Committee directs the Department to uphold the long-standing guidance that States may only administer one active State GEAR UP grant at a time. The Secretary is directed to provide written guidance in the Federal Register notifying applicants that only States without an active State GEAR UP grant, or States that have an active State GEAR UP grant that is scheduled to end prior to October 1, 2023, will be eligible to receive a new State

GEAR UP award funded in whole or in part by this appropriation. In making new awards, the Department shall ensure that not less than 33 percent of the new award funds are allocated to State awards, and that not less than 33 percent of the new award funds are allocated to Partnerships awards, as described in section 404(b) of the HEA. The Secretary is further directed to ensure that no request from a State Grant applicant to receive an exception to the GEAR UP scholarship described in section 404E(b)(2) of the HEA shall be denied on the basis of 34 CFR 694.14(c)(3).

Graduate Assistance in Areas of National Need and Javits Fellowships

The Committee recommends \$23,547,000 to support the Graduate Assistance in Areas of National Need [GAANN] program. GAANN supports fellowships through 3-year competitive grants to graduate academic departments and programs in scientific and technical fields and other areas of national need as determined by the Secretary. Fellowship recipients must have excellent academic records and high financial need and must be pursuing doctoral degrees or the highest graduate degrees in their academic field. Each fellowship consists of a student stipend to cover living costs and an institutional payment to cover each fellow's tuition and other expenses. Institutions of higher education must match 25 percent of the grant amount.

Teacher Quality Partnership Program

The Committee recommends \$75,000,000 for the Teacher Quality Partnership [TQP] program. The TQP program helps improve the quality of teachers working in high-need schools and early childhood education programs by creating model teacher preparation and residency programs.

Child Care Access Means Parents in Schools

The Committee recommendation includes \$95,000,000 for the Child Care Access Means Parents in Schools [CAMPIS] program. This program provides competitive grants to institutions of higher education to establish or support campus-based child care programs, to help support needs and participation of low-income parents in post-secondary education.

The Committee encourages the Department to work with CCAMPIS grantees to conduct direct outreach to student parents regarding State and Federal public benefits, the Child Tax Credit, and education tax benefits for which the student parent may be eligible.

The Committee encourages the Department to prioritize funding for minority-serving institutions with a demonstrated need for high-quality, convenient child care for student parents.

Fund for the Improvement of Post-Secondary Education

The Committee recommendation includes \$214,000,000 for the Fund for the Improvement of Post-Secondary Education.

Basic Needs Systems Grants.—The Committee continues to recognize that many college and graduate students are unable to achieve academic success because they cannot afford to meet their basic

needs, such as housing, food, transportation, technology, and access to physical and mental health services. The Committee includes \$15,000,000 for competitive grants to IHEs, consortia of IHEs, or a system of higher education, that enroll a significant population of low-income students to advance systemic solutions to student basic needs security. Such grants shall include either or both of the following: establishing data-matching agreements and processes with the State in which the institution is located to automatically identify or pre-qualify students who may be eligible for public benefits programs administered by such State, or creating a system to identify student basic needs upon student enrollment through a simple survey available in multiple languages and which involves referrals to available public benefits programs for which the student may qualify. Activities may also include supporting temporary housing and secure sleeping arrangements; providing free or subsidized food; providing access to on-campus childcare; conducting outreach to students to encourage participation in basic needs programs and services; helping eligible students apply for and enroll in local, State, and Federal public assistance programs; and coordinating and collaborating with government and community-based organizations. The Committee strongly encourages the Department to prioritize IHEs with a significant percentage of Pell-eligible students, including community colleges, HBCUs, and other MSIs.

Centers of Excellence for Veteran Student Success.—The Committee recommendation includes \$8,500,000 for the Centers of Excellence for Veteran Student Success program. The Committee recognizes the need for colleges and universities to provide wrap-around services for our Nation's veterans and military-connected families. While many schools have worked to provide support for veteran students, some schools, including HBCUs and other MSIs, need additional resources to implement model programs for Centers of Excellence for Veteran Student Success. The Committee encourages the Department to prioritize HBCUs, MSIs, and under-resourced institutions to support our Nation's veterans.

HSI and LEA Partnerships.—The Committee recommendation includes \$2,500,000 for grants to promote and support collaboration between Hispanic-serving institutions and local educational agencies that serve a significant number or percentage of Hispanic or Latino students for the purpose of improving educational attainment, including increasing high school graduation rates and post-secondary enrollment, transfer and completion rates among Hispanic or Latino students, such as by strengthening pathways to postsecondary and workforce development programs. The Department shall also ensure such funds are used to improve educational outcomes for English learners served by such local educational agencies, including recently arrived English learners and long-term English learners.

National Center for Artificial Intelligence Learning.—The Committee supports programs that enhance course training opportunities in artificial intelligence by supporting institutions of higher education in developing and providing 21st century degree programs and opportunities that increase student's employability across all disciplines through knowledge and skill enhancements of artificial intelligence.

National Center for College Students with Disabilities.—The Committee recommendation includes \$1,000,000 for the National Center for College Students with Disabilities to provide technical assistance and best practice information as students transition to institutions of higher education, collect information and research on disability services on college campuses, and report to the Department about the status of college students with disabilities in the United States.

Open Textbook Pilot.—The Committee recommendation includes \$15,000,000 for the Open Textbook Pilot program. The Committee directs the Department to issue a notice inviting applications, allow for a 60-day application period and make a significant number of grant awards under the same terms and conditions as specified for this activity in fiscal year 2022. The Committee also requests that the Department collect standardized student savings estimates from projects funded by the program, such as the projected cumulative total amount of student savings that will be achieved within 5 years of the start of each project.

PhD Programs at HSIs.—The Committee recommendation includes \$2,000,000 for grants to HSIs or consortiums of HSIs that award PhDs to develop and test new models of cross-institutional intellectual, research, and resource-sharing communities, create mentorship programs for PhD students, support graduate research experiences, and other uses associated with the pursuit of PhDs.

Postsecondary Student Success Grants.—The Committee recommendation includes \$75,000,000 for Postsecondary Student Success Grants, to scale evidence-based practices and reforms to improve postsecondary retention and completion rates among underserved students. These funds would support grants to States, TCCUs, and systems of institutions of higher education to implement or expand evidence-based, statewide, and institutional level practices and reforms that improve student outcomes, including enrollment, retention, transfer, and completion among underserved students including students of color, low-income students, students with disabilities, students in need of remediation, first generation college students, homeless youth, foster youth, and student parents.

Remote and Digital Learning Technical Assistance.—The Committee recommendation includes \$5,000,000 to support the expansion of digital learning infrastructure at HBCUs and MSIs. This funding should support a grant to an institution of higher education with established expertise in this area to provide technical assistance to such institutions.

Research and Development Infrastructure Investments at HBCUs, TCCUs, and MSIs.—The Committee recommendation includes \$65,000,000 to increase the capacity of HBCUs, TCCUs, and MSIs to conduct innovative research in emerging technology and industries. These funds would support planning and implementation grants designed to promote transformational investments in research infrastructure, such as physical infrastructure, capital improvement, research-related equipment, and hiring and retaining of faculty and research-related staff.

Rural Postsecondary and Economic Development Grant Program.—The Committee recommendation includes \$25,000,000 for

competitive grants to institutions of higher education and other public and private non-profit organizations and agencies for innovative approaches to improve rates of postsecondary enrollment and completion among rural students. Programs that provide academic and career counseling and exposure to post-secondary opportunities to students as early as 8th grade and continuing through secondary and post-secondary education, have been shown to significantly increase rates of post-secondary enrollment and completion among rural students. In awarding grants, the Department should give priority to applications that include partnerships with regional economic development or workforce agencies, regional employers, or other relevant nonprofit organizations. Further, the Department should prioritize applications that include strategies for developing and maintaining long-term college and career advising relationships with middle and high school students to support them through their transition to postsecondary education, including potential transitions from 2- to 4-year programs; support alignment of academic programs with, and development of, career pathways to high-need occupations in the region; and include a sustainability plan to maintain programs and services after completion of the grant. The Committee also strongly encourages the Department to prioritize IHEs with a significant percentage of Pell-eligible students, including community colleges, HBCUs, and other MSIs.

Congressionally Directed Spending.—The Committee recommendation includes \$218,593,000 for the projects, and in the amounts, specified in the table at the end of this explanatory statement.

Hawkins Centers of Excellence

The Committee recommendation includes \$12,000,000 for Hawkins Centers of Excellence. This program supports the expansion and improvement of teacher education programs at HBCUs and other MSIs in order to support diverse, well-prepared, and effective educators. Funding for this program was included within FIPSE in fiscal year 2022.

HOWARD UNIVERSITY

Appropriations, 2022	\$344,018,000
Budget estimate, 2023	311,018,000
Committee recommendation	359,018,000

The Committee recommends an appropriation of \$359,018,000 for Howard University. Located in the District of Columbia, Howard offers undergraduate, graduate, and professional degrees through 12 schools and colleges. The university also administers the Howard University Hospital. The Committee recommends, within the funds provided, not less than \$3,405,000 for the endowment program.

Howard University Hospital.—Within the funds provided, the Committee recommendation includes \$137,325,000 for Howard University Hospital. The hospital provides inpatient and outpatient care, as well as training in the health professions. It also serves as a major acute and ambulatory care center for the District of Columbia and functions as a major teaching facility attached to the

university. The Federal appropriation provides partial funding for the hospital's operations.

In addition to ongoing support for operations of Howard University Hospital, the Committee recommendation includes \$110,000,000, an increase of \$10,000,000, to support construction of a new Howard University Hospital. The new hospital will provide inpatient and outpatient care, as well as health professional training and other necessary services and will continue to serve as a major acute and ambulatory care center for the District of Columbia. As a condition of receiving these funds, the Hospital must continue to be maintained as the teaching hospital for Howard University and continue succession agreements with its union.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM

Appropriations, 2022	\$435,000
Budget estimate, 2023	298,000
Committee recommendation	298,000

Federal Administration.—The Committee bill includes \$298,000 for Federal administration of the CHAFL, College Housing Loans, and Higher Education Facilities Loans programs. Prior to fiscal year 1994, these programs provided financing for the construction, reconstruction, and renovation of housing, academic, and other educational facilities. While no new loans have been awarded since fiscal year 1993, costs for administering the outstanding loans will continue through 2030. These funds will be used to reimburse the Department for administrative expenses incurred in managing the existing loan portfolio.

HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING PROGRAM ACCOUNT

Appropriations, 2022	\$20,484,000
Budget estimate, 2023	20,678,000
Committee recommendation	20,678,000

The Committee recommends \$20,678,000 for the HBCU Capital Financing Program. The HBCU Capital Financing Program makes capital available to HBCUs for construction, renovation, and repair of academic facilities by providing a Federal guarantee for private sector construction bonds. Construction loans will be made from the proceeds of the sale of the bonds.

The Committee recommendation includes \$20,150,000 for loan subsidy costs in guaranteed loan authority under this program (not including subsidy costs related to specific funding available for loan deferments described below). This will support an estimated \$752,065,725 in new loan volume in fiscal year 2023. In addition, the Committee recommendations includes \$528,000 for administrative expenses.

INSTITUTE OF EDUCATION SCIENCES

Appropriations, 2022	\$737,021,000
Budget estimate, 2023	662,516,000
Committee recommendation	831,395,000

The Committee recommends \$831,395,000 for the Institute of Education Sciences [IES]. This amount includes \$73,545,000 for ad-

ministrative expenses and centralized support costs for the Institute of Education Sciences most of which was requested within the Program Administration account.

This account supports education research, development, dissemination, utilization and evaluation; data collection and analysis activities; the assessment of student progress; and administrative expenses related to such activities. Funds provided to IES are available for obligation for 2 fiscal years.

Under the Education Sciences Reform Act of 2002 [ESRA], Congress established IES to provide 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. ESRA required IES, in carrying out its mission, “to compile statistics, develop products, and conduct research, evaluations, and wide dissemination activities in areas of demonstrated national need and ensure that such activities conform to high standards of quality, integrity, and accuracy and are objective, secular, neutral, and nonideological and are free of partisan political influence.”

Program Administration.—The Committee recommendation includes \$73,545,000 for administrative expenses and centralized support costs. Section 313 of this act ensures sufficient funding for centralized support costs is available and properly charged to this appropriation. The Committee directs the Department, IES and NCES to work together to provide in the fiscal year 2024 and future CJ’s the amount for NCES administrative expenses supported by this program administration appropriation.

Not later than 30 days after enactment of this act and each quarter thereafter, the Committee directs the IES Director and NCES Commissioner to submit administrative and staffing plans for their respective centers outlining staffing ceilings by national center, the factors considered in allocating staffing ceilings by national center, actual full-time equivalent employment [FTE] by national center, and an explanation by national center for FTE changes from the preceding quarter. Reports providing sufficient information on each of these required elements will satisfy the Committee’s staffing report directive under the Program Administration account.

The Future of Education Research at IES.—The Committee is aware IES sought expert assistance in requesting NASEM provide guidance on the future of education research, which resulted in the publication of the “The Future of Education Research at IES”. This report provides recommendations to build on the research supported by IES over the past 20 years. The Committee encourages IES to continue its examination of the report and determine how it will implement the recommendations. In its operating plan, IES shall include a timeline and major milestones for when the agency will implement recommendations to incorporate updated project types and topics in future research competitions; implement a systematic, periodic, and transparent process for analyzing the state of the field and adding or removing topics; and make publicly available demographic data on IES research and training grantees, under protections of privacy and confidentiality.

Protecting Personally-Identifiable Information.—The Committee continues to direct the Department to ensure that its employees, contractors, and grantees, including States that receive funds from

Statewide Longitudinal Data System grants, adhere to the strictest and highest standards for protecting personally identifiable information.

Evaluation of Outcomes for Students Receiving Supports and Services Under IDEA and 504 Accommodations.—The Committee includes new language transferring \$35,000,000 to IES from the RSA Disability Innovation Fund for a competitive award to an entity with the expertise and experience to conduct a study to determine the educational, employment, and independent living outcomes for students receiving services and supports under IDEA and 504 accommodations. The Committee encourages the IES to ensure postsecondary, employment, independent living, and other variables determined to be valuable to evaluating the outcomes of special education and related services are included in the study. The Committee understands the IES will consult with Congress, experts, people with disabilities, and families of students with disabilities on the design of the study. Such study shall be completed and submitted to Congress within 5 years.

Center for Excellence in Education Data Science.—The Committee is aware IES is establishing an IES-wide center for excellence in education data science. The Committee requests more information on the objectives, plans and resource requirements of this initiative be included in the required operating plan.

RESEARCH, DEVELOPMENT, AND DISSEMINATION

The Committee recommends \$245,000,000 for education research, development, evaluation, and national dissemination activities. These funds support activities that are aimed at expanding fundamental knowledge of education and promoting the use of research and development findings in the design of efforts to improve education.

STATISTICS

The Committee recommends \$121,000,000 for data gathering and statistical analysis activities at the National Center for Education Statistics [NCES].

NCES is headed by a Commissioner appointed by the President and has statutory authority without supervision or approval of the Director for carrying out the work of NCES. The Commissioner also serves as the Department's Chief Statistical Officer under the Foundations for Evidence-Based Policymaking Act of 2018. NCES collects data on educational institutions at all levels, longitudinal data on student progress, and data relevant to public policy. NCES also provides technical assistance to SEAs, LEAs, and postsecondary institutions. Activities are carried out directly and through grants and contracts.

A Vision and Roadmap for Education Statistics.—The Committee is aware IES sought expert assistance in requesting NASEM to “recommend a portfolio of activities and products for NCES, review developments in the acquisition and use of data, consider current and future priorities, and suggest desirable changes”, which resulted in the publication of the “A Vision and Roadmap for Education Statistics”. The Committee believes the Secretary, Commissioner and Director of IES should take swift action to support

NCES as an independent Federal statistical agency pursuant to recommendations of the NASEM report. The Commissioner, and, as applicable, Secretary and Director are directed to include in the required operating plan actions taken since the report's release and future actions and associated timeline to fully implement related recommendations.

The Committee directs NCES to include in the fiscal year 2024 and future CJs its plan for addressing and implementing NASEM report recommendations and associated resource requirements. In addition, the Committee directs future CJs to report on progress made in implementing NASEM recommendations and necessary adjustments or corrective actions to planned activities.

Integrated Postsecondary Education Data System [IPEDS].—The Committee is aware of the lack of data available demonstrating how legacy status-or relationship to alumni of the institution-factors in first-time, first-year, degree-seeking admissions decisions. A 2019 report from the National Postsecondary Education Cooperative included recommendations for the NCES to include non-academic considerations to improve and expand the IPEDS Admissions survey component for prospective students, their families, and researchers interested in the college admissions process. The Committee understand NCES has proposed to include legacy status in the additional options for admissions consideration in the 2022–2023 through 2024–2025 IPEDS collections. The Committee believes this change will provide important information about considerations for admissions and looks forward to reviewing the information after its release.

The Committee also is very concerned about the current “student services” metric found in the Finance Survey of the IPEDS, because it includes costs like marketing and recruitment that present an inaccurate picture of institutional spending on student services. Student services are more accurately reflected in counseling, career guidance and other expenditures for current students. The Committee urges NCES to assess the student services metric and consider changes to the collection and clarifying guidance necessary to more accurately differentiate between expenses associated with services to current students and enrollment growth for institutions.

REGIONAL EDUCATIONAL LABORATORIES

The Committee recommends \$63,733,000 to continue support for the Regional Educational Laboratories program. Funds available in this bill will support a network of 10 laboratories, with nine of them being newly-awarded in fiscal year 2022. The laboratories are responsible for promoting the effective use and development of knowledge and evidence in broad-based systemic strategies to increase student learning and well-being and further school improvement efforts. The Committee urges IES to continue its efforts to strengthen the connections between practitioners and the research community, so that federally supported research is timely, relevant, and responsive to the needs of the field, helps build capacity of LEAs and SEAs to effectively integrate evidence use in decision-making and is effectively utilized in education policy and practice.

RESEARCH AND INNOVATION IN SPECIAL EDUCATION

The Committee recommends \$72,000,000 for research and innovation in special education conducted by the National Center for Special Education Research [NCSE].

The Center addresses gaps in scientific knowledge to improve policies and practices in special education and early intervention services and outcomes for infants, toddlers, and children with disabilities.

SPECIAL EDUCATION STUDIES AND EVALUATIONS

The Committee recommends \$13,318,000 for special education studies and evaluations.

This program supports competitive grants, contracts, and cooperative agreements to assess the implementation of IDEA. Funds are also used to evaluate the effectiveness of State and local efforts to deliver special education services and early intervention programs.

STATEWIDE DATA SYSTEMS

The Committee recommendation includes \$50,000,000 for the Statewide Data Systems program.

This program supports competitive grants to SEAs to enable such agencies to develop, expand or improve Statewide, longitudinal data systems; improve data access and use for research and evidence-based policy- and decision-making; and build capacity in States to secure and protect data. Early childhood, postsecondary, and workforce information systems may be linked to such systems or developed with program funds. The bill also continues to allow up to \$6,000,000 to be used for awards to improve data coordination, quality, and use, including support for the Privacy Technical Assistance Center that serves as a resource on privacy issues for SEAs and LEAs, the postsecondary education community, and others engaged in building and using education data systems.

The Committee recommendation provides for an expanded grant competition to support the development, maintenance, and expansions of State longitudinal data systems [SLDS]. Increased support for the SLDS program will further strengthen State data infrastructure and linkages, contribute to improved data access and use for evidence-based policymaking and research, and build capacity in States to secure and protect data from unauthorized access. The Committee believes NCES should prioritize applications proposing the integration of data source systems across all levels of education, workforce and other areas and have or propose to implement data governance policies and security measures that protect the rights of individuals.

ASSESSMENT

The Committee recommends \$192,799,000 to provide support for the National Assessment of Educational Progress [NAEP], a congressionally mandated assessment created to measure and report the educational achievement of American students in a range of subjects and analyze trends over time.

Within the funds appropriated, the Committee recommends \$7,799,000 for the National Assessment Governing Board [NAGB], which is responsible for formulating policy for NAEP.

The Committee recommendation provides the requested increase for the NAEP to maintain the assessment schedule, including primarily preparation for assessments scheduled for 2024, and support research and development activities to improve assessment quality while reducing future program costs. NAGB and NCES should continue to consult with the authorizing and appropriations committees of Congress as it considers strategies, including those identified by NASEM, in achieving cost efficiencies in and upgrades of its assessment program. Further, the Committee requests that the fiscal year 2024 and future CJs describe implemented and planned strategies for cost efficiencies and necessary research and development projects.

The Committee notes that a NASEM consensus study report entitled “A Pragmatic Future for NAEP: Containing Costs and Updating Technologies” requested by the Department and IES provided “advice about ways to maintain NAEP’s role as a leader in educational testing without making it cost prohibitive.” However, the study panel was challenged in carrying out its task because “there is insufficient information to completely understand NAEP’s costs and connect them to key parts of the program.” The report also found that “program management, planning, support and oversight costs account for more than 28.7 percent of NAEP’s budget, which is large both in absolute terms and as a percentage of NAEP’s budget.” In order to implement recommendations of the report calling for an independent audit of “program management and decision-making processes and costs in the NAEP program” and the development by NCES and NAGB of “clear, consistent, and complete descriptions of current spending on NAEP’s major components” used “to ensure that the budget can support any major programmatic decisions”, the Committee directs GAO to initiate an audit not later than 45 days after enactment of this act; brief the Committees on Appropriations and Senate Health, Education, Labor, and Pensions Committee and House Committee on Education and Labor not later 1 year after enactment of this act; and report to Congress not later than 18 months after enactment of this act.

DEPARTMENTAL MANAGEMENT

PROGRAM ADMINISTRATION

Appropriations, 2022	\$394,907,000
Budget estimate, 2023	548,000,000
Committee recommendation	448,000,000

The Committee recommends \$448,000,000 for program administration. The enacted appropriation and Committee recommendation excludes amounts for administrative expenses and centralized support costs for the Institute of Education Sciences which receives funding directly for such costs in this and last year’s acts.

Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, automated data processing, and other services required to award, ad-

minister, and monitor Federal education programs. Support for program evaluation and studies and advisory councils is also provided under this account.

The budget requests \$17,500,000, to remain available until expended, to relocate staff and renovate and repair Department-occupied buildings. The act includes up to \$8,000,000, available until expended, for this purpose.

COVID-19 Pandemic.—The American Rescue Plan Elementary and Secondary School Emergency Relief Fund [ARP ESSER] provided a total of \$121,974,800,000 for all SEAs and LEAs for the safe operation of schools for in-person learning and to address the impact of the COVID-19 pandemic on the Nation's students. The law included requirements for SEAs to use not less than 5 percent of their total ARP ESSER allocation for implementation of evidence-based interventions for learning loss to address the disproportionate impact of the pandemic on students from families with low incomes, students of color and other student groups disproportionately impacted by the pandemic. LEAs must spend not less than 20 percent of their ARP ESSER allocations for the same activities. The Committee is aware of analyses that show an estimated \$27,000,000,000 of these funds could be spent on academic recovery, with \$3,000,000,000 on tutoring.

Research shows that using high-quality tutoring programs with evidence of effectiveness as defined in ESEA can have a significant impact on addressing learning loss. Such integrated systems include three to five half-hour (or longer) sessions a week, delivered by a human tutor to a group of 1 to not more than 4 students at a time, and use a well-structured process, high-quality materials aligned with classroom content, ongoing professional development and coaching for tutors, and assessment tools to benchmark student achievement. Proven tutoring models conducted during the school day tend to result in greater learning gains than those conducted outside of the typical school day and can close the gap and bring struggling students up to the level of their peers. The Committee urges the Department to build on its recently conducted quarterly reviews of learning loss requirements by further promoting and providing technical assistance and support to SEAs and LEAs to ensure the implementation of effective tutoring models. The Department should also ensure all learning loss interventions meet requirements for evidence of effectiveness and identify and address student groups disproportionately impacted by the COVID-19 pandemic.

The Committee also believes the Department must work with other Federal agencies to ensure public schools, public health agencies and communities have adequate supplies of vaccines, diagnostic and screening tests, supplies and other resources necessary to sustain safe, in-person learning for all students.

ESEA Per Pupil Spending Reporting.—The Committee supports the ESEA requirement for per-pupil expenditure reporting for all States and school districts in the Nation. Unfortunately, the requirement has still not been fully implemented. The Committee requests an update on actions taken and planned to support the full implementation of this requirement in the fiscal year 2024 and future CJs. In addition, the Department should describe how its

preK–12 equity data dashboard would complement this requirement and support resource allocation reviews required for certain schools as required by ESEA.

State Report Cards.—The Committee is concerned about continued analysis demonstrating that States are not in compliance with the State and local report card requirements of the ESEA. The Committee directs the Department to provide an update on the actions the Department is taking to ensure that all States are in compliance with the ESEA State and local report card requirements, including the requirement that all States annually publish student achievement data disaggregated by students’ economic background, gender, race and ethnicity, English proficiency, disability status, and migrant status in State and local report cards. In 2015, the Every Student Succeeds Act required that States add disaggregated data on students in foster care, students experiencing homelessness, and military-connected students to their report cards. According to a 2022 review of student achievement data on report cards from all 50 states and the District of Columbia, just 28 states disaggregated achievement data by all federally required student groups—an increase of three from 2019. Furthermore, 25 States did not include 2021 high school graduation rates, and 26 States did not include 2020–21 chronic absenteeism data in their report cards. While the Committee understands there has been some improvement on State compliance with ESEA’s reporting requirements in the last several months, the Committee believes more can be done to improve the timeliness of fulfilling these important requirements and the utilization of the data by parents, educators, and policymakers. The Committee directs the Department to, not later than 6 months after enactment of this act, submit to the Committee and to the Committees of Health, Education, Labor, and Pensions of the Senate and of Education & Labor of the House of Representatives a report outlining actions taken to bring states into compliance with all ESEA reporting requirements and efforts to improve the accessibility, quality, and utility of this information.

Foundation for Evidence-Based Policymaking Act.—The Committee continues to believe that the execution of the Foundations for Evidence-Based Policymaking Act will enhance the evidence-building capacity of Federal agencies, strengthen privacy protections, improve secure access to data, and provide more and higher quality evidence to policymakers. Therefore, the Committee directs the Department to continue to include in the fiscal year 2024 and future CJs updates on the implementation and planned implementation of such act for the current and future budget years.

Evidence-Based Grant Making.—The Committee directs the Department to use demonstrated evidence of effectiveness as part of the selection criteria through its Education Department General Administrative Regulations, consistent with authorizations, for all competitive grant programs. Further, non-competitive formula grant funds have a range of evidence requirements and preferences and the Committee directs the Department to support entities receiving funding through those programs through enhancements to its technical assistance and support activities.

Teaching Commission.—The Committee recommendation includes not more than \$5,000,000 for support of a commission to identify the most pressing issues facing the PreK–12 teaching profession and provide meaningful recommendations to address them. The Committee believes the commission must seek input from a wide variety of stakeholders, including pre-service, current, and retired teachers, spanning diverse school types and experiences. The Committee also believes a holistic approach must be taken by the commission to address the following topics: the recruitment, preparation, effectiveness, equitable distribution and retention of teachers, particularly in schools and teaching areas where there are shortages of effective teachers; teacher diversity, including multilingual teachers; competitive teacher compensation; and social and emotional and other professional supports for teachers that improve retention and job satisfaction, such as mentoring or peer support. The Committee requests a briefing for the authorizing and appropriations committees of Congress on the structure, objectives, stakeholder engagement and selection criteria for commission membership, not later than 30 days prior to any obligation of funds or public notice related to the commission.

Educator Well-Being.—The Committee is concerned about reporting of increased burnout of teachers, principals, school leaders, specialized instructional support personnel, and other staff that serve our Nation’s public school students. The Committee directs the Department to identify ways to promote positive mental health among educators in the implementation of Federal education programs at the Department, which may include peer-support or ways to improve awareness about risk factors for, and signs of, suicide and mental health or substance use disorders.

Chronic Absenteeism.—The Committee is concerned by reports of increasing rates of student chronic absenteeism, even as schools largely returned to in-person learning for the 2021–2022 school year. A survey of parents conducted in November 2021 indicated that 2.7 times as many students were on a path to be chronically absent from school in the 2020–2021 school year compared to before the pandemic, with rates for students from families with low incomes continuing to worsen. An estimated 1.1 million teachers nationwide had at least one student who never showed up for class in the 2020–2021 school year, with high school teachers reporting the highest rates of chronic absenteeism among students. The Department collects data on chronic absence in grades PK–12 through its ED Facts initiative and defines chronic absence as students who are enrolled in the school for at least 10 school days at any time during the school year and who are absent 10 percent or more of the school days where they are enrolled. However, an analysis of 45 states’ public reporting on chronic absence and attendance data showed that less than 38 percent of States align their definition of attendance with the Ed Facts definition, and 27 percent of states allow LEAs to create their own definition of attendance. The Committee encourages the Department to examine the extent to which States are submitting data to ED Facts that uses state or locally created definitions and whether creating a common definition of chronic absence would improve states’ attendance and chronic ab-

sence data submitted to ED Facts and support efforts to reduce such absences.

Teacher and School Leader Diversity Guidance.—The Committee recognizes that increasing educator diversity is critical to building a strong educator workforce that supports students and educators from all backgrounds and is aligned with the Department’s commitment to equitable impact of ARP and Federal education funding. The Committee directs the Department to release guidance on how formula funds across various programs, including Title I–A, Title II–A, Title III, Title V–B, and Title VI of the ESEA, Title III of the HEA, and Part B of the IDEA may be used by SEAs, LEAs and IHEs to increase teacher and school leader diversity, including through pre-service support, enhancing preparation, providing on-the-job support, and strengthening retention and promotion policies.

Report on Improved Data Reporting.—The Committee directs the Departments of Labor and Education to submit a report to Congress within 180 days of enactment on how to improve data reporting systems across the Departments including required data collections under IDEA, WIOA, and other variables. The Committee seeks to understand the barriers and opportunities to improving data systems, including those that have been or could be supported through programs in this act, that can be used to inform transition outcomes for students with disabilities, and that improve program outcomes for participants served under such programs and the overall customer experience of State grantees and substate subgrantees.

Performance Partnerships.—The Committee recommendation continues authority for Performance Partnerships Performance Partnerships allow States and localities to demonstrate better ways of improving outcomes for disconnected youth by giving them additional flexibility in using discretionary funds across multiple Federal programs. The Committee also continues to encourage the administration to enhance its efforts to work with existing and potential sites on the full range of flexibilities that could be employed to help better serve disconnected youth.

Supporting Principals and School Leaders.—The Committee recognizes that principals and school leaders are critical to both student outcomes and teacher retention. Research shows that top-performing principals generate nearly 3 months of additional learning for students in both reading and math annually. Research has also found that the most predictive workplace condition for teacher attrition is a lack of administrative support. At the same time, 70 percent of superintendents identified recruiting and retaining principals as a challenge, and four out of 10 principals reported plans to leave the profession in the next 3 years. The Committee directs the Department to issue guidance to SEAs and LEAs on the use of Federal funds across various programs, including Title I–A and Title II–A of the ESEA, for implementing evidence based-strategies to recruit, prepare, support, and retain strong principals and school leaders.

Pooled Evaluation Authority.—The Committee requests that the Department provide a report to the Committee on the planned use of pooled evaluation funds under section 8601 of the ESEA, con-

sistent with the required plan under such section, not later than 15 days prior to any transfer of funds.

Office of School Infrastructure and Sustainability.—The Committee expects the Secretary to establish the Office of School Infrastructure and Sustainability within the Office of the Secretary, as identified in the Department’s budget proposal, with all due haste. The Committee instructs the Office of School Infrastructure and Sustainability to engage with stakeholders, including nonprofit organizations that support school sustainability, equity, and environmental justice, on an ongoing basis to help the Office develop and implement effective activities to reach schools across the country, including low wealth and disadvantaged schools.

Competitive Grant Priorities for Rural Areas.—The Committee continues to encourage the Department to ensure competitive grants are reaching rural areas so that support and solutions developed with Federal funding are relevant to and available in such areas.

Reorganization Plans.—The Committee recommendation continues all directives included in the Consolidated Appropriations Act, 2021 (Public Law 116–94) and the accompanying explanatory statement.

Staffing Reports.—The Committee requests the Department continue to provide a report not later than 30 days after the conclusion of each quarter detailing the number of full time equivalent employees and attrition by principal office and appropriations account.

Use of Funds for Transportation.—Section 312 removes a barrier to using Federal education funds for transportation for integration of schools. This builds on steps Congress has taken in recent years to remove longstanding restrictions that prevented Federal education funds from being used for transportation promoting the integration of schools. The Committee directs the Department to conduct a robust outreach effort to inform SEAs and LEAs of the availability of Federal funds for this purpose.

“Grow Your Own” Teacher Development.—The Committee recognizes the potential efficacy and increasing presence of “Grow Your Own” teacher development programs, including through the use of funds under the Teacher Quality Partnerships and other Federal education funding streams. The Committee looks forward to receiving the report requested last year on best practices for “Grow Your Own” programs in increasing teacher diversity, recruitment efforts within local communities, access to high-quality pathways into the profession, and teacher retention, and reducing teacher shortages. The report should identify current opportunities to use funds available from the Department to support “Grow Your Own” programs and additional Federal opportunities for consideration.

OFFICE FOR CIVIL RIGHTS

Appropriations, 2022	\$135,500,000
Budget estimate, 2023	161,300,000
Committee recommendation	161,300,000

The Committee recommends \$161,300,000 for the Office of Civil Rights [OCR].

OCR is responsible for the enforcement of laws that prohibit discrimination on the basis of race, color, national origin, sex (includ-

ing sexual orientation and gender identity), 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.

Preventing Student Bullying and Harassment.—The Committee recognizes the significant challenges facing students, including LGBTQ+ students and students of color, in regards to bullying and harassment by their peers. The Committee believes the Department must strengthen its efforts reducing bullying and harassment, including the right of every child to attend school free from discrimination based on their sexual orientation, gender identity, or gender expression. The Committee directs the Department to provide guidance to States highlighting ways Federal education funding may be used to foster a safe and inclusive environment for all students.

The Committee remains concerned about the rates of anti-Asian bullying of Asian American students during the COVID–19 pandemic. The Committee looks forward to reviewing the Department’s more detailed reporting of distinct AAPI sub-ethnic groups called for in House Report 117–96.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2022	\$64,000,000
Budget estimate, 2023	76,452,000
Committee recommendation	77,000,000

The Committee recommends \$77,000,000 for OIG. Of this amount, \$3,000,000 is available until expended to provide flexibility for hiring delays and the year-end return of funds for common support provided by the Department that may turn out costing less than anticipated.

OIG has the authority to investigate all departmental programs and administrative activities, including those under contract or grant, to prevent and detect fraud and abuse, and to ensure the quality and integrity of those programs. The Office investigates alleged misuse of Federal funds and conducts audits to determine compliance with laws and regulations, efficiency of operations, and effectiveness in achieving program goals.

GENERAL PROVISIONS

Section 301. The bill continues a provision prohibiting the use of funds to prevent the implementation of programs of voluntary prayer and meditation in public schools.

Section 302. The bill continues a provision giving the Secretary authority to transfer up to 1 percent of any discretionary funds between appropriations.

Section 303. The bill continues a provision making evaluation funds pooled under section 8601 of the ESEA available for obligation on a forward-funded basis.

Section 304. The bill continues a general provision allowing certain institutions to continue to use endowment income for student scholarships.

Section 305. The bill continues a provision extending authorization of the National Advisory Committee on Institutional Quality and Integrity.

Section 306. The bill continues a provision extending authority to provide account maintenance fees to guarantee agencies.

Section 307. The bill continues a provision regarding servicing of Federal Perkins Loans.

Section 308. The bill modifies a provision rescinding fiscal year 2023 mandatory funding to pay for mandatory costs of increasing the maximum discretionary Pell award.

Section. 309. The bill continues a provision regarding administrative costs for Public Service Loan Forgiveness.

Section. 310. The bill includes a new provision allowing up to 0.5 percent of funds appropriated in this act for programs authorized under the Higher Education Act [HEA], except for the Pell Grant program, to be used for evaluation of any HEA program.

Section 311. The bill modifies a provision regarding Congressionally Directed Spending within the Innovation and Improvement account.

Section 312. The bill includes a new provision regarding the Education Amendments Act of 1972.

Section 313. The bill includes a new provision regarding support services for IES.

Section 314. The bill includes a new provision regarding student financial aid.

TITLE IV
RELATED AGENCIES

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR
SEVERELY DISABLED

SALARIES AND EXPENSES

Appropriations, 2022	\$11,000,000
Budget estimate, 2023	13,124,000
Committee recommendation	13,124,000

The Committee recommends \$13,124,000, an increase of \$2,124,000, for the Committee for Purchase from People Who Are Blind or Severely Disabled [Commission], of which no less than \$3,124,000 shall be made available for the Office of Inspector General.

The Commission provides employment opportunities to approximately 40,000 Americans who are blind or severely disabled each year. The primary purpose of this program is to increase the employment opportunities for people who are blind or have other severe disabilities and, whenever possible, to prepare them to engage in competitive employment. Encompassing more than \$3,900,000,000 in contracts, it is the Federal Government's largest employment program for the severely disabled.

Reports.—The Committee continues to request the reports listed under this heading in the explanatory statement accompanying Public Law 117–103.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

The Corporation for National and Community Service [CNCS], a corporation owned by the Federal Government, was established to enhance opportunities for national and community service. CNCS administers programs authorized under the Domestic Volunteer Service Act (Public Law 93–113), the National and Community Service Trust Act (Public Law 103–82), and the SERVE America Act (Public Law 111–13). Grants are awarded to States, public and private nonprofit organizations, and other entities to create service opportunities for students, out-of-school youth, adults, and seniors.

The Committee recommendation for CNCS provides a total program level of \$1,225,322,000, an increase of \$74,686,000 above the fiscal year 2022 level.

The Committee commends the CNCS for opening its May 5, 2022 request for comment on grantee match requirements. The Committee recognizes the value of the unique Federal-state and public-private partnership model embodied in its programs and is aware of concerns about the impact of existing matching requirements as Federal funding and economic conditions shift. The Committee en-

courages the CNCS to thoroughly review stakeholder comments and asks that it submit to the Committees on Appropriations a report outlining action the agency will undertake using its existing authorities as a result of that review and recommendations for any appropriate changes to those requirements that may fall outside the scope of CNCS' current authorities.

OPERATING EXPENSES

Appropriations, 2022	\$865,409,000
Budget estimate, 2023	982,126,000
Committee recommendation	912,690,000

The Committee recommends \$912,690,000 for the operating expenses of CNCS, an increase of \$47,281,000 above the fiscal year 2022 level.

Volunteers in Service to America [VISTA]

The Committee recommends \$105,285,000, an increase of \$5,000,000, 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 \$239,917,000, an increase of \$9,149,000, for the National Senior Volunteer Corps programs, a collection of programs that connect Americans older than the age of 55 with opportunities to contribute their job skills and expertise to community projects and organizations. These programs include the Retired Senior Volunteer Program, the Foster Grandparent Program, and the Senior Companion Program.

AmeriCorps State and National Grants

The Committee recommends \$491,749,000, an increase of \$25,000,000, for AmeriCorps State and National Grants, which provide funds to local and national organizations and agencies to address community needs in education, public safety, health, and the environment. Each of these organizations and agencies, in turn, uses its AmeriCorps funding to recruit, place, and supervise AmeriCorps members. AmeriCorps members receive a modest living allowance and other benefits proportional to their level of time commitment.

Commission Investment Fund [CIF].—The Committee recommendation includes no less than the fiscal year 2022 level for CIF, which provides funds to State commissions for training and technical assistance activities to expand the capacity of current and potential AmeriCorps programs, particularly in underserved areas.

Public Awareness Campaign.—The fiscal year 2022 Consolidated Appropriations Act directed the CNCS to collaborate with the DOD, the Office of Personnel Management, the Peace Corps, and the U.S. Public Health Commissioned Corps on developing a strategy for a public awareness campaign on service opportunities. The Committee directs CNCS to provide a report to the Committees on Appropriations within 90 days of enactment of this act with informa-

tion on the plan for the campaign, including actions, timelines, and responsibilities for implementation.

National Civilian Community Corps [NCCC]

The Committee recommendation includes \$36,375,000 for NCCC, a full-time, team-based residential program for men and women ages 18 to 24. Members are assigned to one of five campuses for a 10-month service commitment.

Innovation, Demonstration, and Assistance Activities

The Committee recommendation includes \$14,706,000, an increase of \$4,818,000, for innovation, demonstration, and assistance activities.

Volunteer Generation Fund.—Within the total, the Committee recommendation includes \$8,558,000 for the Volunteer Generation Fund authorized under section 198P of the SERVE America Act (Public Law 111–13).

National Days of Service.—The Committee recommendation includes \$6,148,000 for National Days of Service including the September 11th National Day of Service and Remembrance and the Martin Luther King, Jr. National Day of Service. CNCS may give priority to making grants, entering into Cooperative Agreements, or providing other forms of support to eligible organizations with expertise in: representing families of victims of the September 11, 2001 terrorist attacks and other impacted constituencies; promoting the establishment of September 11 as an annually recognized National Day of Service and Remembrance; and organizing volunteers to engage in service to meet community needs and advance the life and teachings of Dr. Martin Luther King, Jr.

Service Learning.—The Committee encourages CNCS to continue to be a convener of the important work surrounding service learning, including programs in public schools and institutions of higher education. The Committee directs CNCS to provide a report to the Committees on Appropriations no later than 60 days after enactment of this act detailing the steps necessary to restart service learning programs such as Summer of Service and Semester of Service on a broader scale.

Evaluation

The Committee recommendation includes \$5,120,000 for CNCS evaluation activities.

Effective Interventions.—The Committee is aware of CNCS initiatives to help service providers apply scientific evaluation methods to better understand interventions and encourages CNCS to continue its use of randomized control trials to build causal evidence for effective interventions.

State Commission Grants

The Committee recommendation includes \$19,538,000 for State Commission Grants.

PAYMENT TO THE NATIONAL SERVICE TRUST

Appropriations, 2022	\$190,550,000
Budget estimate, 2023	235,000,000
Committee recommendation	210,550,000

The Committee recommends an appropriation of \$210,550,000 for making payments to the National Service Trust.

The National Service Trust makes payments of Segal education awards, pays interest that accrues on qualified student loans for AmeriCorps participants during terms of service in approved national service positions, and makes other payments entitled to members who serve in the programs of CNCS.

SALARIES AND EXPENSES

Appropriations, 2022	\$88,082,000
Budget estimate, 2023	114,186,000
Committee recommendation	95,082,000

The Committee recommends an appropriation of \$95,082,000 for CNCS salaries and expenses. The salaries and expenses appropriation provides funds for staff salaries, benefits, travel, training, rent, equipment, and other operating expenses necessary for management of CNCS programs and activities.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2022	\$6,595,000
Budget estimate, 2023	8,121,000
Committee recommendation	7,000,000

The Committee recommends an appropriation of \$7,000,000 for the CNCS OIG. The OIG’s goals are to increase organizational efficiency and effectiveness within the Corporation and to prevent fraud, waste, and abuse.

ADMINISTRATIVE PROVISIONS

The Committee recommendation includes the following general provisions for CNCS: requiring CNCS to make any significant changes to program requirements or policy through rule making (section 401); stipulating minimum share requirements (section 402); requiring that donations supplement and not supplant operations (section 403); aligning requirements regarding the use of Education Awards at GI bill-eligible institutions (section 404); allowing the required background check of certain applicants to be processed by States under terms of the National Child Protection Act (Public Law 103–209) (section 405); allowing CNCS to fund 1,700 hour member service positions (section 406); modifying VISTA members education awards (section 407); allowing individuals with Deferred Action of Childhood Arrivals [DACA] status to be eligible for education awards (section 408); expanding flexibilities for NCCC to work on disaster response or recovery (section 409); allowing AmeriCorps NCCC members ages 18–26 to participate for shorter time periods (section 410); and providing the National Days of Service certain administrative flexibilities (section 411).

CORPORATION FOR PUBLIC BROADCASTING

Appropriations, 2024	\$545,000,000
Budget estimate, 2025	625,000,000
Committee recommendation	625,000,000

The Committee recommends \$565,000,000 for the Corporation for Public Broadcasting [CPB] as an advance appropriation for fiscal year 2025.

The majority of these funds go directly to local public television and radio stations to support their programming. CPB funds also support the creation of content for radio, television, and other platforms; system support activities that benefit the entire public broadcasting community; and CPB's administrative costs. This funding supports America's local public television and radio stations and their mission of developing and ensuring universal access to noncommercial, high-quality programming and telecommunications services for the American public.

Recognizing technology's power to create further cost efficiencies across the public media system, the Committee recommendation includes \$60,000,000 in current year funds for continued support of CPB's efforts to replace and upgrade the public broadcasting interconnection system and invest in system-wide infrastructure and services that benefit the American people. The Committee recommendation also includes revised appropriations language requested by CPB to establish flexibility to use the interconnection appropriation as a means of fulfilling its 50 percent interconnection operation expense obligation to radio and television stations.

FEDERAL MEDIATION AND CONCILIATION SERVICE

SALARIES AND EXPENSES

Appropriations, 2022	\$50,058,000
Budget estimate, 2023	53,705,000
Committee recommendation	53,705,000

The Committee recommends \$53,705,000 for the Federal Mediation and Conciliation Service [FMCS]. FMCS provides mediation, conciliation, and arbitration services to labor and management organizations to prevent and minimize work stoppages and promote stable labor-management relationships. FMCS is also authorized to provide dispute resolution consultation and training to all Federal agencies.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriations, 2022	\$17,539,000
Budget estimate, 2023	18,012,000
Committee recommendation	18,012,000

The Committee recommends \$18,012,000 for the Federal Mine Safety and Health Review Commission [FMSHRC], which provides administrative trial and appellate review of legal disputes under the Federal Mine Safety and Health Act of 1977 (Public Law 91-173). Most cases involve civil penalties proposed by MSHA. FMSHRC's administrative law judges [ALJs] decide cases at the

trial level and the five-member Commission provides review of the ALJ's decisions.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

OFFICE OF MUSEUM AND LIBRARIES: GRANTS AND ADMINISTRATION

Appropriations, 2022	\$268,000,000
Budget estimate, 2023	276,800,000
Committee recommendation	301,800,000

The Committee recommends \$301,800,000, an increase of \$33,800,000, for the Institute of Museum and Library Services [IMLS]. This agency supports programs for museums and libraries that encourage innovation, provide lifelong learning opportunities, promote cultural and civic engagement, and improve access to a variety of services and information.

Improving Library and Museum Facilities.—The Committee includes \$20,000,000 to make urgently needed improvements to public and Tribal library and museum facilities nationwide, with a priority for such facilities located in rural, underserved, or economically disadvantaged areas. The Committee provides this new, annual funding to enable these libraries and museums to undertake renovations, expansions, and construction projects such as plumbing, HVAC, and roof repairs, electrical upgrades, and accessibility improvements. In making grants under this authority, the Director shall prioritize rural and underserved communities and facilities that pose a severe health or safety threat to library or museum patrons or staff.

Comprehensive Study of the Physical Condition of Libraries and Museums.—Of the funds made available for public and Tribal library and museum facilities, the Director shall reserve not more than \$2,000,000 to conduct a comprehensive study of the physical condition of such facilities in each State and outlying area. Such study shall include information on the availability and condition of the facilities, set forth separately by geographic region; the availability and condition of facilities located in economically disadvantaged or underserved communities; the accessibility of facilities for individuals with disabilities; the condition of facilities affected by natural disasters and extreme weather; and a cost estimate for bringing such facilities to a State of good repair, as determined by the Director.

Information Literacy Taskforce.—The Committee recommendation includes \$4,000,000 for the continuation and expansion of the Information Literacy Taskforce [Taskforce] in accordance with the priorities and guidelines described in the explanatory statement accompanying Public Law 117–103.

To further leverage trusted public institutions in the application and adaptation of the Taskforce's efforts within local communities, \$2,000,000 shall be reserved for the development and implementation of two pilot grant programs. The first will have an associated evaluative component to test the implementation of the toolkits and community interventions disseminated by the Taskforce to aid in developing locally responsive tools and resources to bridge information gaps. The Taskforce will support research and regularly convene grantees to identify and apply promising strategies and

practices. The second pilot program will encourage, support, and promote information literacy, including reliable methods and processes for informed civic engagement among seniors and other segments of the population. IMLS shall inform the Committees on Appropriations on the Taskforce's findings by report or briefing within 1 year of the enactment of this act.

America250.—The Committee recognizes IMLS's commitment to the 250th Anniversary of the founding of the United States in coordination with the Semiquincentennial Commission Act of 2016. The Committee recommendation includes \$1,000,000 to support both existing activities and pilot projects that will enhance civic engagement, innovation, and community collaboration by convening museum and library professionals, facilitating community-driven discussions, and supporting partnership grants to museums and libraries in preparation for the 250th Anniversary.

Within the total for IMLS, the Committee recommendation includes the amounts below:

Budget activity	Fiscal year 2022 appropriation	Fiscal year 2023 request	Committee recommendation
Library Services Technology Act (LSTA):			
Grants to States	168,803,000	170,000,000	170,000,000
Native American Library Services	5,263,000	5,263,000	5,263,000
National Leadership: Libraries	13,406,000	15,787,000	15,787,000
Laura Bush 21st Century Librarian	10,000,000	10,000,000	10,000,000
Subtotal, LSTA	197,472,000	201,050,000	201,050,000
Museum Services Act:			
Museums for America	27,899,000	27,830,000	27,830,000
Native American/Hawaiian Museum Services	2,272,000	2,772,000	2,772,000
National Leadership: Museums	8,113,000	9,848,000	9,848,000
Subtotal, MSA	38,284,000	40,450,000	40,450,000
African American History and Culture Act	5,231,000	6,000,000	6,000,000
National Museum of the American Latino Act	4,000,000	6,000,000	6,000,000
Improving Library and Museum Facilities			20,000,000
Research, Analysis and Data Collection	4,513,000	5,650,000	5,650,000
Administration	18,500,000	17,650,000	22,650,000
IMLS, Total	268,000,000	276,800,000	301,800,000

MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION

SALARIES AND EXPENSES

Appropriations, 2022	\$9,043,000
Budget estimate, 2023	9,727,000
Committee recommendation	9,727,000

The Committee recommends \$9,727,000 for the Medicaid and CHIP Payment and Access Commission [MACPAC]. This commission was established in the Children's Health Insurance Program Reauthorization Act of 2009 (Public Law 111-3) and is tasked with reviewing State and Federal Medicaid and Children's Health Insurance Program access and payment policies and making recommendations to Congress, the Secretary of HHS, and the States on a wide range of issues affecting those programs. The Committee

recommendation will allow MACPAC to continue to carry out these activities.

MEDICARE PAYMENT ADVISORY COMMISSION

SALARIES AND EXPENSES

Appropriations, 2022	\$13,292,000
Budget estimate, 2023	13,440,000
Committee recommendation	13,440,000

The Committee recommends \$13,440,000 for the Medicare Payment Advisory Commission, which provides independent policy and technical advice on issues affecting the Medicare program.

NATIONAL COUNCIL ON DISABILITY

SALARIES AND EXPENSES

Appropriations, 2022	\$3,500,000
Budget estimate, 2023	3,850,000
Committee recommendation	3,850,000

The Committee recommends \$3,850,000 for the National Council on Disability [NCD]. NCD is mandated to make recommendations to the President, Congress, the Rehabilitation Services Administration, and the National Institute on Disability and Rehabilitation Research on issues of concern to individuals with disabilities. The Council gathers information on the implementation, effectiveness, and impact of the Americans with Disabilities Act (Public Law 101-336) and examines emerging policy issues as they affect persons with disabilities and their ability to enter or re-enter the Nation's workforce and to live independently.

NATIONAL LABOR RELATIONS BOARD

SALARIES AND EXPENSES

Appropriations, 2022	\$274,224,000
Budget estimate, 2023	319,424,000
Committee recommendation	319,424,000

The Committee recommends \$319,424,000, an increase of \$45,200,000, for the National Labor Relations Board [NLRB], which administers and enforces the National Labor Relations Act of 1935 (Public Law 74-198) and protects employee and employer rights provided under that act. The recommended increase in funding will allow the Agency to rebuild its field staffing level after years of decline, and consistent with prior directives of this Committee.

ADMINISTRATIVE PROVISIONS

The Committee removes language restricting the use of electronic voting.

NATIONAL MEDIATION BOARD

SALARIES AND EXPENSES

Appropriations, 2022	\$14,729,000
Budget estimate, 2023	15,113,000
Committee recommendation	15,113,000

The Committee recommends \$15,113,000 for the National Mediation Board [NMB], which mediates labor-management relations in the railroad and airline industries under the Railway Labor Act (Public Law 88–542). The NMB mediates collective bargaining disputes, conducts elections to determine the choice of employee bargaining representatives, and administers arbitration of employee grievances.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriations, 2022	\$13,622,000
Budget estimate, 2023	15,449,000
Committee recommendation	15,449,000

The Committee recommends \$15,449,000 for the Occupational Safety and Health Review Commission [OSHRC]. OSHRC serves as a court to resolve disputes between OSHA and employers charged with violations of health and safety standards enforced by OSHA.

RAILROAD RETIREMENT BOARD

The Railroad Retirement Board [RRB] administers the retirement/survivor and unemployment/sickness insurance benefit programs for railroad workers and their families under the Railroad Retirement Act (Public Law 93–445) and Railroad Unemployment Insurance Act (Public Law 100–647).

DUAL BENEFITS PAYMENTS ACCOUNT

Appropriations, 2022	\$11,000,000
Budget estimate, 2023	9,000,000
Committee recommendation	9,000,000

The Committee recommends \$9,000,000 for the Dual Benefits Payments Account. This amount includes an estimated \$1,000,000 derived from income taxes on vested dual benefits. This appropriation provides for vested dual benefit payments to beneficiaries covered under both the railroad retirement and Social Security systems.

FEDERAL PAYMENTS TO THE RAILROAD RETIREMENT ACCOUNTS

Appropriations, 2022	\$150,000
Budget estimate, 2023	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, 2022	\$124,000,000
Budget estimate, 2023	131,666,000
Committee recommendation	135,400,000

The Committee recommends \$135,400,000 for RRB’s costs associated with the administration of railroad retirement/survivor and unemployment/sickness benefit programs. This account limits the amount of funds in the railroad retirement and railroad unemployment insurance trust funds that may be used by the Board for administrative expenses.

The Committee continues to request quarterly updates on the project status, including timelines to completion, total anticipated cost of development, funding obligations, and contracts for RRB’s fully funded information technology modernization system.

The Committee maintains bill language giving RRB the authority to hire new attorneys in the excepted service.

LIMITATION ON THE OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2022	\$12,650,000
Budget estimate, 2023	13,269,000
Committee recommendation	13,269,000

The Committee recommends \$13,269,000 for RRB Office of the Inspector General. This Office conducts audits and investigations to protect the integrity of the RRB trust funds and provides comprehensive oversight of all RRB operations and programs.

SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

Appropriations, 2022	\$11,000,000
Budget estimate, 2023	11,000,000
Committee recommendation	11,000,000

The Committee recommends \$11,000,000 in mandatory funds for payments to Social Security trust funds. This account reimburses the Old Age and Survivors Insurance [OASI] and Disability Insurance [DI] trust funds for special payments to certain uninsured persons, costs incurred administering pension reform activities, and the value of the interest for benefit checks issued but not negotiated. This appropriation restores the trust funds to the same financial position they would have been in had they not borne these costs and they were properly charged to general revenues.

SUPPLEMENTAL SECURITY INCOME PROGRAM

Appropriations, 2022	\$45,913,822,000
Budget estimate, 2023	48,828,722,000
Committee recommendation	48,644,795,000

The Committee recommends \$48,644,795,000 in fiscal year 2023 mandatory funds for the SSI program. This is in addition to the \$15,600,000,000 provided in the fiscal year 2022 appropriations act for the first quarter of fiscal year 2023. In addition, the Committee recommends \$15,800,000,000 in advance funding for the first quarter of fiscal year 2024. 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 2023 program level of \$59,225,000,000 for Federal benefit payments.

Beneficiary Services

The Committee recommendation includes \$124,000,000 in new mandatory budget authority for beneficiary services.

These funds reimburse vocational rehabilitation [VR] agencies for successfully rehabilitating disabled SSI recipients by helping them achieve and sustain productive, self-supporting work activity. Funds also support the Ticket to Work program that provides SSI recipients with a ticket to offer employment networks [ENs], including VR agencies, in exchange for employment and support services. Instead of reimbursing ENs for specific services, the Ticket to Work program pays ENs based on recipients achieving certain milestones and outcomes.

Research and Demonstration

The Committee recommendation includes \$86,000,000 in mandatory funds for research and demonstration projects conducted under sections 1110, 1115, and 1144 of the Social Security Act (Public Law 74–271), as amended. These funds support a variety of research and demonstration projects designed to improve the disability process, promote self-sufficiency and assist individuals in returning to work, encourage savings and retirement planning through financial literacy, and generally provide analytical and data resources for use in preparing and reviewing policy proposals.

Administrative Expenses

The Committee recommendation includes \$4,809,795,000 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, 2022	\$13,340,945,000
Budget estimate, 2023	14,773,300,000
Committee recommendation	14,243,014,000

This account provides resources for SSA to administer the OASI, DI, and SSI programs, and to support CMS in administering the Medicare program. The LAE account is funded by the Social Security and Medicare trust funds for their share of administrative expenses, the general fund for the SSI program’s share of administrative expenses, and applicable user fees. These funds support core administrative activities including processing retirement and disability claims, conducting hearings to review disability determination appeals, issuing Social Security numbers and cards, processing individuals’ annual earnings information, and ensuring the integrity of Social Security programs through continuing disability reviews [CDR] and SSI redeterminations of non-medical eligibility.

The Committee recommendation includes \$1,784,000,000 for program integrity activities, including CDRs, SSI redeterminations of non-medical eligibility, and Cooperative Disability Investigations units. This includes \$273,000,000 in base funding and \$1,511,000,000 in allocation adjustment funding. The Committee recommendation also includes up to \$141,000,000 for administrative activities funded from user fees. This includes up to \$140,000,000 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.

In total, the Committee recommendation includes an increase of \$902,069,000 for SSA's administrative expenses, which includes an increase of \$585,000,000 to support estimated increases in fixed costs across SSA, including cost of living adjustments; increased health and benefit costs; grade and step increases; security and guard services; postage; and rent. On top of this amount, the Committee recommendation includes an increase of \$120,000,000 for Disability Determination Services which will allow SSA to increase staffing at DDSs and process approximately 200,000 more initial disability claims than it did in fiscal year 2022 with an increase of \$125,000,000 to increase staffing for field offices, hearing offices, and teleservice centers, and targeted investments in IT systems, all with the goal of improving and enhancing service delivery to the public across the agency.

Addressing Overpayments.—The Committee recognizes that overpayments can be a significant challenge for individuals returning or attempting to return to work. The Committee strongly supports efforts to reduce administrative complexities, including in the Ticket to Work program to reduce such challenges. Further, the Committee encourages SSA to take any steps possible to limit the burden of overpayments on beneficiaries that were of little or no fault of the beneficiary, particularly those discovered years later. The Committee requests SSA include information in its fiscal year 2024 CJ on any such efforts.

Consent Based Social Security Number Verification [eCBSV].—SSA developed eCBSV, which is to be supported by user fees, to prevent financial fraud, including to address increasing rates of synthetic identity fraud. The Committee directs SSA to include information in its fiscal year 2024 CJ on eCBSV, including estimated costs to provide eCBSV, the reasons for any changes in estimated costs, and any changes to the fee structure including the reason for the change.

Cooperative Disability Investigations [CDI].—The Committee directs SSA to provide an update in its fiscal year 2024 CJ on CDI units, including updates on the program's projected savings to SSA's disability programs, total recovery amounts, and projected savings to other Federal and State programs. Such updates shall also include suggestions regarding other ways Federal and State agencies may partner on anti-fraud initiatives with respect to Social Security programs.

Digitizing Forms.—The Committee strongly encourages SSA to accelerate the digitization of paper forms that are currently not available online. A digitization initiative is already underway utilizing advanced intelligent form designs and the Committee encour-

ages SSA to expand this initiative, and to consider creating a centralized online forms hub to provide a seamless customer experience. The Committee directs SSA to include information in its fiscal year 2024 CJ providing an update on this effort.

Disability Case Processing System 2.—The Committee appreciates that DCPS2 is an important tool to modernize the disability determination process, including improving the quality, consistency and timeliness of disability decisions. The Committee directs SSA to include information in its fiscal year 2024 CJ on any steps SSA is taking or has taken to address any recommendations from the OIG and related audits, the extent to which States still rely on legacy systems, and current and estimated future costs associated with the DCPS2.

Disability Claims and Hearings Backlogs.—The Committee commends SSA for the progress it has made reducing the average disability hearing processing time and the disability hearing backlog. At the same time, average processing times for initial disability claims and reconsiderations, and related pending case levels, have significantly increased. Further, SSA estimates there will be an increase in initial disability claims in fiscal years 2022 and 2023. The Committee recommendation will support hiring at DDSs to help address the growing backlog but given current projections it will be a multi-year effort to reduce processing times and pending claims to their pre-pandemic levels. The Committee directs SSA to provide monthly reports to the Committees on Appropriation on key agency performance metrics, including but not limited to initial disability claims, reconsiderations, and hearings, and to provide quarterly briefings to the Committees on Appropriations on its progress towards reducing the initial disability claims and hearings backlogs, as well as addressing other service delivery challenges.

Expanding Outreach to People with Disabilities.—Over the past 2 years there has been a significant decrease in initial disability claims, which is at least in part attributable to challenges applying for benefits during the pandemic. Further, the complexity of the SSI application process, coupled with field office closures due to the pandemic, made it increasingly more difficult for individuals to submit SSI claims, which had a significant impact on individuals facing barriers, including those experiencing homelessness, diagnosed with a terminal illness, and disabled veterans. The Committee strongly encourages SSA to expand outreach to potential beneficiaries, prioritizing underserved communities and individuals most likely to need support. This could include grants to community-based organizations familiar with SSA programs for the purpose of assisting individuals with disabilities apply for benefits, including supporting them throughout the process.

Express Appointments.—The Committee commends SSA for the creation of innovative service delivery improvements implemented during the pandemic. Given SSA's stated plans to expand the number of visitors that are served at field offices since the pandemic, the Committee directs SSA to report to the Committees on Appropriations within 60 days of enactment of this act detailing the agency's plans for expansion of Express Services, including the expected timeline of such expansion, mechanisms for providing such services, and planned national availability and capacity.

Medical Consultants.—The Committee is concerned about the rise in the initial claims and reconsiderations processing times for SSDI and SSI benefit claims. The COVID–19 pandemic has created significant challenges, including a decrease in qualified medical experts available to evaluate medical evidence which has contributed to these backlogs. The Committee directs SSA to include information in its fiscal year 2024 CJ on efforts to improve initial and reconsideration processing times, including encouraging States to expand their hiring and training of qualified medical consultants, and potential regulatory and legislative changes to improve processing times.

Occupational Information System [OIS].—The Committee commends SSA’s progress in implementing OIS using BLS ORA data, O*NET, and other DOL-derived occupational statistics. The Committee supports such efforts to modernize vocational and occupational data, as well as medical disability eligibility criteria, to reflect the 21st century labor market. The Committee directs SSA to include information in its fiscal year 2024 CJ detailing such efforts, the status of implementation, to what extent OIS is fully operational, a timeline for moving from the Dictionary of Occupational Titles entirely to OIS, and an action plan to accomplish said timeline.

Social Security Advisory Board.—The Committee recommendation includes not less than \$2,700,000 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.

SSI Application Simplification.—SSA has made steps to reduce barriers to filing SSI benefits. In March 2022, SSA released its Electronic Social Security Protective Filing Tool [eSPF] to allow individuals to request an appointment to file for Social Security benefits and establish the individual’s protected filing date. This feature will provide flexibility for claimants to secure the earliest filing date if a field office cannot provide same-day service. The Committee directs SSA to include information in its fiscal year 2024 CJ on SSA’s efforts to simplify the SSI application, including a list of potential regulatory and legislative changes for individuals seeking to file for SSI benefits.

Work Incentives Planning and Assistance [WIPA] and Protection and Advocacy for Beneficiaries of Social Security [PABSS].—The Committee recommendation includes \$23,000,000 for WIPA and \$10,000,000 for PABSS, the same as the comparable fiscal year 2022 levels, respectively. These programs provide valuable services to help Social Security disability beneficiaries return to work. The Committee notes that delayed suitability determinations have in some cases significantly affected the ability of PABSS grantees to carry out their mission to protect the rights and best interests of individuals with disabilities.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2022	\$108,665,000
Budget estimate, 2023	117,500,000
Committee recommendation	114,665,000

The Committee recommends \$114,665,000 for SSA's OIG. This includes \$82,665,000 funded from the OASI and DI trust funds for those programs' share of OIG's expenses and \$32,000,000 funded from general revenues for the SSI program's share of expenses.

Combating Social Security Impersonation Scams.—The Committee commends the work that SSA OIG has done thus far to combat Social Security impersonation scams, encourages SSA OIG to continue to prioritize working with the SSA to increase awareness of this scam, and urges SSA OIG to pursue the criminals perpetrating this fraud.

TITLE V

GENERAL PROVISIONS

Section 501. The bill continues a provision authorizing transfers of unexpended balances.

Section 502. The bill continues a provision limiting funding to 1-year availability unless otherwise specified.

Section 503. The bill continues a provision limiting lobbying and related activities.

Section 504. The bill continues a provision limiting official representation expenses.

Section 505. The bill continues a provision clarifying Federal funding as a component of State and local grant funds.

Section 506. The bill continues a provision restricting human embryo research.

Section 507. The bill continues a provision limiting the use of funds for promotion of legalization of controlled substances.

Section 508. 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 509. 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 510. The bill continues a provision prohibiting Federal funding in this act for libraries unless they are in compliance with the Children's Internet Protection Act (Public Law 106-554).

Section 511. The bill continues a provision maintaining a procedure for reprogramming of funds.

Section 512. The bill continues a provision prohibiting candidates for scientific advisory committees from having to disclose their political activities.

Section 513. The bill continues a provision requiring each department and related agency to submit an operating plan.

Section 514. 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 515. The bill continues a provision prohibiting SSA from processing earnings for work performed under a fraudulent social security number if based on a conviction for a violation under section 208(a)(6) or (7) of the Social Security Act (Public Law 74-271).

Section 516. The bill continues a provision prohibiting SSA from establishing a totalization agreement with Mexico.

Section 517. The bill continues a provision requiring computer networks to block pornography.

Section 518. The bill continues a provision related to reporting requirements for conference spending.

Section 519. The bill continues a provision related to advertisement costs.

Section 520. The bill modifies a provision on Performance Partnerships.

Section 521. The bill continues a provision regarding reporting status of balances of appropriations.

Section 522. The bill continues a provision on grant notifications.

Section 523. The bill continues a provision requiring questions for the record be submitted within 45 days of receipt.

Section 524. The bill modifies a provision rescinding funds from the Children's Health Insurance Program child enrollment contingency fund.

Section 525. The bill continues a provision related to research and evaluation funding flexibility.

TITLE VI
EMERGENCY CORONAVIRUS RESPONSE SUPPLEMENTAL
APPROPRIATIONS

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF THE SECRETARY

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

Appropriations, 2022	\$3,199,678,000
Budget estimate, 2023	\$3,814,610,000
Committee recommendation	\$16,000,000,000

In February 2022, the Administration submitted a \$30,000,000,000 supplemental funding request to Congress to support the ongoing COVID-19 response. Following months of Congressional inaction on a bipartisan agreement, in June the Administration had no choice but to repurpose \$10,300,000,000 from other COVID-19 priorities in order to purchase more vaccines and treatments. Reprogramming this funding threatens to end or substantially scale back critical COVID response work just as millions of vaccinated and boosted Americans are being sickened by the latest wave of omicron subvariants. Meanwhile, as Federal funding dries up, state and local health departments are left wondering if they will need to bid against each other and even compete with other nations to purchase tests, treatments and vaccines that many of them will not be able to afford. As the virus continues to evolve and evade existing vaccine protections, Congress must invest in new vaccines and treatments to finally bring an end to the pandemic. Administration officials expect that at the current levels of funding, the Federal government will be unlikely to continue these programs past winter 2022.

The Committee recognizes the critical need to continue to support the COVID-19 pandemic response or respond to any disease with potential for causing a pandemic, and provides \$16,000,000,000 in emergency funding for the Public Health and Social Services Emergency Fund. Half of this funding, \$9,000,000,000 is provided for the Biomedical Advanced Research and Development Authority [BARDA] for advanced research and development, manufacturing, production, purchase, and distribution of medical countermeasures against COVID-19. This includes vaccines, therapeutics, diagnostics, and medical products and supplies. This funding will allow HHS to buy and distribute vaccines, therapeutics, and diagnostics to ensure that a sufficient supply of medical countermeasures are readily available to prevent and treat COVID-19. It can be used to procure additional oral antivirals that are highly effective at protecting people from severe disease, monoclonal antibodies that protect against current and future

variants, and pre-exposure prophylaxis to prevent infection in immunocompromised people. The funding can also be used to support domestic research and development, as well as manufacturing, improving access to treatments that are more effective against the latest coronavirus variants. At least \$750,000,000 is provided for research and clinical trials for vaccines focused on emerging coronavirus strains and to support domestic manufacturing capacity. This funding can also be used to support the development of a next-generation pan-COVID vaccine that offers broader protection than current vaccines, replacing our need to develop a new vaccine for each new variant. The Department is also able to use this flexible funding to deposit the products it buys in the Strategic National Stockpile, helping to maintain domestic production of critical supplies while creating a surplus for use during times when the virus poses a greater threat.

GENERAL PROVISIONS

Section 601. The bill includes a provision clarifying that each amount provided in this title is in addition to amounts otherwise appropriated in fiscal year 2022.

Section 602. The bill includes a provision limiting the availability of funding provided in this title to fiscal year 2022 unless otherwise noted.

Section 603. The bill includes a provision that the funding provided in this title is subject to the authorities and conditions applicable to the appropriations accounts under which it is provided.

Section 604. The bill includes a provision permitting the transfer of funds from the Public Health and Social Security Emergency Fund to the National Institutes of Health.

Section 605. The bill includes a provision that requires the Secretary to provide a detailed spend within 30 days of enactment and every 60 days thereafter until funds are expended. The provision also requires that the Committees are briefed on obligations incurred quarterly.

Section 606. The bill includes a provision that requires the Secretary to provide biweekly obligations reports until all funds are expended.

Section 607. The bill includes a provision that requires the Secretary to provide monthly reports on obligations made with supplemental funds until all funds are expended.

Section 608. The bill includes a provision that makes the title effective immediately upon enactment.

Section 609. The bill includes a provision that the funds made available by this title is designated as emergency funding.

Section 610. The bill includes a provision clarifying that the term "coronavirus" means SARS-CoV-2 or another coronavirus with pandemic potential.

COMPLIANCE WITH PARAGRAPH 7, RULE XVI, OF THE
STANDING RULES OF THE SENATE

Paragraph 7 of rule XVI requires that Committee reports on general appropriations bills identify each Committee amendment to the House bill “which proposes an item of appropriation which is not made to carry out the provisions of an existing law, a treaty stipulation, or an act or resolution previously passed by the Senate during that session.”

The Committee is filing an original bill, which is not covered under this rule, but reports this information in the spirit of full disclosure.

The Committee recommends funding for the following programs and activities which currently lack authorization: Workforce Innovation and Opportunity Act programs; Trade Adjustment Assistance; School-Based Health Centers; Nurse Education Loan Repayment; Education and Training Related to Geriatrics; Mental and Behavioral Health Training; Children’s Hospital Graduate Medical Education; Title XVII of the PHS Act; Ryan White CARE Act; Ending the HIV Epidemic; Universal Newborn Hearing Screening; Organ Transplantation; Family Planning; Rural Health programs; Traumatic Brain Injury programs; Autism Collaboration, Accountability, Research, Education, and Support Act; Public Health Improvement Act; Firefighter Cancer Registry Act of 2018; Cybersecurity and National Security programs; Healthy Start; Telehealth; Health Professions Education Partnership Act; Children’s Health Act; Women’s Health Research and Prevention Amendments of 1998; Birth Defects Prevention, Preventive Health Amendments of 1993; Research on Health Costs, Quality, and Outcomes; Substance Use and Mental Health Services programs; Protection and Advocacy for Individuals with Mental Illness; State Opioid Response Grants; Low Income Home Energy Assistance Program; Refugee and Entrant Assistance programs; Child Care and Development Block Grant; Children and Families Services Programs; Head Start; Preschool Development Grants; Runaway and Homeless Youth programs; Adoption and Legal Guardianship Incentive Payments; CAPTA programs; Family Violence programs; National Domestic Violence Hotline; Child Welfare Services; Developmental Disabilities programs; Voting Access for Individuals with Disabilities; Native American Programs; Community Services Block Grant Act programs; National Institutes of Health; Assets for Independence; Alzheimer’s Disease Demonstration Grants; Office of Disease Prevention and Health Promotion; Assistive Technology Act; Elementary and Secondary Education Act of 1965; Rehabilitation Act of 1973 programs; Helen Keller National Center Act; Education of the Deaf Act; Adult Education and Family Literacy Act programs; Education Sciences Reform Act; Parts C and D of the Individuals with Disabilities Education Act; Special Olympics Sport and Em-

powerment Act of 2004; Corporation for Public Broadcasting; Corporation for National and Community Service; National Council on Disability; Older Americans Act; Second Chance Act; Work Incentive Planning and Assistance; and Protection and Advocacy for Beneficiaries of Social Security.

COMPLIANCE WITH PARAGRAPH 12, RULE XXVI OF THE
STANDING RULES OF THE SENATE

Paragraph 12 of rule XXVI requires that the Committee report on a bill or joint resolution repealing or amending any statute or part of any statute include “(a) the text of the statute or part thereof which is proposed to be repealed; and (b) a comparative print of that part of the bill or joint resolution making the amendment and of the statute or part thereof proposed to be amended, showing by stricken-through type and italics, parallel columns, or other appropriate typographical devices the omissions and insertions which would be made by the bill or joint resolution if enacted in the form recommended by the Committee.”

In compliance with this rule, changes in existing law proposed to be made by the bill are shown as follows: existing law to be omitted is enclosed in black brackets; new matter is printed in italic; and existing law in which no change is proposed is shown in roman.

**TITLE 5—GOVERNMENT ORGANIZATION AND
EMPLOYEES**

PART III—EMPLOYEES

SUBPART F—LABOR-MANAGEMENT AND EMPLOYEE RELATIONS

CHAPTER 73—SUITABILITY, SECURITY, AND CONDUCT

SUBCHAPTER VI—DRUG ABUSE, ALCOHOL ABUSE, AND ALCOHOLISM

§ 7361. Drug abuse

(a) The Office of Personnel Management shall be responsible for developing, in cooperation with the President, with the Secretary of Health and Human Services (acting through the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction*), and with other agencies, and in accordance with applicable provisions of this subchapter, appropriate prevention, treatment, and rehabilitation programs and services for drug abuse among employees. Such agencies are encouraged to extend, to the extent feasible, such programs and services to the families of employees and to employees who have family members who are drug abusers. Such programs and services shall make optimal use of existing governmental facilities, services, and skills.

TITLE 15—COMMERCE AND TRADE

CHAPTER 36—CIGARETTE LABELING AND ADVERTISING

§ 1341. Smoking, research, education and information

(b) Interagency Committee on Smoking and Health; composition; chairman; compensation; staffing and other assistance

(1) To carry out the activities described in paragraphs (2) and (3) of subsection (a) there is established an Interagency Committee on Smoking and Health. The Committee shall be composed of—

(A) members appointed by the Secretary from appropriate institutes and agencies of the Department, which may include the National Cancer Institute, the National Heart, Lung, and Blood Institute, the Eunice Kennedy Shriver National Institute of Child Health and Human Development, the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction*, the Health Resources and Services Administration, and the Centers for Disease Control and Prevention;

TITLE 20—EDUCATION

CHAPTER 28—HIGHER EDUCATION RESOURCES AND STUDENT ASSISTANCE

SUBCHAPTER IV—STUDENT ASSISTANCE

PART G—GENERAL PROVISIONS RELATING TO STUDENT ASSISTANCE PROGRAMS

§ 1091. Student eligibility

(a) In general

In order to receive any grant, loan, or work assistance under this subchapter, a student must—

(5) be a citizen or national of the United States, a permanent resident of the United States, or a *DACA recipient* (as defined in subsection (u)), have temporary protected status under section 244 of the *Immigration and Nationality Act* (8 U.S.C. 1254a), be subject to a grant of deferred enforced departure, or be able to provide evidence from the Immigration and Naturalization Service that he or she is in the United States for other than a temporary purpose with the intention of becoming a citizen or permanent resident; and

* * * * *

(t) Data analysis on access to Federal student aid for certain populations

(4) Report to Congress

The Secretary shall prepare and submit to the authorizing committees, in each fiscal year, a report describing

the results obtained by the establishment and operation of the data system authorized by this subsection.

(u) *DACA RECIPIENT.*—*In this section, the term “DACA recipient” means an alien (as defined in section 101(a)(3) of the Immigration and Nationality Act (8 U.S.C. 1101(a)(3)) who is inadmissible to the United State or deportable from the United States under the immigration laws (as defined in section 101(a)(17) of such Act (8 U.S.C. 1101(a)(17)), and who the Secretary of Homeland Security has, in his or her discretion, determined should be afforded a grant of deferred action under the Deferred Action for Childhood Arrivals (DACA) policy.*

TITLE 21—FOOD AND DRUGS

CHAPTER 13—DRUG ABUSE PREVENTION AND CONTROL

SUBCHAPTER I—CONTROL AND ENFORCEMENT

PART C—REGISTRATION OF MANUFACTURERS, DISTRIBUTORS, AND DISPENSERS OF CONTROLLED SUBSTANCES

§ 823. Registration requirements

(g) Practitioners dispensing narcotic drugs for narcotic treatment; annual registration; separate registration; qualifications; waiver

(2)(A) * * *

(H)(i) In consultation with the Administrator of the Drug Enforcement Administration, the Administrator of the Substance Abuse and Mental Health Services Administration, the Director of the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction*, and the Commissioner of Food and Drugs, the Secretary shall issue regulations (through notice and comment rulemaking) or issue practice guidelines to address the following:

* * * * *

CHAPTER 16—DRUG ABUSE PREVENTION, TREATMENT, AND REHABILITATION

SUBCHAPTER IV—OTHER FEDERAL PROGRAMS

§ 1177. Special project grants and contracts

(a) Scope of programs; priority

The Secretary acting through the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction*, may make grants to and enter into contracts with individuals and public and private nonprofit entities—

* * * * *

§ 1179. National Drug Abuse Training Center

(a) Establishment; functions; general policies; transfer of supervision

The Director shall establish a National Drug Abuse Training Center (hereinafter in this section referred to as the “Center”) to develop, conduct, and support a full range of training programs relating to drug abuse prevention functions. The Director shall consult with the National Advisory Council for Drug Abuse Prevention regarding the general policies of the Center. The Director may supervise the operation of the Center initially, but shall transfer the supervision of the operation of the Center to the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction* not later than December 31, 1974.

* * * * *

CHAPTER 20—NATIONAL DRUG CONTROL PROGRAM

SUBCHAPTER II—DRUG-FREE COMMUNITIES

PART A—DRUG-FREE COMMUNITIES SUPPORT PROGRAM

§ 1536. Community-based coalition enhancement grants to address local drug crises

(a) Definitions

In this section:

(4) Eligible entity

The term “eligible entity” means an organization that—

(B) has documented, using local data, rates of abuse of opioids or methamphetamines at levels that are—

(i) significantly higher than the national average as determined by the Secretary (including appropriate consideration of the results of the Monitoring the Future Survey published by the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction* and the National Survey on Drug Use and Health published by the Substance Abuse and Mental Health Services Administration); or

TITLE 25—INDIANS

CHAPTER 26—INDIAN ALCOHOL AND SUBSTANCE ABUSE
PREVENTION AND TREATMENT

SUBCHAPTER II—COORDINATION OF RESOURCES AND PROGRAMS

§ 2411. Inter-departmental Memorandum of Agreement

(a) In general

Not later than 1 year after July 29, 2010, the Secretary of the Interior, the Attorney General, and the Secretary of Health and Human Services shall develop and enter into a Memorandum of Agreement which shall, among other things—

(1) determine and define the scope of the problem of alcohol and substance abuse for Indian tribes and their members and its financial and human costs, and specifically identify such problems affecting Indian youth,

(2) identify—

(A) the resources and programs of the Bureau of Indian Affairs, Office of Justice Programs, [Substance Abuse and Mental Health Services Administration] *Substance Use And Mental Health Services Administration*, and Indian Health Service, and

(B) other Federal, tribal, State and local, and private resources and programs,

which would be relevant to a coordinated effort to combat alcohol and substance abuse among Indian people, including those programs and resources made available by this chapter,

(3) develop and establish appropriate minimum standards for each agency's program responsibilities under the Memorandum of Agreement which may be—

(A) the existing Federal or State standards in effect,
or

(B) in the absence of such standards, new standards which will be developed and established in consultation with Indian tribes,

(4) coordinate the Bureau of Indian Affairs, Department of Justice, [Substance Abuse and Mental Health Services Administration] *Substance Use And Mental Health Services Administration*, and Indian Health Service alcohol and substance abuse programs existing on October 27, 1986, with programs or efforts established by this chapter,

(5) delineate the responsibilities of the Bureau of Indian Affairs, Department of Justice, [Substance Abuse and Mental Health Services Administration] *Substance Use And Mental Health Services Administration*, and the Indian Health Service to coordinate alcohol and substance abuse-related services at the central, area, agency, and service unit levels,

* * * * *

§ 2412. Tribal Action Plans

(b) Cooperation

At the request of any Indian tribe pursuant to a resolution adopted under subsection (a), the Bureau of Indian Affairs agency and education superintendents, where appropriate, the Office of Justice Programs, the **【Substance Abuse and Mental Health Services Administration】** *Substance Use And Mental Health Services Administration*, and the Indian Health Service service unit director providing services to such tribe shall cooperate with the tribe in the development of a Tribal Action Plan to coordinate resources and programs relevant to alcohol and substance abuse prevention and treatment. Upon the development of such a plan, such superintendents and director, as directed by the Memorandum of Agreement established under section 2411 of this title, shall enter into an agreement with the tribe for the implementation of the Tribal Action Plan under subsection (a).

(c) Provisions

(1) Any Tribal Action Plan entered into under subsection (b) shall provide for—

(A) the establishment of a Tribal Coordinating Committee which shall—

(i) at a minimum, have as members a tribal representative who shall serve as Chairman and the Bureau of Indian Affairs agency and education superintendents, where appropriate, the Office of Justice Programs, the **【Substance Abuse and Mental Health Services Administration】** *Substance Use And Mental Health Services Administration*, and the Indian Health Service service unit director, or their representatives,

* * * * *

§ 2413. Departmental responsibility

(b) Office of Alcohol and Substance Abuse

(1) Establishment

(A) In general

To improve coordination among the Federal agencies and departments carrying out this chapter, there is established within the **【Substance Abuse and Mental Health Services Administration】** *Substance Use And Mental Health Services Administration* an office, to be known as the “Office of Indian Alcohol and Substance Abuse” (referred to in this section as the “Office”).

(B) Director

The director of the Office shall be appointed by the Administrator of the **【Substance Abuse and Mental Health**

Services Administration] *Substance Use And Mental Health Services Administration—*

* * * * *

(3) Appointment of employees

The Administrator of the [Substance Abuse and Mental Health Services Administration] *Substance Use And Mental Health Services Administration* shall appoint such employees to work in the Office, and shall provide such funding, services, and equipment, as may be necessary to enable the Office to carry out the responsibilities under this subsection.

(c) Indian Youth Programs Officer

(1) There is established in the Office the position to be known as the Indian Youth Programs Officer. The Administrator of the [Substance Abuse and Mental Health Services Administration] *Substance Use And Mental Health Services Administration* shall appoint the Indian Youth Programs Officer.

* * * * *

CHAPTER 67—CHILD ABUSE PREVENTION AND TREATMENT AND ADOPTION REFORM

SUBCHAPTER I—GENERAL PROGRAM

§ 5106. Grants to States, Indian tribes or tribal organizations, and public or private agencies and organizations

(a) Grants for programs and projects

The Secretary may make grants to, and enter into contracts with, entities that are States, Indian tribes or tribal organizations, or public agencies or private agencies or organizations (or combinations of such entities) for programs and projects for the following purposes:

(7) Grants to States to improve and coordinate their response to ensure the safety, permanency, and well-being of infants affected by substance use

(C) Application

A State desiring a grant under this paragraph shall submit an application to the Secretary at such time and in such manner as the Secretary may require. Such application shall include—

(i) a description of—

(III) the State’s lead agency for the grant program and how that agency will coordinate with relevant State entities and programs, including the child welfare agency, the substance use disorder treatment agency, hospitals with labor and delivery units, health care providers, the public

health and mental health agencies, programs funded by the **【Substance Abuse and Mental Health Services Administration】** *Substance Use And Mental Health Services Administration* that provide substance use disorder treatment for women, the State Medicaid program, the State agency administering the block grant program under title V of the Social Security Act (42 U.S.C. 701 et seq.), the State agency administering the programs funded under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.), the maternal, infant, and early childhood home visiting program under section 511 of the Social Security Act (42 U.S.C. 711), the State judicial system, and other agencies, as determined by the Secretary, and Indian Tribes and tribal organizations, as appropriate, to implement the activities under this paragraph;

TITLE 34—CRIME CONTROL AND LAW ENFORCEMENT

SUBTITLE I—COMPREHENSIVE ACTS

CHAPTER 101—JUSTICE SYSTEM IMPROVEMENT

SUBCHAPTER XXXI—OFFENDER REENTRY AND COMMUNITY SAFETY

§ 10631. Adult and juvenile offender State and local reentry demonstration projects

(k) Performance measurement

(1) In general

The Attorney General, in consultation with grantees under subsection (f), shall—

(D) consult with the Substance Abuse and Mental Health Services Administration and the **【National Institute on Drug Abuse】** *National Institute on Drugs and Addiction* on strategic performance outcome measures and data collection for purposes of subsection (f) relating to substance abuse and mental health.

TITLE 42—THE PUBLIC HEALTH AND WELFARE

CHAPTER 7—SOCIAL SECURITY

**SUBCHAPTER IV—GRANTS TO STATES FOR AID AND SERVICES TO
NEEDY FAMILIES WITH CHILDREN AND FOR CHILD-WELFARE SER-
VICES**

PART B—CHILD AND FAMILY SERVICES

SUBPART 2—PROMOTING SAFE AND STABLE FAMILIES

§ 629g. Discretionary and targeted grants

**(f) Targeted grants to implement IV–E prevention services,
and improve the well-being of, and improve perman-
ency outcomes for, children and families affected
by heroin, opioids, and other substance abuse**

(8) Performance indicators

(B) Consultation required

In establishing the performance indicators re-
quired by subparagraph (A), the Secretary shall base
the performance measures on lessons learned from
prior rounds of regional partnership grants under this
subsection, and consult with the following:

(i) The Assistant Secretary for the Adminis-
tration for Children and Families.

(ii) The Administrator of the **【Substance
Abuse and Mental Health Services Administra-
tion】** *Substance Use And Mental Health Services
Administration*.

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SUBCHAPTER XVIII—HEALTH INSURANCE FOR AGED AND DISABLED

PART E—MISCELLANEOUS PROVISIONS

§ 1395x. Definitions

For purposes of this subchapter—

**(jjj) Opioid use disorder treatment services; opioid treat-
ment program**

(2) Opioid treatment program

The term “opioid treatment program” means an entity that
is an opioid treatment program (as defined in section 8.2 of
title 42 of the Code of Federal Regulations, or any successor
regulation) that—

(A) is enrolled under section 1395cc(j) of this title;

(B) has in effect a certification by the **【Substance
Abuse and Mental Health Services Administration】** *Sub-
stance Use And Mental Health Services Administration* for
such a program;

(C) is accredited by an accrediting body approved by the [Substance Abuse and Mental Health Services Administration] *Substance Use And Mental Health Services Administration*; and

* * * * *

§ 1395cc-6. Opioid use disorder treatment demonstration program

(c) Participants; opioid use disorder care teams

(3) Eligible practitioner defined

For purposes of this section, the term “eligible practitioner” means a physician or other health care practitioner, such as a nurse practitioner, that—

(A) is enrolled under section 1395cc(j)(1) of this title;

(B) is authorized to prescribe or dispense narcotic drugs to individuals for maintenance treatment or detoxification treatment; and

(C) has in effect a waiver in accordance with section 823(g) of title 21 for such purpose and is otherwise in compliance with regulations promulgated by the [Substance Abuse and Mental Health Services Administration] *Substance Use And Mental Health Services Administration* to carry out such section.

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SUBCHAPTER XIX—GRANTS TO STATES FOR MEDICAL ASSISTANCE PROGRAMS

§ 1396w-4. State option to provide coordinated care through a health home for individuals with chronic conditions

(e) Coordination

A State shall consult and coordinate, as appropriate, with the [Substance Abuse and Mental Health Services Administration] *Substance Use And Mental Health Services Administration* in addressing issues regarding the prevention and treatment of mental illness and substance abuse among eligible individuals with chronic conditions.

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CHAPTER 60—COMPREHENSIVE ALCOHOL ABUSE AND ALCOHOLISM PREVENTION, TREATMENT, AND REHABILITATION PROGRAM

SUBCHAPTER III—TECHNICAL ASSISTANCE AND FEDERAL GRANTS AND CONTRACTS

PART B—IMPLEMENTATION AND PROJECT GRANTS AND CONTRACTS

§ 4577. Grants and contracts for demonstration of new and more effective drug and alcohol abuse prevention, treatment, and rehabilitation programs

- (c) **Application, coordination of applications in State, evaluation of projects and programs; review and recommendation by Council; criteria for approval; special consideration for underserved populations; authorization from chief executive officer required; maximum amount and duration of grants; applicant to provide proposed performance standards; drug abuse programs included**

(2)(A) Each applicant from within a State, upon filing its application with the Secretary for a grant or contract under this section, shall submit a copy of its application for review by the State agency responsible for the administration of alcohol abuse and alcoholism prevention, treatment, and rehabilitation activities. Such State agency shall be given not more than thirty days from the date of receipt of the application to submit to the Secretary, in writing, an evaluation of the project or program set forth in the application. Such evaluation shall include comments on the relationship of the project to other projects and programs pending and approved and to any State comprehensive plan for treatment and prevention of alcohol abuse and alcoholism. The State shall furnish the applicant a copy of any such evaluation.

(B)(i) Except as provided in clause (ii), each application for a grant under this section shall be submitted by the Secretary to the [National Advisory Council on Alcohol Abuse and Alcoholism] *National Advisory Council on Alcohol Effects and Alcohol-Associated Disorders* for its review. The Secretary may approve an application for a grant under this section only if it is recommended for approval by such Council.

PUBLIC HEALTH SERVICE ACT, PUBLIC LAW 78-410

TITLE II—ADMINISTRATION AND MISCELLANEOUS PROVISIONS

PART A—ADMINISTRATION

PAY AND ALLOWANCES

SEC. 208. (a)(1) Commissioned officers of the Regular Corps and Ready Reserve Corps shall be entitled to receive such pay and allowances as are now or may hereafter be authorized bylaw.

(g) The Secretary is authorized to establish and fix the compensation for, within the Public Health Service, not more than one hundred and seventy-nine positions, of which not less than one hundred and fifteen shall be for the National Institutes of Health, not less than five shall be for the [National Institute on Alcohol Abuse and Alcoholism] *National Institute on Alcohol Effects and Alcohol-Associated Disorders* for individuals engaged in research on alcohol and alcoholism, not less than ten shall be for the National Center for Health Services Research, not less than twelve shall be for the National Center for Health Statistics, and not less than seven shall be for the National Center for Health Care Technology, in the professional, scientific, and executive service, each such position being established to effectuate those research and development activities of the Public Health Service which require the services of specially qualified scientific, professional, and administrative personnel: * * *

* * * * *

TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

PART B—FEDERAL-STATE COOPERATION

SEC. 317G. FELLOWSHIP AND TRAINING PROGRAMS.

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish fellowship and training programs to be conducted by such Centers to train individuals to develop skills in epidemiology, surveillance, laboratory analysis, and other disease detection and prevention methods. Such programs shall be designed to enable health professionals and health personnel trained under such programs to work, after receiving such training, in local, State, national, and international efforts toward the prevention and control of diseases, injuries, and disabilities. Such fellowships and training may be administered through the use of either appointment or nonappointment procedures.

The Secretary may, no later than 120 days after the end of an individual's participation in such a fellowship or training program, and without regard to those provisions of title 5, United States Code, governing appointments in the competitive service, appoint a participant in such a fellowship or training program to a term or permanent position in the Centers for Disease Control and Prevention.

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TITLE IV—NATIONAL RESEARCH INSTITUTES

PART A—NATIONAL INSTITUTES OF HEALTH

SEC. 401. ORGANIZATION OF NATIONAL INSTITUTES OF HEALTH.

(b) NATIONAL RESEARCH INSTITUTES AND NATIONAL CENTERS.—The following agencies of the National Institutes of Health are national research institutes or national centers:

(13) The [National Institute on Drug Abuse] *National Institute on Drugs and Addiction*.

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PART C—SPECIFIC PROVISIONS RESPECTING NATIONAL RESEARCH INSTITUTES

SUBPART 14—[NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM] *NATIONAL INSTITUTE ON ALCOHOL EFFECTS AND ALCOHOL-ASSOCIATED DISORDERS*

PURPOSE OF INSTITUTE

SEC. 464H. (a) IN GENERAL.—The general purpose of the [National Institute on Alcohol Abuse and Alcoholism] *National Institute on Alcohol Effects and Alcohol-Associated Disorders* (hereafter in this subpart referred to as the “Institute”) is the conduct and support of biomedical and behavioral research, health services research, research training, and health information dissemination with respect to the [prevention of alcohol abuse] *prevention of alcohol misuse* and the [treatment of alcoholism] *treatment of alcohol-associated disorders*.

(b) RESEARCH PROGRAM.—The research program established under this subpart shall encompass the social, behavioral, and biomedical etiology, mental and physical health consequences, and social and economic consequences of [alcohol abuse and alcoholism] *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders*. In carrying out the program, the Director of the Institute is authorized to—

(1) collect and disseminate through publications and other appropriate means (including the development of curriculum materials), information as to, and the practical application of, the research and other activities under the program;

(2) make available research facilities of the Public Health Service to appropriate public authorities, and to health officials and scientists engaged in special study;

(3) make grants to universities, hospitals, laboratories, and other public or nonprofit institutions, and to individuals for such research projects as are recommended by the [National Advisory Council on Alcohol Abuse and Alcoholism] *National Advisory Council on Alcohol Effects and Alcohol-Associated Disorders*, giving special consideration to projects relating to—

(A) the relationship between [alcohol abuse and domestic violence] *alcohol misuse and domestic violence*,

(B) the effects of alcohol use during pregnancy,

(C) the impact of [alcoholism and alcohol abuse] *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders* on the family, the workplace, and systems for the delivery of health services,

(D) the relationship between the [abuse of alcohol] *misuse of alcohol* and other drugs,

(E) the effect on the incidence of alcohol abuse and alcoholism of social pressures, legal requirements respect-

ing the use of alcoholic beverages, the cost of such beverages, and the economic status and education of users of such beverages,】

(E) *the effect of social pressures, legal requirements regarding the use of alcoholic beverages, the cost of such beverages, and the economic status and education of users of such beverages on the incidence of alcohol misuse, alcohol use disorder, and other alcohol-associated disorders,*

(F) the interrelationship between alcohol use and other health problems,

(G) the comparison of the cost and effectiveness of various treatment methods for 【alcoholism and alcohol abuse】 *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders* and the effectiveness of prevention and intervention programs for 【alcoholism and alcohol abuse】 *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders,* and

(H) alcoholism and alcohol abuse among women;

(4) secure from time to time and for such periods as he deems advisable, the assistance and advice of experts, scholars, and consultants from the United States or abroad;

(5) promote the coordination of research programs conducted by the Institute, and similar programs conducted by the 【National Institute of Drug Abuse】 *National Institute on Drugs and Addiction* and by other departments, agencies, organizations, and individuals, including all National Institutes of Health research activities which are or may be related to the problems of individuals suffering from 【alcoholism and alcohol abuse】 *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders* or those of their families or the 【impact of alcohol abuse】 *impact of alcohol misuse* on other health problems;

(6) conduct an intramural program of biomedical, behavioral, epidemiological, and social research, including research into the most effective means of treatment and service delivery, and including research involving human subjects, which is—

(A) located in an institution capable of providing all necessary medical care for such human subjects, including complete 24-hour medical diagnostic services by or under the supervision of physicians, acute and intensive medical care, including 24-hour emergency care, psychiatric care, and such other care as is determined to be necessary for individuals suffering from 【alcoholism and alcohol abuse】 *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders;* and

(B) associated with an accredited medical or research training institution;

(7) for purposes of study, admit and treat at institutions, hospitals, and stations of the Public Health Service, persons not otherwise eligible for such treatment;

(8) provide to health officials, scientists, and appropriate public and other nonprofit institutions and organizations, technical advice and assistance on the application of statistical and other scientific research methods to experiments, studies, and surveys in health and medical fields;

(9) enter into contracts under this title without regard to sections 3648 and 3709 of the Revised Statutes (31 U.S.C. 529; 41 U.S.C. 5); and

(10) adopt, upon recommendation of the [National Advisory Council on Alcohol Abuse and Alcoholism] *National Advisory Council on Alcohol Effects and Alcohol-Associated Disorders*, such additional means as he deems necessary or appropriate to carry out the purposes of this section.

(c) COLLABORATION.—The Director of the Institute shall collaborate with the Administrator of the [Substance Abuse and Mental Health Services Administration] *Substance Use And Mental Health Services Administration* in focusing the services research activities of the Institute and in disseminating the results of such research to health professionals and the general public.

ASSOCIATE DIRECTOR FOR PREVENTION

SEC. 464I. (a) IN GENERAL.—There shall be in the Institute an Associate Director for Prevention who shall be responsible for the full-time coordination and promotion of the programs in the Institute concerning the prevention of [alcohol abuse and alcoholism] *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders*. The Associate Director shall be appointed by the Director of the Institute from individuals who because of their professional training or expertise are experts in [alcohol abuse and alcoholism] *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders* or the prevention of such.

(b) BIENNIAL REPORT.—The Associate Director for Prevention shall prepare for inclusion in the biennial report made under section 407 a description of the prevention activities of the Institute, including a description of the staff and resources allocated to those activities.

NATIONAL ALCOHOL RESEARCH CENTER

SEC. 464J. (a) The Secretary acting through the Institute may designate National Alcohol Research Centers for the purpose of [interdisciplinary research relating to alcoholism] *interdisciplinary research related to alcohol-associated disorders* and other biomedical, behavioral, and social issues related to [alcoholism and alcohol abuse] *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders*. No entity may be designated as a Center unless an application therefor has been submitted to, and approved by, the Secretary. Such an application shall be submitted in such manner and contain such information as the Secretary may reasonably require. The Secretary may not approve such an application unless—

(1) the application contains or is supported by reasonable assurances that—

(A) the applicant has the experience, or capability, to conduct, through biomedical, behavioral, social, and related disciplines, long-term research on [alcoholism and other alcohol problems] *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders* and to provide coordination of such research among such disciplines;

(B) the applicant has available to it sufficient facilities (including laboratory, reference, and data analysis facilities) to carry out the research plan contained in the application,

(C) the applicant has facilities and personnel to provide training in the prevention and treatment of [alcoholism and other alcohol problems] *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders*;

(D) the applicant has the capacity to train predoctoral and postdoctoral students for careers in research on [alcoholism and other alcohol problems] *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders*;

(E) the applicant has the capacity to conduct courses on [alcohol problems] *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders* and research on [alcohol problems] *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders* for undergraduate and graduate students, and medical and osteopathic, nursing, social work, and other specialized graduate students; and

(F) the applicant has the capacity to conduct programs of continuing education in such medical, legal, and social service fields as the Secretary may require.

(2) the application contains a detailed five-year plan for research relating to [alcoholism and other alcohol problems] *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders*.

(b) The Secretary shall, under such conditions as the Secretary may reasonably require, make annual grants to Centers which have been designated under this section. No funds provided under a grant under this subsection may be used for the purchase of any land or the purchase, construction, preservation, or repair of any building. For the purposes of the preceding sentence, the term "construction" has the meaning given that term by section 701(1). The Secretary shall include in the grants made under this section for fiscal year beginning after September 30, 1981, a grant to a designated Center for research on the effects of alcohol on the elderly.

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SUBPART 15—[NATIONAL INSTITUTE ON DRUG ABUSE] *NATIONAL INSTITUTE ON DRUGS AND ADDICTION*

PURPOSE OF INSTITUTE

SEC. 464L. (a) IN GENERAL.—The general purpose of the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction* (hereafter in this subpart referred to as the "Institute") is the conduct and support of biomedical and behavioral research,

health services research, research training, and health information dissemination with respect to the prevention of [drug abuse] *drug use* and the [treatment of drug abusers] *treatment of drug addiction*.

(b) RESEARCH PROGRAM.—The research program established under this subpart shall encompass the social, behavioral, and biomedical etiology, mental and physical health consequences, and social and economic consequences of [drug abuse] *drug use*. In carrying out the program, the Director of the Institute shall give special consideration to projects relating to [drug abuse] *drug use* among women (particularly with respect to pregnant women).

(c) COLLABORATION.—The Director of the Institute shall collaborate with the [Substance Abuse and Mental Health Services Administration] *Substance Use And Mental Health Services Administration* in focusing the services research activities of the Institute and in disseminating the results of such research to health professionals and the general public.

ASSOCIATE DIRECTOR FOR PREVENTION

SEC. 464M. (a) IN GENERAL.—There shall be in the Institute an Associate Director for Prevention who shall be responsible for the full-time coordination and promotion of the programs in the Institute concerning the prevention of [drug abuse] *drug use*. The Associate Director shall be appointed by the Director of the Institute from individuals who because of their professional training or expertise are experts in [drug abuse] *drug use* and the [prevention of such abuse] *prevention of such use*.

(b) REPORT.—The Associate Director for Prevention shall prepare for inclusion in the biennial report made under section 407 a description of the prevention activities of the Institute, including a description of the staff and resources allocated to those activities.

[DRUG ABUSE RESEARCH CENTERS] *DRUGS AND ADDICTION RESEARCH CENTERS*

SEC. 464N. (a) AUTHORITY.—The Director of the Institute may designate [National Drug Abuse Research Centers] *National Drugs and Addiction Research Centers* for the purpose of interdisciplinary research relating to drug abuse and other biomedical, behavioral, and social issues related to [drug abuse] *drug use*. No entity may be designated as a Center unless an application therefore has been submitted to, and approved by, the Secretary. Such an application shall be submitted in such manner and contain such information as the Secretary may reasonably require. The Secretary may not approve such an application unless—

(1) the application contains or is supported by reasonable assurances that—

(A) the applicant has the experience, or capability, to conduct, through biomedical, behavioral, social, and related disciplines, long-term research on [drug abuse] *drug use* and to provide coordination of such research among such disciplines;

(B) the applicant has available to it sufficient facilities (including laboratory, reference, and data analysis fa-

ilities) to carry out the research plan contained in the application;

(C) the applicant has facilities and personnel to provide training in the prevention and [treatment of drug abuse] *treatment of drug addiction*;

(D) the applicant has the capacity to train predoctoral and postdoctoral students for careers in research on [drug abuse] *drug use*;

(E) the applicant has the capacity to conduct courses on drug abuse problems and research on [drug abuse] *drug use* for undergraduate and graduate students, and medical and osteopathic, nursing, social work, and other specialized graduate students; and

(F) the applicant has the capacity to conduct programs of continuing education in such medical, legal, and social service fields as the Secretary may require.

(2) the application contains a detailed five-year plan for research relating to [drug abuse] *drug use*.

(b) GRANTS.—The Director of the Institute shall, under such conditions as the Secretary may reasonably require, make annual grants to Centers which have been designated under this section. No funds provided under a grant under this subsection may be used for the purchase of any land or the purchase, construction, preservation, or repair of any building. For the purposes of the preceding sentence, the term “construction” has the meaning given that term by section 701(1).

(c) [DRUG ABUSE AND ADDICTION RESEARCH] *DRUGS AND ADDICTION RESEARCH CENTERS*.—

(1) GRANTS OR COOPERATIVE AGREEMENTS.—The Director of the Institute may make grants or enter into cooperative agreements to expand the current and ongoing interdisciplinary research and clinical trials with treatment centers of the [National Drug Abuse Treatment Clinical Trials Network] *National Drug Addiction Treatment Clinical Trials Network* relating to [drug abuse] *drug use* and addiction, including related biomedical, behavioral, and social issues.

(2) USE OF FUNDS.—Amounts made available under a grant or cooperative agreement under paragraph (1) for [drug abuse] *drug use* and addiction may be used for research and clinical trials relating to—

(A) the effects of [drug abuse] *drug use* on the human body, including the brain;

(B) the addictive nature of drugs and how such effects differ with respect to different individuals;

(C) the connection between [drug abuse] *drug use* and mental health;

(D) the identification and evaluation of the most effective methods of prevention of [drug abuse] *drug use* and addiction;

(E) the identification and development of the most effective methods of treatment of drug addiction, including pharmacological treatments;

(F) risk factors for [drug abuse] *drug use*;

(G) effects of drug abuse and addiction on pregnant women and their fetuses; and

(H) cultural, social, behavioral, neurological, and psychological [reasons that individuals abuse drugs, or refrain from abusing drugs] *reasons that individuals use drugs or refrain from using drugs*.

(3) RESEARCH RESULTS.—The Director shall promptly disseminate research results under this subsection to Federal, State, and local entities involved in combating [drug abuse] *drug use* and addiction.

OFFICE ON AIDS

SEC. 464O. The Director of the Institute shall establish within the Institute an Office on AIDS. The Office shall be responsible for the coordination of research and determining the direction of the Institute with respect to AIDS research related to—

(1) primary prevention of the spread of HIV, including transmission via [drug abuse] *drug use*;

(2) [drug abuse] *drug use* services research; and

(3) other matters determined appropriate by the Director.

MEDICATION DEVELOPMENT PROGRAM

SEC. 464P. (a) ESTABLISHMENT.—There is established in the Institute a Medication Development Program through which the Director of such Institute shall—

(1) conduct periodic meetings with the Commissioner of Food and Drugs to discuss measures that may facilitate the approval process of [drug abuse treatments] *drug addiction treatments*;

(2) encourage and promote (through grants, contracts, international collaboration, or otherwise) expanded research programs, investigations, experiments, community trials, and studies, into the development and use of medications to treat drug addiction;

(3) establish or provide for the establishment of research facilities;

(4) report on the activities of other relevant agencies relating to the development and use of pharmacotherapeutic treatments for drug addiction;

(5) collect, analyze, and disseminate data useful in the development and use of pharmacotherapeutic treatments for drug addiction and collect, catalog, analyze, and disseminate through international channels, the results of such research;

(6) directly or through grants, contracts, or cooperative agreements, support training in the fundamental sciences and clinical disciplines related to the pharmacotherapeutic [treat-

ment of drug abuse] *treatment of drug addiction*, including the use of training stipends, fellowships, and awards where appropriate; and

(7) coordinate the activities conducted under this section with related activities conducted within the [National Institute on Alcohol Abuse and Alcoholism] *National Institute on Alcohol Effects and Alcohol-Associated Disorders*, the National Institute of Mental Health, and other appropriate institutes and shall consult with the Directors of such Institutes.

(b) DUTIES.—In carrying out the activities described in subsection (a), the Director of the Institute—

(1) shall collect and disseminate through publications and other appropriate means, information pertaining to the research and other activities under this section;

(2) shall make grants to or enter into contracts and cooperative agreements with individuals and public and private entities to further the goals of the program;

(3) may, in accordance with section 496, and in consultation with the [National Advisory Council on Drug Abuse] *National Advisory Council on Drug Abuse*, acquire, construct, improve, repair, operate, and maintain pharmacotherapeutic research centers, laboratories, and other necessary facilities and equipment, and such other real or personal property as the Director determines necessary, and may, in consultation with such Advisory Council, make grants for the construction or renovation of facilities to carry out the purposes of this section;

(4) may accept voluntary and uncompensated services;

(5) may accept gifts, or donations of services, money, or property, real, personal, or mixed, tangible or intangible; and

(6) shall take necessary action to ensure that all channels for the dissemination and exchange of scientific knowledge and information are maintained between the Institute and the other scientific, medical, and biomedical disciplines and organizations nationally and internationally.

(c) REPORT.—

(1) IN GENERAL.—Not later than December 31, 1992, and each December 31 thereafter, the Director of the Institute shall submit to the Office of National Drug Control Policy established under section 1002 of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 1501) a report, in accordance with paragraph (3), that describes the objectives and activities of the program assisted under this section.

(2) NATIONAL DRUG CONTROL STRATEGY.—The Director of National Drug Control Policy shall incorporate, by reference or otherwise, each report submitted under this subsection in the National Drug Control Strategy submitted the following February 1 under section 1005 of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 1504).

(d) DEFINITION.—For purposes of this section, the term “pharmacotherapeutics” means medications used to treat the symptoms and [disease of drug abuse] *disease of drug addiction*, including medications to—

- (1) block the effects of [abused drugs] *addictive drugs*;
- (2) reduce the craving for [abused drugs] *addictive drugs*;
- (3) moderate or eliminate withdrawal symptoms;
- (4) block or reverse the toxic effect of [abused drugs] *addictive drugs*; or
- (5) prevent relapse in persons who have been detoxified from [drugs of abuse] *drugs of addiction*.

* * * * *

COLLABORATIVE USE OF CERTAIN HEALTH SERVICES RESEARCH FUNDS

SEC. 494A. The Secretary shall ensure that amounts made available under subparts 14, 15 and 16 of part C for health services research relating to [alcohol abuse and alcoholism] *alcohol misuse, alcohol use disorder, and other alcohol-associated disorders*, drug abuse and mental health be used collaboratively, as appropriate, and in consultation with the Agency for Health Care Policy Research.

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TITLE V—[SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION] *SUBSTANCE USE AND MENTAL HEALTH SERVICES ADMINISTRATION*

PART A—ORGANIZATION AND GENERAL AUTHORITIES

SEC. 501. [SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION] *SUBSTANCE USE AND MENTAL HEALTH SERVICES ADMINISTRATION*.

(a) ESTABLISHMENT.—The [Substance Abuse and Mental Health Services Administration] *Substance Use And Mental Health Services Administration* [(hereafter referred to in this title as the “Administration”)] (*hereafter referred to in this title as “SAMHSA” or the “Administration”*) is an agency of the Service.

* * * * *

(d) AUTHORITIES.—The Secretary, acting through the Assistant Secretary, shall—

(9) collaborate with the Director of the National Institutes of Health in the development and maintenance of a system by which the relevant research findings of the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction*, the [National Institute on Alcohol Abuse and Alcoholism] *National Institute on Alcohol Effects and Alcohol-Associated Disorders*, the National Institute of Mental Health, and, as appropriate, the Agency for Healthcare Research and Quality are disseminated to service providers in a manner designed to improve the delivery and effectiveness of prevention, treatment, and recovery support services and are appropriately incorporated into programs carried out by the Administration;

(17) in collaboration with the National Institute on Aging, and in consultation with the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction*, the [Na-

tional Institute on Alcohol Abuse and Alcoholism] *National Institute on Alcohol Effects and Alcohol-Associated Disorders* and the National Institute of Mental Health, as appropriate, promote and evaluate substance use disorder services for older Americans in need of such services, and mental health services for older Americans who are seriously mentally ill;

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SEC. 501A. NATIONAL MENTAL HEALTH AND SUBSTANCE USE POLICY LABORATORY.

(c) EVIDENCE-BASED PRACTICES AND SERVICE DELIVERY MODELS.—

(2) CONSULTATION.—In carrying out this section, the Laboratory shall consult with—

(A) the Chief Medical Officer appointed under section 501(g);

(B) representatives of the National Institute of Mental Health, the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction*, and the [National Institute on Alcohol Abuse and Alcoholism] *National Institute on Alcohol Effects and Alcohol-Associated Disorders*, on an ongoing basis;

* * * * *

(e) PROMOTING INNOVATION.—

(1) IN GENERAL.— * * *

(2) CONSULTATION.—In awarding grants under this subsection, the Assistant Secretary shall, as appropriate, consult with the Chief Medical Officer, appointed under section 501(g), the advisory councils described in section 502, the National Institute of Mental Health, the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction*, and the [National Institute on Alcohol Abuse and Alcoholism] *National Institute on Alcohol Effects and Alcohol-Associated Disorders*, as appropriate.

* * * * *

ADVISORY COUNCILS

SEC. 502. (a) APPOINTMENT.—

(b) MEMBERSHIP.—

(2) EX OFFICIO MEMBERS.—The ex officio members of an advisory council shall consist of—

(H) the Director of the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction* for the advisory councils appointed under subsections (a)(1)(A), (a)(1)(B), and (a)(1)(C);

(I) the Director of the [National Institute on Alcohol Abuse and Alcoholism] *National Institute on Alcohol Effects and Alcohol-Associated Disorders* for the advisory

councils appointed under subsections (a)(1)(A), (a)(1)(B), and (a)(1)(C); and

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PART B—CENTERS AND PROGRAMS

SUBPART 1—CENTER FOR SUBSTANCE ABUSE TREATMENT

【CENTER FOR SUBSTANCE ABUSE TREATMENT】 *CENTER FOR SUBSTANCE USE SERVICES*

SEC. 507. (a) ESTABLISHMENT.—There is established in the Administration a Center for Substance Abuse Treatment (hereafter in this section referred to as the “Center”). The Center shall be headed by a Director (hereafter in this section referred to as the “Director”) appointed by the Secretary from among individuals with extensive experience or academic qualifications in the treatment of substance use disorders or in the evaluation of substance use disorder treatment systems.

(b) DUTIES.—The Director of the Center shall—

(5) collaborate with the Director of the 【National Institute on Drug Abuse】 *National Institute on Drugs and Addiction*, with the Director of the 【National Institute on Alcohol Abuse and Alcoholism】 *National Institute on Alcohol Effects and Alcohol-Associated Disorders*, and with the States to promote the study, dissemination, and implementation of research findings that will improve the delivery and effectiveness of treatment services;

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ACTION BY NATIONAL INSTITUTE ON DRUG ABUSE AND STATES CONCERNING MILITARY FACILITIES

SEC. 513. (a) 【CENTER FOR SUBSTANCE ABUSE TREATMENT】 *CENTER FOR SUBSTANCE USE SERVICES*.—The Director of the Center for Substance Abuse Treatment shall—

(1) coordinate with the agencies represented on the Commission on Alternative Utilization of Military Facilities the utilization of military facilities or parts thereof, as identified by such Commission, established under the National Defense Authorization Act of 1989, that could be utilized or renovated to house nonviolent persons for drug treatment purposes;

(2) notify State agencies responsible for the oversight of drug abuse treatment entities and programs of the availability of space at the installations identified in paragraph (1); and

(3) assist State agencies responsible for the oversight of drug abuse treatment entities and programs in developing methods for adapting the installations described in paragraph (1) into residential treatment centers.

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ACTION BY [NATIONAL INSTITUTE ON DRUG ABUSE] *NATIONAL INSTITUTE ON DRUGS AND ADDICTION* and states concerning military facilities

SEC. 513. (a) CENTER FOR SUBSTANCE ABUSE TREATMENT.—The Director of the Center for Substance Abuse Treatment shall—

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SUBPART 2—CENTER FOR SUBSTANCE ABUSE PREVENTION

[CENTER FOR SUBSTANCE ABUSE PREVENTION] *CENTER FOR SUBSTANCE USE PREVENTION SERVICES*

SEC. 515. (a) There is established in the Administration a Center for Substance Abuse Prevention (hereafter referred to in this part as the “Prevention Center”). The Prevention Center shall be headed by a Director appointed by the Secretary from individuals with extensive experience or academic qualifications in the prevention of drug or alcohol abuse.

(b) The Director of the Prevention Center shall—

(3) collaborate with the Director of the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction*, the Director of the [National Institute on Alcohol Abuse and Alcoholism] *National Institute on Alcohol Effects and Alcohol-Associated Disorders*, and States to promote the study of substance abuse prevention and the dissemination and implementation of research findings that will improve the delivery and effectiveness of substance abuse prevention activities;

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SEC. 519B. PROGRAMS TO REDUCE UNDERAGE DRINKING.

(c) INTERAGENCY COORDINATING COMMITTEE; ANNUAL REPORT ON STATE UNDERAGE DRINKING PREVENTION AND ENFORCEMENT ACTIVITIES.—

(1) INTERAGENCY COORDINATING COMMITTEE ON THE PREVENTION OF UNDERAGE DRINKING.—

(B) OTHER AGENCIES.—The officials referred to in paragraph (1) are the Secretary of Education, the Attorney General, the Secretary of Transportation, the Secretary of the Treasury, the Secretary of Defense, the Surgeon General, the Director of the Centers for Disease Control and Prevention, the Director of the [National Institute on Alcohol Abuse and Alcoholism] *National Institute on Alcohol Effects and Alcohol-Associated Disorders*, the Assistant Secretary for Mental Health and Substance Use, the Director of the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction*, the Assistant Secretary for Children and Families, the Director of the Office of National Drug Control Policy, the Administrator of the National Highway Traffic Safety Administration, the Administrator of the Office of Juvenile Justice and Delinquency Prevention, the Chairman of the Federal Trade Commission, and such other Federal officials as the Secretary

of Health and Human Services determines to be appropriate.

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TITLE XIX—BLOCK GRANTS

PART B—BLOCK GRANTS REGARDING MENTAL HEALTH AND SUBSTANCE ABUSE

Subpart II—Block Grants for Prevention and Treatment of Substance Abuse

SEC. 1918. DETERMINATION OF AMOUNT OF ALLOTMENT.

(a) STATES.—

(8) DETERMINATION OF CERTAIN FACTOR.—

(B) Subject to subparagraph (C), the factor determined under this paragraph and in effect for the fiscal year involved shall be determined according to the methodology described in the report entitled “Adjusting the Alcohol, Drug Abuse and Mental Health Services Block Grant Allocations for Poverty Populations and Cost of Service”, dated March 30, 1990, and prepared by Health Economics Research, a corporation, pursuant to a contract with the [National Institute on Drug Abuse] *National Institute on Drugs and Addiction*.

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SEC. 1932. APPLICATION FOR GRANT; APPROVAL OF STATE PLAN.

(b) STATE PLAN.—

(3) AUTHORITY OF [CENTER FOR SUBSTANCE ABUSE PREVENTION] *CENTER FOR SUBSTANCE USE PREVENTION SERVICES*.—With respect to plans submitted by the States under subsection (a)(6), including any modification under paragraph (2), the Secretary, acting through the Director of the Center for Substance Abuse Prevention, shall review and approve or disapprove the provisions of the plans that relate to prevention activities.

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SEC. 1935. FUNDING.

(b) ALLOCATIONS FOR TECHNICAL ASSISTANCE, NATIONAL DATA BASE, DATA COLLECTION, AND PROGRAM EVALUATIONS.—

(2) ACTIVITIES OF [CENTER FOR SUBSTANCE ABUSE PREVENTION] *CENTER FOR SUBSTANCE USE PREVENTION SERVICES*.—Of the amounts reserved under paragraph (1) for a fiscal year, the Secretary, acting through the Director of the Center for Substance Abuse Prevention, shall obligate 20 percent for carrying out paragraph (1)(C), section 1948(a) with respect to prevention activities, and section 515(d).

**EDUCATION AMENDMENTS ACT OF 1972, PUBLIC LAW
92-318**

**TITLE VIII—GENERAL PROVISIONS RELATING TO THE
ASSIGNMENT OR TRANSPORTATION OF STUDENTS**

【PROHIBITION AGAINST USE OF APPROPRIATED FUNDS FOR BUSING

SEC. 802. (a). No funds appropriated for the purpose of carrying out any applicable program may be used for the transportation of students or teachers (or for the purchase of equipment for such transportation) in order to overcome racial imbalance in any school or school system, or for the transportation of students or teachers (or for the purchase of equipment for such transportation) in order to carry out a plan of racial desegregation of any school or school system, except on the express written voluntary request of appropriate local school officials. No such funds shall be made available for transportation when the time or distance of travel is so great as to risk the health of the children or significantly impinge on the educational process of such children, or where the educational opportunities available at the school to which it is proposed that any such student be transported will be substantially inferior to those opportunities offered at the school to which such student would otherwise be assigned under a nondiscriminatory system of school assignments based on geographic zones established without discrimination on account of race, religion, color, or national origin.】

**COMPREHENSIVE ADDICTION AND RECOVERY ACT,
PUBLIC LAW 114-198**

TITLE I—PREVENTION AND EDUCATION

**SEC. 103. COMMUNITY-BASED COALITION ENHANCEMENT GRANTS TO
ADDRESS LOCAL DRUG CRISES.**

(a) DEFINITIONS.—In this section:

(4) ELIGIBLE ENTITY.—

(B) has documented, using local data, rates of abuse of opioids or methamphetamines at levels that are—

(i) significantly higher than the national average as determined by the Secretary (including appropriate consideration of the results of the Monitoring the Future Survey published by the 【National Institute on Drug Abuse】 *National Institute on Drugs and Addiction* and the National Survey on Drug Use and Health published by the Substance Abuse and Mental Health Services Administration); or

**CONSOLIDATED APPROPRIATIONS ACT, 2021,
PUBLIC LAW 116-260**

DIVISION FF—OTHER MATTER

TITLE VII—FAFSA SIMPLIFICATION

SEC. 702. MAKING IT EASIER TO APPLY FOR FEDERAL AID AND MAKING THAT AID PREDICTABLE.

(n) STUDENT ELIGIBILITY.—

(1) AMENDMENTS.—

(A) IN GENERAL.—Section 484 of the Higher Education Act of 1965 (20 U.S.C. 1091) is amended—

(iv) **by adding at the end** *by inserting after subsection (r), as redesignated under clause (i), the following:*

DISCLOSURE OF CONGRESSIONALLY DIRECTED SPENDING
ITEMS

The Constitution vests in the Congress the power of the purse. The Committee believes strongly that Congress should make the decisions on how to allocate the people's money. As defined in Rule XLIV of the Standing Rules of the Senate, the term "congressionally directed spending item" means a provision or report language included primarily at the request of a Senator, providing, authorizing, or recommending a specific amount of discretionary budget authority, credit authority, or other spending authority for a contract, loan, loan guarantee, grant, loan authority, or other expenditure with or to an entity, or targeted to a specific State, locality or congressional district, other than through a statutory or administrative, formula-driven, or competitive award process.

For each item, a Member is required to provide a certification that neither the Member nor the Member's immediate family has a pecuniary interest in such congressionally directed spending item. Such certifications are available to the public on the website of the Senate Committee on Appropriations (<https://www.appropriations.senate.gov/congressionally-directed-spending-requests>). Following is a list of congressionally directed spending items included in the Senate recommendation discussed in this explanatory statement, along with the name of each Senator who submitted a request to the Committee of jurisdiction for each item so identified. Neither the Committee recommendation nor this report contains any limited tax benefits or limited tariff benefits as defined in rule XLIV.

CONGRESSIONALLY DIRECTED SPENDING ITEMS

Department	Account	Project	Amount	Requestor(s)
Department of Labor	Employment and Training Administration	4-H Education Center at Auerfarm, Inc., CT, for workforce development for students with disabilities.	204,000	Blumenthal, Murphy
Department of Labor	Employment and Training Administration	Aberdeen High School, MS, for aviation and aerospace training programs, including equipment, curriculum, and supportive services.	1,000,000	Hyde-Smith
Department of Labor	Employment and Training Administration	AeroStar Avion Institute, IL, for an apprenticeship program	350,000	Duckworth
Department of Labor	Employment and Training Administration	Akron Urban League, OH, for workforce development initiatives	680,000	Brown
Department of Labor	Employment and Training Administration	Alaska Primary Care Association, AK, for a community health worker training program, including supportive services.	2,750,000	Murkowski
Department of Labor	Employment and Training Administration	Americans for Equality, WA, for STEM education and training activities, including the purchase of equipment.	2,231,000	Murray
Department of Labor	Employment and Training Administration	Anchorage Neighborhood Health Center, AK, for an oral health training program, including supportive services.	500,000	Murkowski
Department of Labor	Employment and Training Administration	Androscoggin Home Health and Hospice, ME, for a nurse practitioner fellowship program	236,000	King
Department of Labor	Employment and Training Administration	ASHHO Cultural Community & Job Training Center, WA, for culinary and hospitality training programs.	750,000	Murray
Department of Labor	Employment and Training Administration	Atlantic County Economic Alliance, NJ, for an apprenticeship program for veterans	150,000	Booker
Department of Labor	Employment and Training Administration	Banner Health Foundation, CO, for a career pathways program	717,000	Bennet, Hickenlooper
Department of Labor	Employment and Training Administration	Benjamin Franklin Institute of Technology, MA, for an energy efficiency workforce training program.	799,000	Markey, Warren
Department of Labor	Employment and Training Administration	Boots2Roots, ME, for the Transition to Work program	1,500,000	King
Department of Labor	Employment and Training Administration	CareerWise Colorado, CO, for a career pathways program, including the purchase of equipment.	1,500,000	Bennet, Hickenlooper
Department of Labor	Employment and Training Administration	CCARC, Inc. CT, for workforce development programs for individuals with disabilities	54,000	Blumenthal, Murphy
Department of Labor	Employment and Training Administration	Center for Employment Opportunities Inc., CO, for a workforce and reentry program	330,000	Hickenlooper
Department of Labor	Employment and Training Administration	Center for Southeast Asians, RI, for workforce training programs	250,000	Reed
Department of Labor	Employment and Training Administration	City of Charleston, WV, for a summer youth jobs initiative	180,000	Capito, Manchin
Department of Labor	Employment and Training Administration	City of East Orange, NJ, for an employment and training re-entry program	30,000	Booker
Department of Labor	Employment and Training Administration	City of Los Angeles, CA, for workforce development activities through the South LA Vision Lab.	1,000,000	Padilla
Department of Labor	Employment and Training Administration	City of Rochester, NY, for youth and young adult workforce development activities	1,000,000	Gillibrand, Schumer
Department of Labor	Employment and Training Administration	City of Sacramento, CA, for an early childhood education apprenticeship and workforce training program.	394,000	Padilla
Department of Labor	Employment and Training Administration	Clean the Bay, Inc., RI, for a fresh start workforce training program	674,000	Whitehouse
Department of Labor	Employment and Training Administration	Coffeyville Community College, KS, for workforce development programs, including curricular and equipment.	673,000	Moran
Department of Labor	Employment and Training Administration	Colby Community College, KS, for training programs, including equipment	533,000	Moran

Department of Labor	Employment and Training Administration	Community College of Philadelphia, PA, for educational and training programming in the life sciences.	750,000	Casey
Department of Labor	Employment and Training Administration	Comtec Train Corp, WV, for broadband technician training programs	604,000	Capito, Manchin
Department of Labor	Employment and Training Administration	County of Delaware, PA, for a perinatal community health worker/doula program	954,000	Casey
Department of Labor	Employment and Training Administration	Current, IL, for a water education and workforce training program	225,000	Duckworth
Department of Labor	Employment and Training Administration	Dodge City Community College, KS, for an industrial maintenance training program, including equipment.	500,000	Moran
Department of Labor	Employment and Training Administration	DownCity Design, RI, for skills training for youth	150,000	Reed
Department of Labor	Employment and Training Administration	Eastern Maine Community College, ME, for healthcare training programs, including equipment.	1,350,000	Collins
Department of Labor	Employment and Training Administration	Fort Scott Community College, KS, for a training program, including equipment	385,000	Moran
Department of Labor	Employment and Training Administration	Franklin County Board of Commissioners, OH, for the Building Futures program	686,000	Brown
Department of Labor	Employment and Training Administration	Goodwill Industries of the Chesapeake, Inc., MD, for a workforce development program	1,400,000	Van Hollen
Department of Labor	Employment and Training Administration	Goodwill of Delaware and Delaware County, DE, for skills training for unemployed and underemployed workers, including the purchase of equipment.	1,128,000	Carper, Coons
Department of Labor	Employment and Training Administration	Hannaford Career Center, VT, for an advanced manufacturing workforce development initiative.	550,000	Leahy
Department of Labor	Employment and Training Administration	Hospice and Palliative Care Alliance of NH, NH, for a home-care nursing education program.	155,000	Shaheen
Department of Labor	Employment and Training Administration	Illinois Public Health Association, IL, for community health worker training programs	500,000	Durbin
Department of Labor	Employment and Training Administration	Industries of the Blind, Inc., NC, for a workforce development program, including equipment and supportive services.	908,000	Burr, Tillis
Department of Labor	Employment and Training Administration	Johnson County Community College, KS, for training programs, including equipment	1,095,000	Moran
Department of Labor	Employment and Training Administration	Johnstown Area Regional Industries (JARI), PA, for employment and training services	250,000	Casey
Department of Labor	Employment and Training Administration	Kansas City Kansas Community College, KS, for a commercial construction technology training program, including equipment.	2,142,000	Moran
Department of Labor	Employment and Training Administration	Kaskaskia College, IL, for a mobile training lab for workforce development and career training initiatives.	413,000	Duckworth
Department of Labor	Employment and Training Administration	Latino Academy of Workforce Development, WI, for commercial driver's license workforce training.	2,000,000	Baldwin
Department of Labor	Employment and Training Administration	Living Classrooms Foundation, MD, for a workforce development reentry program	750,000	Cardin, Van Hollen
Department of Labor	Employment and Training Administration	Local Initiatives Support Corporation, OH, for workforce development activities	800,000	Brown
Department of Labor	Employment and Training Administration	Los Angeles Community College District, CA, for workforce development activities at a climate change education center.	1,323,000	Padilla
Department of Labor	Employment and Training Administration	Marymount University, VA, for a workforce development program	766,000	Kaine, Warner
Department of Labor	Employment and Training Administration	Melwood, MD, for workforce development for people with disabilities	500,000	Cardin, Van Hollen
Department of Labor	Employment and Training Administration	Melwood, VA, for a workforce initiative for individuals with disabilities	307,000	Kaine, Warner
Department of Labor	Employment and Training Administration	Middlesex College, NJ, for workforce development programs, including curriculum development and the purchase of equipment.	850,000	Menendez
Department of Labor	Employment and Training Administration	Minnesota Assistance Council for Veterans, MN, for employment and training services	450,000	Klobuchar, Smith

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Labor	Employment and Training Administration	Mississippi State University, MS, for an automated guided vehicles training program, including equipment.	780,000	Hyde-Smith
Department of Labor	Employment and Training Administration	Missouri Chamber Foundation, MO, for a healthcare apprenticeship program, including curriculum and supportive services.	1,350,000	Blunt
Department of Labor	Employment and Training Administration	Missouri University of Science and Technology, MO, for an advanced manufacturing training program, including equipment.	3,000,000	Blunt
Department of Labor	Employment and Training Administration	MLK Labor, WA, for an online hiring platform	2,000,000	Murray
Department of Labor	Employment and Training Administration	Morgan Community College, CO, for the purchase of simulation equipment for the nursing program.	274,000	Bennet, Hickenlooper
Department of Labor	Employment and Training Administration	Multicraft Apprenticeship Preparation Program, Inc., NY, for an apprenticeship preparation program.	600,000	Gillibrand
Department of Labor	Employment and Training Administration	Muslim Association of Puget Sound, WA, for STEM career and technical education	850,000	Murray
Department of Labor	Employment and Training Administration	Nashua Community College, NH, for the purchase of equipment for a soldering and component testing training program.	192,000	Shaheen
Department of Labor	Employment and Training Administration	New Brunswick Free Public Library, NJ, for employment and training activities	38,000	Booker
Department of Labor	Employment and Training Administration	New Castle County, DE, for a community health worker certification program	65,000	Coons
Department of Labor	Employment and Training Administration	New Jersey Institute of Technology, NJ, for a pre-apprenticeship skills-training program in advanced manufacturing and mechatronics.	650,000	Booker, Menendez
Department of Labor	Employment and Training Administration	New Mexico Community Capital, NM, for apprenticeship programs	250,000	Lujan
Department of Labor	Employment and Training Administration	New River/Mount Rogers Workforce Development Board, VA, for sector partnerships in skilled industrial, construction, and service trades.	1,000,000	Kaine, Warner
Department of Labor	Employment and Training Administration	North Carolina Biotechnology Center, NC, for a workforce development program, including equipment, curriculum, and supportive services.	825,000	Burr, Tillis
Department of Labor	Employment and Training Administration	North Central Kansas Technical College, KS, for training programs, including equipment	737,000	Moran
Department of Labor	Employment and Training Administration	Northeast Missouri Health Council, Inc., MO, for a dental and medical training program, including equipment and curriculum.	660,000	Blunt
Department of Labor	Employment and Training Administration	Old Dominion University, VA, for maritime skilled trades program	643,000	Kaine, Warner
Department of Labor	Employment and Training Administration	Operation Military Family, WA, for transition assistance to veterans	1,500,000	Murray
Department of Labor	Employment and Training Administration	Pearl River Community College, MS, for training programs, including equipment	2,000,000	Hyde-Smith
Department of Labor	Employment and Training Administration	Philabundance, PA, for workforce development programs	300,000	Casey
Department of Labor	Employment and Training Administration	Pima County, AZ, for workforce development services, including the purchase of equipment.	2,700,000	Kelly
Department of Labor	Employment and Training Administration	Plattsburgh-North Country Chamber of Commerce, NY, for a job training program	500,000	Schumer
Department of Labor	Employment and Training Administration	Polaris, RI, for a work-based manufacturing training program	300,000	Whitehouse
Department of Labor	Employment and Training Administration	Port Resources, ME, for a healthcare training program, including curriculum	30,000	Collins, King

Department of Labor	Employment and Training Administration	Providence Alaska, AK, for a psychiatry residency program, including curriculum and supportive services.	290,000	Murkowski
Department of Labor	Employment and Training Administration	Region 4 Planning and Development Council, WV, for a training program, including equipment, curriculum, and supportive services.	750,000	Capito
Department of Labor	Employment and Training Administration	Revolution Workshop, IL, for a pre-apprenticeship construction job training program	500,000	Duckworth
Department of Labor	Employment and Training Administration	Rhode Island AFL-CIO, RI, for a climate jobs workforce training initiative	200,000	Whitehouse
Department of Labor	Employment and Training Administration	Rhode Island Manufacturers Association, RI, for a manufacturing workforce training initiative.	150,000	Whitehouse
Department of Labor	Employment and Training Administration	RI Marine Trades Association, RI, for workforce development training in marine trades	300,000	Whitehouse
Department of Labor	Employment and Training Administration	RI Office of the Postsecondary Commissioner, RI, for a job training initiative	1,000,000	Reed
Department of Labor	Employment and Training Administration	RI Office of the Postsecondary Commissioner, RI, for healthcare worker training programs, including equipment.	790,000	Reed, Whitehouse
Department of Labor	Employment and Training Administration	Richard Bland College of William & Mary, VA, for education and workforce development services.	694,000	Kaine, Warner
Department of Labor	Employment and Training Administration	Rose State College, OK, for a training program, including equipment, curriculum, and supportive services.	253,000	Inhofe
Department of Labor	Employment and Training Administration	Rung Foundation, MO, for a workforce development program, including supportive services.	490,000	Blunt
Department of Labor	Employment and Training Administration	Rural Alaska Community Action Program, AK, for a training program, including curriculum, equipment, and supportive services.	500,000	Murkowski
Department of Labor	Employment and Training Administration	San Gabriel Valley Council of Governments, CA, for a workforce development program for those experiencing or at-risk of homelessness.	2,000,000	Padilla
Department of Labor	Employment and Training Administration	Seattle Children's, WA, for a pediatric residency program in Alaska, including curriculum and supportive services.	350,000	Murkowski
Department of Labor	Employment and Training Administration	Sheridan School District, OR, for a truck driving/diesel mechanics employment training program, including the purchase of equipment.	500,000	Merkley, Wyden
Department of Labor	Employment and Training Administration	Shippensburg University of Pennsylvania, PA, for career development and workforce readiness activities.	275,000	Casey
Department of Labor	Employment and Training Administration	Sinai Health System, IL, for a health career pathway program	1,250,000	Durbin
Department of Labor	Employment and Training Administration	SING—Shifting into New Gear, IL, for a re-entry program	250,000	Durbin
Department of Labor	Employment and Training Administration	Southcentral Foundation, AK, for a workforce development program, including supportive services.	2,000,000	Murkowski
Department of Labor	Employment and Training Administration	Southwest Piping Institute, NM, for the purchase of workforce training equipment	1,200,000	Heinrich, Lujan
Department of Labor	Employment and Training Administration	Southwest Virginia Workforce Development Board, VA, for the Recovery Opportunities and Pathways to Employment Success program.	750,000	Kaine, Warner
Department of Labor	Employment and Training Administration	St. Johnsbury Academy Adult School, VT, for nursing career pathway program	473,000	Sanders
Department of Labor	Employment and Training Administration	St. Louis Community College, MO, for a drone pilot and geospatial technology training program, including equipment and curriculum.	1,000,000	Blunt
Department of Labor	Employment and Training Administration	State of Maine, Governor's Energy Office, ME, for a clean energy partnership workforce training initiative.	825,000	King

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Labor	Employment and Training Administration	The Denney House Inc., MD, for workforce development programs	200,000	Van Hollen
Department of Labor	Employment and Training Administration	The Skills Foundation, MS, for an IT training program, including curriculum and supportive services.	500,000	Hyde-Smith
Department of Labor	Employment and Training Administration	University of Alaska Southeast, AK, for a commercial driver's license training program, including curriculum, equipment, and supportive services.	750,000	Murkowski
Department of Labor	Employment and Training Administration	University of Maine System, ME, for a cybersecurity training program, including supportive services.	500,000	Collins
Department of Labor	Employment and Training Administration	University of Southern Mississippi, MS, for a cyber workforce development program, including equipment and supportive services.	1,512,000	Hyde-Smith
Department of Labor	Employment and Training Administration	University of Southern Mississippi, MS, for a training program, including equipment and supportive services.	750,000	Hyde-Smith
Department of Labor	Employment and Training Administration	University of Vermont & State Agricultural College, VT, for the Vermont EMS Academy	750,000	Sanders
Department of Labor	Employment and Training Administration	URI Research Foundation DBA Polaris MEP, RI, for a skills training program	300,000	Reed
Department of Labor	Employment and Training Administration	Vermont Department of Public Safety, VT, for a firefighting workforce development program for youth.	150,000	Sanders
Department of Labor	Employment and Training Administration	Vermont State Colleges, VT, for a maintenance technician apprentice program workforce initiative.	850,000	Leahy
Department of Labor	Employment and Training Administration	Wayne County Community College District, MI, for a sector-based training initiative	1,129,000	Stabenow
Department of Labor	Employment and Training Administration	West Virginia Higher Education Policy Commission, WV, for a behavioral health workforce program, including curriculum and supportive services.	700,000	Capito, Manchin
Department of Labor	Employment and Training Administration	Wheeling Ironworkers Local 549, WV, for an apprenticeship program, including the purchase of equipment.	500,000	Capito, Manchin
Department of Labor	Employment and Training Administration	WI Department of Workforce Development, WI, for early childhood educator workforce development.	5,000,000	Baldwin
Department of Labor	Employment and Training Administration	Wilderness Health, Inc., MN, for workforce training and education programs	108,000	Klobuchar, Smith
Department of Labor	Employment and Training Administration	Workforce Southwest Washington, WA, for the Future Leaders Project	350,000	Cantwell
Department of Labor	Employment and Training Administration	Youth Business initiative, Inc., CT, for workforce development programs	76,000	Blumenthal, Murphy
Department of Health and Human Services.	Health Resources and Services Administration ..	Acadia Hospital Corp d/b/a Northern Light Acadia Hospital, ME, for facilities and equipment.	2,000,000	Collins, King
Department of Health and Human Services.	Health Resources and Services Administration ..	Access: Supports for Living, NY, for facilities and equipment	537,000	Schumer
Department of Health and Human Services.	Health Resources and Services Administration ..	Adapt Inc., OR, for facilities and equipment	2,095,000	Merkley, Wyden
Department of Health and Human Services.	Health Resources and Services Administration ..	Advocate Christ Medical Center, IL, for facilities and equipment	900,000	Duckworth

Department of Health and Human Services.	Health Resources and Services Administration ..	Alderson Broadus University, WV, for equipment	500,000	Capito, Manchin
Department of Health and Human Services.	Health Resources and Services Administration ..	Allina Health, MN, for equipment	567,000	Klobuchar, Smith
Department of Health and Human Services.	Health Resources and Services Administration ..	Anchorage Neighborhood Health, AK, for facilities and equipment	1,200,000	Murkowski
Department of Health and Human Services.	Health Resources and Services Administration ..	Appalachian Agency for Senior Citizens, VA, for facilities and equipment	1,204,000	Kaine, Warner
Department of Health and Human Services.	Health Resources and Services Administration ..	Appalachian Center for Hope, VA, for facilities and equipment	650,000	Kaine, Warner
Department of Health and Human Services.	Health Resources and Services Administration ..	Applied Research Foundation of West Virginia, WV, for equipment	212,000	Manchin
Department of Health and Human Services.	Health Resources and Services Administration ..	Arkansas State University Beebe, AR, for facilities and equipment	1,500,000	Boozman
Department of Health and Human Services.	Health Resources and Services Administration ..	Arkansas State University Three Rivers, AR, for facilities and equipment	8,000,000	Boozman
Department of Health and Human Services.	Health Resources and Services Administration ..	Aroostook Dental Clinic, ME, for equipment	450,000	Collins
Department of Health and Human Services.	Health Resources and Services Administration ..	Atrium Health Navicent Breast Care Center, GA, for facilities and equipment	2,000,000	Warnock
Department of Health and Human Services.	Health Resources and Services Administration ..	AU Medical Center Inc., GA, for equipment	1,123,000	Warnock
Department of Health and Human Services.	Health Resources and Services Administration ..	Aunt Martha's Health and Wellness, IL, for facilities and equipment	450,000	Durbin
Department of Health and Human Services.	Health Resources and Services Administration ..	Avera McKennan dba Avera Behavioral Health, SD, for facilities and equipment	2,091,000	Rounds
Department of Health and Human Services.	Health Resources and Services Administration ..	Bandon Community Health Center, OR, for facilities and equipment	430,000	Merkley, Wyden
Department of Health and Human Services.	Health Resources and Services Administration ..	Benson Hospital, AZ, for equipment	2,250,000	Kelly, Sinema
Department of Health and Human Services.	Health Resources and Services Administration ..	Berry College, GA, for facilities and equipment	964,000	Warnock
Department of Health and Human Services.	Health Resources and Services Administration ..	Bethel Family Clinic, AK, for facilities and equipment	100,000	Murkowski
Department of Health and Human Services.	Health Resources and Services Administration ..	Bethel Family Clinic, AK, for rural health services	600,000	Murkowski
Department of Health and Human Services.	Health Resources and Services Administration ..	Biomedical Research Foundation of NW Louisiana, LA, for equipment	2,000,000	Cassidy
Department of Health and Human Services.	Health Resources and Services Administration ..	BIC Behavioral Health, MO, for facilities and equipment	4,500,000	Blunt

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health and Human Services.	Health Resources and Services Administration ..	Block Island Medical Center, RI, for facilities and equipment	2,000,000	Reed, Whitehouse
Department of Health and Human Services.	Health Resources and Services Administration ..	Bon Secours Charity Health System, NY, for facilities and equipment	2,000,000	Schumer
Department of Health and Human Services.	Health Resources and Services Administration ..	Boone Memorial Hospital, Inc., WV, for facilities and equipment	1,000,000	Capito, Manchin
Department of Health and Human Services.	Health Resources and Services Administration ..	Boston Health Care for the Homeless Program, MA, for facilities and equipment	450,000	Markey, Warren
Department of Health and Human Services.	Health Resources and Services Administration ..	Brockton Hospital, Inc., MA, for facilities and equipment	1,000,000	Markey, Warren
Department of Health and Human Services.	Health Resources and Services Administration ..	Brooks Ambulance, Inc., ME, for equipment	150,000	Collins
Department of Health and Human Services.	Health Resources and Services Administration ..	Butler County Community College, PA, for facilities and equipment	500,000	Casey
Department of Health and Human Services.	Health Resources and Services Administration ..	Butler Hospital, RI, for facilities and equipment	4,000,000	Reed, Whitehouse
Department of Health and Human Services.	Health Resources and Services Administration ..	Camai Community Health Center Inc., AK, for facilities and equipment	3,000,000	Murkowski
Department of Health and Human Services.	Health Resources and Services Administration ..	Camp HASC Inc., NY, for facilities and equipment	700,000	Schumer
Department of Health and Human Services.	Health Resources and Services Administration ..	Candler Hospital, Inc., GA, for facilities and equipment	1,080,000	Ossoff, Warnock
Department of Health and Human Services.	Health Resources and Services Administration ..	Canopy Children's Solutions, MS, for facilities and equipment	916,000	Hyde-Smith
Department of Health and Human Services.	Health Resources and Services Administration ..	Catholic Health Services of Long Island, NY, for facilities and equipment	1,750,000	Schumer
Department of Health and Human Services.	Health Resources and Services Administration ..	Center for Disability Services, Inc., NY, for facilities and equipment	2,000,000	Gillibrand, Schumer
Department of Health and Human Services.	Health Resources and Services Administration ..	CentraCare, MN, for facilities and equipment	1,342,000	Klobuchar, Smith
Department of Health and Human Services.	Health Resources and Services Administration ..	Central Aroostook County Emergency Medical Service, ME, for equipment	454,000	Collins
Department of Health and Human Services.	Health Resources and Services Administration ..	Central City Concern, OR, for facilities and equipment	2,000,000	Merkley, Wyden
Department of Health and Human Services.	Health Resources and Services Administration ..	Central Maine Healthcare Corporation, ME, for facilities and equipment	820,000	Collins

Department of Health and Human Services.	Health Resources and Services Administration ..	Central Oregon Community College, OR, for equipment	153,000	Merkley, Wyden
Department of Health and Human Services.	Health Resources and Services Administration ..	Charleston Area Medical Center, WV, for equipment, including information technology	750,000	Capito, Manchin
Department of Health and Human Services.	Health Resources and Services Administration ..	Charleston Area Medical Center, WV, for equipment, including information technology for cardiovascular care.	1,696,000	Capito, Manchin
Department of Health and Human Services.	Health Resources and Services Administration ..	Charleston Area Medical Center, WV, for equipment, including telemedicine and information technology.	1,500,000	Capito
Department of Health and Human Services.	Health Resources and Services Administration ..	Chesapeake Regional Healthcare, VA, for facilities and equipment	1,000,000	Kaine, Warner
Department of Health and Human Services.	Health Resources and Services Administration ..	Chicago Children's Advocacy Center, IL, for facilities and equipment	1,000,000	Durbin
Department of Health and Human Services.	Health Resources and Services Administration ..	Children's Health Care of Minnesota, MN, for facilities and equipment	700,000	Klobuchar, Smith
Department of Health and Human Services.	Health Resources and Services Administration ..	Children's Hospital of Orange County, CA, for facilities and equipment	1,500,000	Feinstein, Padilla
Department of Health and Human Services.	Health Resources and Services Administration ..	Chiricahua Community Health Centers, Inc., AZ, for equipment	984,000	Kelly, Sinema
Department of Health and Human Services.	Health Resources and Services Administration ..	Chugachmiut, AK, for facilities and equipment	2,500,000	Murkowski
Department of Health and Human Services.	Health Resources and Services Administration ..	Cincinnati Association for the Blind & Visually Impaired, OH, for facilities and equipment	500,000	Brown
Department of Health and Human Services.	Health Resources and Services Administration ..	City of Altus, OK, for facilities and equipment to improve rural health outcomes	1,740,000	Inhofe
Department of Health and Human Services.	Health Resources and Services Administration ..	City of Bridgeport, CT, for equipment	200,000	Blumenthal
Department of Health and Human Services.	Health Resources and Services Administration ..	City of Bridgeport, CT, for facilities and equipment	200,000	Blumenthal, Murphy
Department of Health and Human Services.	Health Resources and Services Administration ..	City of Elizabeth, NJ, for equipment	500,000	Booker
Department of Health and Human Services.	Health Resources and Services Administration ..	City of Hartford, CT, for facilities and equipment	1,500,000	Blumenthal, Murphy
Department of Health and Human Services.	Health Resources and Services Administration ..	City of Huntington, WV, for equipment, including information technology	500,000	Capito, Manchin
Department of Health and Human Services.	Health Resources and Services Administration ..	City of Kingman, AZ, for equipment	171,000	Kelly, Sinema
Department of Health and Human Services.	Health Resources and Services Administration ..	City of Las Cruces, NM, for equipment	547,000	Lujan
Department of Health and Human Services.	Health Resources and Services Administration ..	City of Newark, NJ, for facilities and equipment	1,000,000	Booker, Menendez

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health and Human Services.	Health Resources and Services Administration ..	City of Newport News, VA, for equipment	650,000	Kaine, Warner
Department of Health and Human Services.	Health Resources and Services Administration ..	City of Surprise, AZ, for facilities and equipment	1,000,000	Kelly, Sinema
Department of Health and Human Services.	Health Resources and Services Administration ..	Clarkson University, NY, for facilities and equipment	6,155,000	Gillibrand, Schumer
Department of Health and Human Services.	Health Resources and Services Administration ..	Clemson University, SC, for facilities and equipment	6,000,000	Graham
Department of Health and Human Services.	Health Resources and Services Administration ..	CODAC Behavioral Health, RI, for facilities and equipment	842,000	Reed, Whitehouse
Department of Health and Human Services.	Health Resources and Services Administration ..	Coffee Regional Medical Center, GA, for facilities and equipment	950,000	Warnock
Department of Health and Human Services.	Health Resources and Services Administration ..	Coffeyville Regional Medical Center, KS, for facilities and equipment	4,000,000	Moran
Department of Health and Human Services.	Health Resources and Services Administration ..	Cold Spring Harbor Laboratory, NY, for equipment	2,000,000	Gillibrand, Schumer
Department of Health and Human Services.	Health Resources and Services Administration ..	Columbia Lutheran Charities dba Columbia Memorial, OR, for facilities and equipment ..	750,000	Merkley, Wyden
Department of Health and Human Services.	Health Resources and Services Administration ..	Community Care of West Virginia, WV, for facilities and equipment	1,250,000	Capito, Manchin
Department of Health and Human Services.	Health Resources and Services Administration ..	Community Child Guidance Clinic, Inc., CT, for facilities and equipment	100,000	Blumenthal, Murphy
Department of Health and Human Services.	Health Resources and Services Administration ..	Community Clinical Services, Inc., ME, for facilities and equipment	2,000,000	Collins
Department of Health and Human Services.	Health Resources and Services Administration ..	Community Counseling Solutions, OR, for facilities and equipment	1,250,000	Merkley, Wyden
Department of Health and Human Services.	Health Resources and Services Administration ..	Community Health Center of Southeast Kansas, Inc., KS, for facilities and equipment	5,000,000	Moran
Department of Health and Human Services.	Health Resources and Services Administration ..	Community Memorial Hospital, OH, for equipment	1,500,000	Brown
Department of Health and Human Services.	Health Resources and Services Administration ..	Connecticut Children's Medical Center, CT, for facilities and equipment	1,800,000	Blumenthal, Murphy
Department of Health and Human Services.	Health Resources and Services Administration ..	Connecticut Counseling Centers Inc., CT, for equipment	255,000	Blumenthal, Murphy
Department of Health and Human Services.	Health Resources and Services Administration ..	Connors State College, OK, for facilities and equipment	350,000	Inhofe

Department of Health and Human Services.	Health Resources and Services Administration ..	Continuum of Care, Inc., CT, for facilities and equipment	630,000	Blumenthal, Murphy
Department of Health and Human Services.	Health Resources and Services Administration ..	Cook County Health, IL, for equipment	863,000	Duckworth
Department of Health and Human Services.	Health Resources and Services Administration ..	Copper Canyon Fire and Medical District, AZ, for equipment	212,000	Kelly, Sinema
Department of Health and Human Services.	Health Resources and Services Administration ..	County of Bay, MI, for facilities and equipment	2,000,000	Peters
Department of Health and Human Services.	Health Resources and Services Administration ..	County of Lehigh, PA, for facilities and equipment	525,000	Casey
Department of Health and Human Services.	Health Resources and Services Administration ..	County of Orange, CA, for facilities and equipment, including planning and design	3,000,000	Feinstein
Department of Health and Human Services.	Health Resources and Services Administration ..	County of San Joaquin, CA, for facilities and equipment, including planning and design	3,000,000	Feinstein
Department of Health and Human Services.	Health Resources and Services Administration ..	Covington County Hospital, MS, for facilities and equipment	4,000,000	Hyde-Smith
Department of Health and Human Services.	Health Resources and Services Administration ..	Creek Valley Health Clinic, AZ, for facilities and equipment	930,000	Kelly, Sinema
Department of Health and Human Services.	Health Resources and Services Administration ..	Cure Rare Disease, CT, for facilities and equipment	2,000,000	Blumenthal, Murphy
Department of Health and Human Services.	Health Resources and Services Administration ..	Dalton State College, GA, for facilities and equipment	361,000	Osoff
Department of Health and Human Services.	Health Resources and Services Administration ..	Day One, ME, for facilities and equipment	443,000	Collins, King
Department of Health and Human Services.	Health Resources and Services Administration ..	Delaware Department of Health and Social Services, DE, for facilities and equipment	10,000,000	Carper, Coons
Department of Health and Human Services.	Health Resources and Services Administration ..	Delta County Ambulance District, CO, to support a rural health program	233,000	Hickenlooper
Department of Health and Human Services.	Health Resources and Services Administration ..	Dempsey Centers for Quality Cancer Care, ME, for equipment	725,000	Collins
Department of Health and Human Services.	Health Resources and Services Administration ..	EA Hawse Health Center, Inc., WV, for facilities and equipment	1,000,000	Manchin
Department of Health and Human Services.	Health Resources and Services Administration ..	East Central College, MO, for facilities and equipment	3,000,000	Blunt
Department of Health and Human Services.	Health Resources and Services Administration ..	Eastern Maine Medical Center, ME, for facilities and equipment	1,198,000	Collins, King
Department of Health and Human Services.	Health Resources and Services Administration ..	Evans Memorial Hospital, GA, for facilities and equipment	1,000,000	Warneck
Department of Health and Human Services.	Health Resources and Services Administration ..	Family Solutions, Inc., WA, for facilities and equipment	816,000	Cantwell, Murray

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health and Human Services.	Health Resources and Services Administration ..	First Nations Community HealthSource, NM, for facilities and equipment	1,000,000	Heinrich
Department of Health and Human Services.	Health Resources and Services Administration ..	Floyd Healthcare Management, Inc. d/b/a Atrium Health, GA, for equipment	1,100,000	Ossoff
Department of Health and Human Services.	Health Resources and Services Administration ..	Forrest County General Hospital, MS, for facilities and equipment	3,600,000	Hyde-Smith, Wicker
Department of Health and Human Services.	Health Resources and Services Administration ..	Franciscan Health Olympia Fields, IL, for facilities and equipment	1,000,000	Durbin
Department of Health and Human Services.	Health Resources and Services Administration ..	Francoisan Missionaries of Our Lady University, LA, for facilities and equipment	1,250,000	Cassidy
Department of Health and Human Services.	Health Resources and Services Administration ..	Franklin Pierce University, NH, for facilities and equipment	773,000	Shaheen
Department of Health and Human Services.	Health Resources and Services Administration ..	Frederick County Government, MD, for facilities and equipment	699,000	Cardin, Van Hollen
Department of Health and Human Services.	Health Resources and Services Administration ..	Friends of Disabled Adults and Children, Tool, GA, for equipment	478,000	Warnock
Department of Health and Human Services.	Health Resources and Services Administration ..	Gandara Center, MA, for facilities and equipment	640,000	Markey, Warren
Department of Health and Human Services.	Health Resources and Services Administration ..	Genesis Center, RI, for equipment	263,000	Reed
Department of Health and Human Services.	Health Resources and Services Administration ..	Genesis Health Care, SC, for facilities and equipment	1,000,000	Graham
Department of Health and Human Services.	Health Resources and Services Administration ..	Gerald L. Ignace Indian Health Center, WI, for facilities and equipment	900,000	Baldwin
Department of Health and Human Services.	Health Resources and Services Administration ..	GLIDE Foundation, CA, for capital equipment	500,000	Feinstein, Padilla
Department of Health and Human Services.	Health Resources and Services Administration ..	Grant County Detention Center, NM, for facilities and equipment	56,000	Heinrich
Department of Health and Human Services.	Health Resources and Services Administration ..	Grant County Public Hospital District No. 1, WA, for facilities and equipment	1,314,000	Cantwell
Department of Health and Human Services.	Health Resources and Services Administration ..	Gundersen St. Elizabeth's Hospital, MN, for facilities and equipment	250,000	Klobuchar, Smith
Department of Health and Human Services.	Health Resources and Services Administration ..	Hamakua Health Center, Inc., HI, for facilities and equipment	5,000,000	Schatz
Department of Health and Human Services.	Health Resources and Services Administration ..	Hancock County Commission, WV, for facilities and equipment	183,000	Capito

Department of Health and Human Services.	Health Resources and Services Administration ..	Hardy County Health and Wellness Center, WV, for equipment	30,000	Manchin
Department of Health and Human Services.	Health Resources and Services Administration ..	Harrington Memorial Hospital, Inc., MA, for equipment	1,500,000	Markey, Warren
Department of Health and Human Services.	Health Resources and Services Administration ..	Harris Stowe State University, MO, for facilities and equipment	2,000,000	Blunt
Department of Health and Human Services.	Health Resources and Services Administration ..	Headrest, NH, for facilities and equipment	850,000	Straheen
Department of Health and Human Services.	Health Resources and Services Administration ..	Highlands Fire District, AZ, for equipment	158,000	Kelly, Sinema
Department of Health and Human Services.	Health Resources and Services Administration ..	Hocking Valley Community Hospital, OH, for equipment	1,000,000	Brown
Department of Health and Human Services.	Health Resources and Services Administration ..	Holy Name Hospital, NJ, for facilities and equipment	3,300,000	Menendez
Department of Health and Human Services.	Health Resources and Services Administration ..	Homefull, OH, for facilities and equipment	2,000,000	Brown
Department of Health and Human Services.	Health Resources and Services Administration ..	Hospital Authority of Bleckley County, GA, for facilities and equipment	1,000,000	Warnock
Department of Health and Human Services.	Health Resources and Services Administration ..	Houlton Regional Hospital, ME, for facilities and equipment	2,200,000	Collins
Department of Health and Human Services.	Health Resources and Services Administration ..	Howard Center, VT, for facilities and equipment	2,500,000	Leahy
Department of Health and Human Services.	Health Resources and Services Administration ..	Hutchinson Community College, KS, for facilities and equipment	3,000,000	Moran
Department of Health and Human Services.	Health Resources and Services Administration ..	Hyndman Area Health Center, Inc., PA, for facilities and equipment	852,000	Casey
Department of Health and Human Services.	Health Resources and Services Administration ..	Iliuliuk Family & Health Services, AK, for facilities and equipment	500,000	Murkowski
Department of Health and Human Services.	Health Resources and Services Administration ..	Illinois State University College of Nursing, IL, for facilities and equipment	1,000,000	Durbin
Department of Health and Human Services.	Health Resources and Services Administration ..	Independence House, Inc., MA, for facilities and equipment	3,460,000	Markey, Warren
Department of Health and Human Services.	Health Resources and Services Administration ..	Indian Health Board of Minneapolis, Inc., MN, for facilities and equipment	2,250,000	Klobuchar, Smith
Department of Health and Human Services.	Health Resources and Services Administration ..	Infant Welfare Society of Chicago, IL, for facilities and equipment	978,000	Duckworth
Department of Health and Human Services.	Health Resources and Services Administration ..	Ingham County Health Department, MI, for facilities and equipment	620,000	Stabenow
Department of Health and Human Services.	Health Resources and Services Administration ..	Inner City Health Center, CO, for facilities and equipment	2,820,000	Bennet, Hickenlooper

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health and Human Services.	Health Resources and Services Administration ..	InterCommunity, Inc., CT, for facilities and equipment	1,800,000	Blumenthal, Murphy
Department of Health and Human Services.	Health Resources and Services Administration ..	Interior Community Health Center, AK, for facilities and equipment	2,500,000	Murkowski
Department of Health and Human Services.	Health Resources and Services Administration ..	Jackson Free Clinic, MS, for facilities and equipment	582,000	Wicker
Department of Health and Human Services.	Health Resources and Services Administration ..	Jackson Laboratory, ME, for facilities and equipment	3,500,000	Collins
Department of Health and Human Services.	Health Resources and Services Administration ..	JAMHI Health and Wellness, Inc., AK, for facilities and equipment	870,000	Murkowski
Department of Health and Human Services.	Health Resources and Services Administration ..	Jefferson Healthcare, WA, for equipment	2,500,000	Cantwell
Department of Health and Human Services.	Health Resources and Services Administration ..	Kanawha County Emergency Ambulance Authority, WV, for Dunbar station facilities and equipment	750,000	Capito
Department of Health and Human Services.	Health Resources and Services Administration ..	Kanawha County Emergency Ambulance Authority, WV, for South Charleston station facilities and equipment	750,000	Capito
Department of Health and Human Services.	Health Resources and Services Administration ..	Kanawha County Emergency Ambulance Authority, WV, for St. Albans station facilities and equipment	750,000	Capito
Department of Health and Human Services.	Health Resources and Services Administration ..	Kansas City University, MO, for facilities and equipment	8,000,000	Blunt
Department of Health and Human Services.	Health Resources and Services Administration ..	Kansas College of Osteopathic Medicine, KS, for equipment	950,000	Moran
Department of Health and Human Services.	Health Resources and Services Administration ..	Kennebec Valley Family Dentistry, ME, for facilities and equipment	603,000	Collins, King
Department of Health and Human Services.	Health Resources and Services Administration ..	Kennedy Krieger Institute, MD, for facilities and equipment	1,000,000	Cardin, Van Hollen
Department of Health and Human Services.	Health Resources and Services Administration ..	Keystone House Inc., CT, for facilities and equipment	500,000	Blumenthal, Murphy
Department of Health and Human Services.	Health Resources and Services Administration ..	Klamath County Economic Development Association, OR, for facilities and equipment	3,557,000	Merkley, Wyden
Department of Health and Human Services.	Health Resources and Services Administration ..	Kodiak Island Health Care Foundation, AK, for facilities and equipment	7,927,000	Murkowski
Department of Health and Human Services.	Health Resources and Services Administration ..	La Familia Medical Center (LFMC), NM, for facilities and equipment	472,000	Lujan
Department of Health and Human Services.	Health Resources and Services Administration ..	La Maestra Family Clinic Inc., CA, for facilities and equipment	274,000	Feinstein

Department of Health and Human Services.	Health Resources and Services Administration ..	La Maestra Family Clinic Inc., CA, for facilities and equipment	752,000	Feinstein, Padilla
Department of Health and Human Services.	Health Resources and Services Administration ..	La Pine Community Health Center, OR, for facilities and equipment	3,088,000	Merkley, Wyden
Department of Health and Human Services.	Health Resources and Services Administration ..	La Plata County, CO, for facilities and equipment	1,825,000	Bennet, Hickenlooper
Department of Health and Human Services.	Health Resources and Services Administration ..	Labette County Medical Center, KS, for facilities and equipment	6,000,000	Moran
Department of Health and Human Services.	Health Resources and Services Administration ..	Lakewood Resource and Referral Center, NJ, for facilities and equipment	207,000	Menendez
Department of Health and Human Services.	Health Resources and Services Administration ..	Lamprey Health Care, NH, for facilities and equipment	500,000	Shaheen
Department of Health and Human Services.	Health Resources and Services Administration ..	Lander County, NV, for facilities and equipment	800,000	Cortez Masto, Rosen
Department of Health and Human Services.	Health Resources and Services Administration ..	Lawndale Christian Health Center, IL, for facilities and equipment	750,000	Durbin
Department of Health and Human Services.	Health Resources and Services Administration ..	Leech Lake Band of Ojibwe, MN, for facilities and equipment	850,000	Klobuchar, Smith
Department of Health and Human Services.	Health Resources and Services Administration ..	LifeBridge Community Services, Inc., CT, for facilities and equipment	350,000	Blumenthal, Murphy
Department of Health and Human Services.	Health Resources and Services Administration ..	Lily's Place, WV, for rural health services	482,000	Manchin
Department of Health and Human Services.	Health Resources and Services Administration ..	Linen Recovery + Wellness, DE, for facilities and equipment	463,000	Carper, Coons
Department of Health and Human Services.	Health Resources and Services Administration ..	Lincoln Emergency Medical Services, Inc., WV, for equipment	525,000	Manchin
Department of Health and Human Services.	Health Resources and Services Administration ..	Little Rivers Health Care, Inc., VT, for facilities and equipment	375,000	Sanders
Department of Health and Human Services.	Health Resources and Services Administration ..	Looking Glass Community Services, OR, for facilities and equipment	195,000	Merkley, Wyden
Department of Health and Human Services.	Health Resources and Services Administration ..	Lurie Children's Hospital of Chicago, IL, for facilities and equipment	1,000,000	Durbin
Department of Health and Human Services.	Health Resources and Services Administration ..	Lynn Community Health, Inc., MA, for facilities and equipment	1,000,000	Markey, Warren
Department of Health and Human Services.	Health Resources and Services Administration ..	Magee Benevolent Association, MS, for facilities and equipment	4,000,000	Hyde-Smith
Department of Health and Human Services.	Health Resources and Services Administration ..	Maikai Health Corporation, HI, for facilities and equipment	2,000,000	Hirono
Department of Health and Human Services.	Health Resources and Services Administration ..	Maine Children's Home, ME, for facilities and equipment	525,000	King

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health and Human Services.	Health Resources and Services Administration ..	Maine Veterans Home, ME, for rural facilities and equipment	2,000,000	Collins
Department of Health and Human Services.	Health Resources and Services Administration ..	MaineGeneral Medical Center, ME, for facilities and equipment	2,000,000	Collins, King
Department of Health and Human Services.	Health Resources and Services Administration ..	MaineHealth, ME, for equipment	250,000	King
Department of Health and Human Services.	Health Resources and Services Administration ..	MaineHealth, ME, for facilities and equipment	1,642,000	Collins, King
Department of Health and Human Services.	Health Resources and Services Administration ..	Makah Indian Tribe, WA, for facilities and equipment	4,853,000	Murray
Department of Health and Human Services.	Health Resources and Services Administration ..	MARC, Inc. of Manchester, CT, for facilities and equipment	175,000	Blumenthal, Murphy
Department of Health and Human Services.	Health Resources and Services Administration ..	MarillacHealth, CO, for facilities and equipment	2,500,000	Bennet, Hickenlooper
Department of Health and Human Services.	Health Resources and Services Administration ..	Marshall University, WV, for Chapmanville Specialty Care facilities and equipment	750,000	Capito, Manchin
Department of Health and Human Services.	Health Resources and Services Administration ..	McCall Foundation, Inc., CT, for facilities and equipment	325,000	Blumenthal, Murphy
Department of Health and Human Services.	Health Resources and Services Administration ..	Medical University of South Carolina, SC, for facilities and equipment	6,250,000	Graham
Department of Health and Human Services.	Health Resources and Services Administration ..	Menominee Indian Tribe of Wisconsin, WI, for facilities and equipment	1,326,000	Baldwin
Department of Health and Human Services.	Health Resources and Services Administration ..	Methodist Health Services, IL, for facilities and equipment	1,000,000	Durbin
Department of Health and Human Services.	Health Resources and Services Administration ..	Metropolitan Community College, MO, for facilities and equipment	2,000,000	Blunt
Department of Health and Human Services.	Health Resources and Services Administration ..	Mid-Coast Health Net Inc., ME, for facilities and equipment	1,836,000	Collins, King
Department of Health and Human Services.	Health Resources and Services Administration ..	Millinocket Regional Hospital, ME, for facilities and equipment	3,500,000	Collins, King
Department of Health and Human Services.	Health Resources and Services Administration ..	Minnesota Department of Health, MN, for equipment	520,000	Klobuchar, Smith
Department of Health and Human Services.	Health Resources and Services Administration ..	Minnie Hamilton Hospital, WV, for facilities and equipment	339,000	Capito, Manchin
Department of Health and Human Services.	Health Resources and Services Administration ..	Mississippi State University, MS, for a Project ECHO Superhub to expand rural health training and technical assistance.	800,000	Wicker

Department of Health and Human Services.	Health Resources and Services Administration ..	Mississippi's Toughest Kids Foundation, MS, for facilities and equipment	1,750,000	Hyde-Smith
Department of Health and Human Services.	Health Resources and Services Administration ..	Missouri Southern State University, MO, for facilities and equipment	2,000,000	Blunt
Department of Health and Human Services.	Health Resources and Services Administration ..	Missouri State University, MO, for facilities and equipment	30,000,000	Blunt
Department of Health and Human Services.	Health Resources and Services Administration ..	Mon Health Preston Memorial Hospital, WV, for facilities and equipment	3,000,000	Capito, Manchin
Department of Health and Human Services.	Health Resources and Services Administration ..	Monadnock Family Services, NH, for facilities and equipment	675,000	Shaheen
Department of Health and Human Services.	Health Resources and Services Administration ..	Monroe County Community College, MI, for facilities and equipment	667,000	Peters
Department of Health and Human Services.	Health Resources and Services Administration ..	Mount Desert Island Biological Laboratory, ME, for facilities and equipment	600,000	Collins, King
Department of Health and Human Services.	Health Resources and Services Administration ..	Munson Medical Center, MI, for facilities and equipment	750,000	Stabenow
Department of Health and Human Services.	Health Resources and Services Administration ..	National Jewish Health, CO, for facilities and equipment	6,075,000	Bennet
Department of Health and Human Services.	Health Resources and Services Administration ..	National Louis University, IL, for facilities and equipment	750,000	Durbin
Department of Health and Human Services.	Health Resources and Services Administration ..	Nationwide Children's Hospital, OH, for facilities and equipment	565,000	Brown
Department of Health and Human Services.	Health Resources and Services Administration ..	Native American Community Clinic, MN, for facilities and equipment	1,000,000	Klobuchar, Smith
Department of Health and Human Services.	Health Resources and Services Administration ..	Navajo Nation Division of Social Services, AZ, for facilities and equipment	4,172,000	Kelly, Sinema
Department of Health and Human Services.	Health Resources and Services Administration ..	Neahalem Bay Health District, OR, for facilities and equipment	3,000,000	Merkley, Wyden
Department of Health and Human Services.	Health Resources and Services Administration ..	Netcare Access, OH, for facilities and equipment	250,000	Brown
Department of Health and Human Services.	Health Resources and Services Administration ..	New Jersey Sharing Network, NJ, for equipment	175,000	Booker, Menendez
Department of Health and Human Services.	Health Resources and Services Administration ..	NHTI—Concord's Community College, NH, for facilities and equipment	767,000	Shaheen
Department of Health and Human Services.	Health Resources and Services Administration ..	North Central Michigan College, MI, for facilities and equipment	2,000,000	Peters, Stabenow
Department of Health and Human Services.	Health Resources and Services Administration ..	Northeast Georgia Medical Center, Inc., GA, for facilities and equipment	2,100,000	Ossoff
Department of Health and Human Services.	Health Resources and Services Administration ..	Northeast Ohio Medical University, OH, for facilities and equipment	2,000,000	Brown

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health and Human Services.	Health Resources and Services Administration ..	Northeastern State University, OK, for facilities and equipment	1,000,000	Inhofe
Department of Health and Human Services.	Health Resources and Services Administration ..	Northern Arizona Healthcare, AZ, for facilities and equipment	5,600,000	Kelly, Sinema
Department of Health and Human Services.	Health Resources and Services Administration ..	Northern Tier Center for Health, VT, for facilities and equipment	400,000	Sanders
Department of Health and Human Services.	Health Resources and Services Administration ..	Norwich University, VT, for facilities and equipment	487,000	Sanders
Department of Health and Human Services.	Health Resources and Services Administration ..	NYC Health + Hospitals/Harlem, NY, for ultrasound equipment	1,500,000	Gillibrand, Schumer
Department of Health and Human Services.	Health Resources and Services Administration ..	Oasis Center of the Rogue Valley, OR, for facilities and equipment	300,000	Merkley, Wyden
Department of Health and Human Services.	Health Resources and Services Administration ..	Oasis Health Network Inc., ME, for facilities and equipment	833,000	Collins, King
Department of Health and Human Services.	Health Resources and Services Administration ..	Ohio Hills Health Services, OH, for facilities and equipment	650,000	Brown
Department of Health and Human Services.	Health Resources and Services Administration ..	Oklahoma Children's Hospital, OK, for facilities and equipment	1,000,000	Inhofe
Department of Health and Human Services.	Health Resources and Services Administration ..	Oklahoma City Community College, OK, for facilities and equipment	487,000	Inhofe
Department of Health and Human Services.	Health Resources and Services Administration ..	Onondaga Community College, NY, for facilities and equipment	2,000,000	Schumer
Department of Health and Human Services.	Health Resources and Services Administration ..	Optimus Health Care, Inc., CT, for facilities and equipment	1,000,000	Blumenthal, Murphy
Department of Health and Human Services.	Health Resources and Services Administration ..	Ozarks Healthcare, MO, for facilities and equipment	3,000,000	Blunt
Department of Health and Human Services.	Health Resources and Services Administration ..	Park Street Healthshare, VT, for equipment	315,000	Sanders
Department of Health and Human Services.	Health Resources and Services Administration ..	Peacehealth Ketchikan Medical Center, AK, for facilities and equipment	600,000	Murkowski
Department of Health and Human Services.	Health Resources and Services Administration ..	Pershing Memorial Hospital, MO, for facilities and equipment	1,100,000	Blunt
Department of Health and Human Services.	Health Resources and Services Administration ..	Pima County JTED #11, AZ, for design, engineering and construction costs	3,000,000	Kelly
Department of Health and Human Services.	Health Resources and Services Administration ..	Plymouth State University, NH, for facilities and equipment	2,100,000	Shaheen

Department of Health and Human Services.	Health Resources and Services Administration ..	Prince George's Community College, MD, for equipment	971,000	Cardin, Van Hollen
Department of Health and Human Services.	Health Resources and Services Administration ..	Providence Alaska Medical Center, AK, for facilities and equipment	750,000	Murkowski
Department of Health and Human Services.	Health Resources and Services Administration ..	Pueblo of Jemez, NM, for health and educational services for children	1,200,000	Heinrich
Department of Health and Human Services.	Health Resources and Services Administration ..	Push to Walk, NJ, for equipment	471,000	Booker, Menendez
Department of Health and Human Services.	Health Resources and Services Administration ..	RegenMed Development Organization, NC, for equipment	5,000,000	Burr, Tillis
Department of Health and Human Services.	Health Resources and Services Administration ..	Reliance Health, Inc., CT, for facilities and equipment	207,000	Blumenthal, Murphy
Department of Health and Human Services.	Health Resources and Services Administration ..	Reverence for Life and Concern for People dba Project Turnabout, MN, for facilities and equipment	285,000	Klobuchar, Smith
Department of Health and Human Services.	Health Resources and Services Administration ..	Rhode Island Quality Institute, RI, for equipment	750,000	Whitehouse
Department of Health and Human Services.	Health Resources and Services Administration ..	River Valley Community College, NH, for facilities and equipment	500,000	Shaheen
Department of Health and Human Services.	Health Resources and Services Administration ..	Riverside University Health System (County of Riverside), CA, for equipment	1,000,000	Feinstein
Department of Health and Human Services.	Health Resources and Services Administration ..	Rivier University, NH, for equipment	1,301,000	Shaheen
Department of Health and Human Services.	Health Resources and Services Administration ..	Roane General Hospital, WV, for facilities and equipment	300,000	Capito, Manchin
Department of Health and Human Services.	Health Resources and Services Administration ..	Rockbridge Area Transport System, VA, for equipment	75,000	Kaine, Warner
Department of Health and Human Services.	Health Resources and Services Administration ..	Rockdale County, GA, for facilities and equipment	1,900,000	Warnock
Department of Health and Human Services.	Health Resources and Services Administration ..	Rogue Community College, OR, for facilities and equipment	3,615,000	Merkley, Wyden
Department of Health and Human Services.	Health Resources and Services Administration ..	Rooks County Health Center, KS, for facilities and equipment	250,000	Moran
Department of Health and Human Services.	Health Resources and Services Administration ..	Roper St. Francis Hospital, SC, for facilities and equipment	3,775,000	Graham
Department of Health and Human Services.	Health Resources and Services Administration ..	Roper St. Francis Hospital, SC, for facilities and equipment for oncology care	6,475,000	Graham
Department of Health and Human Services.	Health Resources and Services Administration ..	Rosecrance, IL, for facilities and equipment	1,000,000	Durbin
Department of Health and Human Services.	Health Resources and Services Administration ..	Roswell Park Comprehensive Cancer Center, NY, for facilities and equipment	2,000,000	Gillibrand, Schumer

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health and Human Services.	Health Resources and Services Administration ..	Rural Health Services, SC, for facilities and equipment	422,000	Graham
Department of Health and Human Services.	Health Resources and Services Administration ..	Rush Health Systems (Ochsner Rush Health as of August 2022), MS, for rural health telemedicine technology, including facilities and equipment.	700,000	Hyde-Smith, Wicker
Department of Health and Human Services.	Health Resources and Services Administration ..	Rush University Medical Center, IL, for lab equipment	750,000	Durbin
Department of Health and Human Services.	Health Resources and Services Administration ..	Saint Louis University, MO, for facilities and equipment	4,000,000	Blunt
Department of Health and Human Services.	Health Resources and Services Administration ..	Salve Regina University, RI, for equipment	1,950,000	Reed
Department of Health and Human Services.	Health Resources and Services Administration ..	Samaritan Lebanon Community Hospital, OR, for facilities and equipment	1,000,000	Merkley, Wyden
Department of Health and Human Services.	Health Resources and Services Administration ..	Samaritan Pacific Health Services d/b/a Samaritan Pacific Communities Hospital, OR, for facilities and equipment.	1,000,000	Merkley, Wyden
Department of Health and Human Services.	Health Resources and Services Administration ..	School of Nursing—St. Joseph Hospital of Nashua, NH, for facilities and equipment	2,925,000	Shaheen
Department of Health and Human Services.	Health Resources and Services Administration ..	Seattle Children's Hospital, WA, for facilities and equipment	5,000,000	Cantwell
Department of Health and Human Services.	Health Resources and Services Administration ..	Seattle Indian Health Board, WA, for facilities and equipment	5,000,000	Murray
Department of Health and Human Services.	Health Resources and Services Administration ..	Seldovia Village Tribe, AK, for facilities and equipment	633,000	Murkowski
Department of Health and Human Services.	Health Resources and Services Administration ..	Seminole State College, OK, for facilities and equipment	1,050,000	Inhofe
Department of Health and Human Services.	Health Resources and Services Administration ..	Seward Community Health Center, AK, for facilities and equipment	5,000,000	Murkowski
Department of Health and Human Services.	Health Resources and Services Administration ..	Shepherd University, WV, for facilities and equipment	609,000	Capito, Manchin
Department of Health and Human Services.	Health Resources and Services Administration ..	Sheppard Pratt Health System, Inc., MD, for facilities and equipment	1,300,000	Cardin, Van Hollen
Department of Health and Human Services.	Health Resources and Services Administration ..	Siena College, NY, for equipment	496,000	Gillibrand, Schumer
Department of Health and Human Services.	Health Resources and Services Administration ..	Simpson Community Healthcare, Inc., MS, for facilities and equipment	4,000,000	Hyde-Smith
Department of Health and Human Services.	Health Resources and Services Administration ..	Sinai Hospital of Baltimore, MD, for facilities and equipment	2,500,000	Cardin, Van Hollen

Department of Health and Human Services.	Health Resources and Services Administration ..	SIU School of Medicine, IL, to coordinate and increase access to rural health services	1,000,000	Durbin
Department of Health and Human Services.	Health Resources and Services Administration ..	South Seattle Women's Health Foundation, WA, for facilities and equipment	225,000	Murray
Department of Health and Human Services.	Health Resources and Services Administration ..	Southcentral Foundation, AK, for facilities and equipment	5,000,000	Murkowski
Department of Health and Human Services.	Health Resources and Services Administration ..	Southeast Missouri State University, MO, for facilities and equipment	10,000,000	Blunt
Department of Health and Human Services.	Health Resources and Services Administration ..	SoutheastHealth Center of Stoddard County, MO, for facilities and equipment	5,750,000	Blunt
Department of Health and Human Services.	Health Resources and Services Administration ..	Southside Community Health Services, Inc., MN, for facilities and equipment	3,000,000	Klobuchar, Smith
Department of Health and Human Services.	Health Resources and Services Administration ..	Southwest Solutions Corporation, MI, for facilities and equipment	2,565,000	Stabenow
Department of Health and Human Services.	Health Resources and Services Administration ..	Southwestern Vermont Medical Center, VT, for facilities and equipment	2,000,000	Leahy
Department of Health and Human Services.	Health Resources and Services Administration ..	Spokane Guilds School and Neuromuscular Center, WA, for facilities and equipment	3,000,000	Murray
Department of Health and Human Services.	Health Resources and Services Administration ..	Spring Hill College, AL, for facilities and equipment	35,000,000	Shelby
Department of Health and Human Services.	Health Resources and Services Administration ..	Springfield Medical Care Systems, Inc., VT, for facilities and equipment	4,220,000	Sanders
Department of Health and Human Services.	Health Resources and Services Administration ..	SSM Health, MO, for facilities and equipment	3,000,000	Blunt
Department of Health and Human Services.	Health Resources and Services Administration ..	St. Dominic's Jackson Memorial Hospital, MS, for facilities and equipment	887,000	Hyde-Smith, Wicker
Department of Health and Human Services.	Health Resources and Services Administration ..	St. Joseph Ambulatory Care, Inc., ME, for equipment	708,000	Collins, King
Department of Health and Human Services.	Health Resources and Services Administration ..	St. Louis Children's Hospital, MO, for facilities and equipment	3,500,000	Blunt
Department of Health and Human Services.	Health Resources and Services Administration ..	St. Louis Community College, MO, for facilities and equipment	1,500,000	Blunt
Department of Health and Human Services.	Health Resources and Services Administration ..	St. Louis Economic Development Partnership, MO, for facilities and equipment	3,350,000	Blunt
Department of Health and Human Services.	Health Resources and Services Administration ..	St. Mary's Regional Medical Center, ME, for facilities and equipment	945,000	Collins, King
Department of Health and Human Services.	Health Resources and Services Administration ..	Stockbridge Community Schools, MI, for facilities and equipment	2,500,000	Peters, Stabenow
Department of Health and Human Services.	Health Resources and Services Administration ..	Sunshine Community Health Center Inc., AK, for facilities and equipment	1,000,000	Murkowski

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health and Human Services.	Health Resources and Services Administration ..	Sunshine Community Health Center Inc., AK, for rural health, including mobile medical unit equipment.	2,000,000	Murkowski
Department of Health and Human Services.	Health Resources and Services Administration ..	SwedishAmerican Health System, IL, for facilities and equipment	1,000,000	Durbin
Department of Health and Human Services.	Health Resources and Services Administration ..	Swope Health, MO, for facilities and equipment	2,000,000	Blunt
Department of Health and Human Services.	Health Resources and Services Administration ..	Taos County, NM, for facilities and equipment	3,000,000	Heinrich, Luján
Department of Health and Human Services.	Health Resources and Services Administration ..	Temple University Hospital, PA, for equipment	1,000,000	Casey
Department of Health and Human Services.	Health Resources and Services Administration ..	The Connection, Inc., CT, for facilities and equipment	43,000	Blumenthal, Murphy
Department of Health and Human Services.	Health Resources and Services Administration ..	The Curators of the University of Missouri, MO, for facilities and equipment	61,000,000	Blunt
Department of Health and Human Services.	Health Resources and Services Administration ..	The LGBT Center, NY, for facilities and equipment	856,000	Gillibrand, Schumer
Department of Health and Human Services.	Health Resources and Services Administration ..	The Rouse Foundation Inc., GA, for medical equipment	600,000	Warnock
Department of Health and Human Services.	Health Resources and Services Administration ..	The University of Arkansas for Medical Sciences, Winthrop P. Rockefeller Cancer Institute, AR, for mobile cancer screening facilities and equipment.	1,750,000	Boozman
Department of Health and Human Services.	Health Resources and Services Administration ..	The University of Arkansas for Medical Sciences, Winthrop P. Rockefeller Cancer Institute, AR, for oncology facilities and equipment.	1,750,000	Boozman
Department of Health and Human Services.	Health Resources and Services Administration ..	The University of Arkansas for Medical Sciences, Winthrop P. Rockefeller Cancer Institute, AR, for regional cancer care facilities and equipment.	7,000,000	Boozman
Department of Health and Human Services.	Health Resources and Services Administration ..	The Valley Hospital, NJ, for equipment	609,000	Booker, Menendez
Department of Health and Human Services.	Health Resources and Services Administration ..	The Village for Families and Children, CT, for facilities and equipment	1,100,000	Blumenthal, Murphy
Department of Health and Human Services.	Health Resources and Services Administration ..	Three Rivers Ambulance Service, ME, for equipment	175,000	Collins
Department of Health and Human Services.	Health Resources and Services Administration ..	Treasure Valley Community College, OR, for facilities and equipment	3,000,000	Merkley, Wyden
Department of Health and Human Services.	Health Resources and Services Administration ..	Tri-Area Community Health, VA, for facilities and equipment	1,201,000	Kaine, Warner
Department of Health and Human Services.	Health Resources and Services Administration ..	Tri-County Community Action Agency, RI, for facilities and equipment	1,000,000	Reed

Department of Health and Human Services.	Health Resources and Services Administration ..	Tri-County Mental Health Services, ME, for facilities and equipment	175,000	King
Department of Health and Human Services.	Health Resources and Services Administration ..	Truman State University, MO, for facilities and equipment	6,000,000	Blunt
Department of Health and Human Services.	Health Resources and Services Administration ..	Trustees of Saint Joseph's College Saint Joseph's College of Maine, ME, for facilities and equipment	1,165,000	Collins, King
Department of Health and Human Services.	Health Resources and Services Administration ..	Tulsa Community College, OK, for facilities and equipment	1,000,000	Inhofe
Department of Health and Human Services.	Health Resources and Services Administration ..	Turning Point Center of Addison County, VT, for facilities and equipment	1,000,000	Leahy
Department of Health and Human Services.	Health Resources and Services Administration ..	UAB Heersink School of Medicine, AL, for facilities and equipment	76,000,000	Shelby
Department of Health and Human Services.	Health Resources and Services Administration ..	University of Alaska Anchorage, AK, for facilities and equipment	2,250,000	Murkowski
Department of Health and Human Services.	Health Resources and Services Administration ..	University of Charleston, WV, for facilities and equipment	1,750,000	Capito, Manchin
Department of Health and Human Services.	Health Resources and Services Administration ..	University of Delaware, DE, for facilities and equipment	10,000,000	Carper, Coons
Department of Health and Human Services.	Health Resources and Services Administration ..	University of Hawaii, HI, for facilities and equipment	6,500,000	Hirono, Schatz
Department of Health and Human Services.	Health Resources and Services Administration ..	University of Kansas Cancer Center, KS, for facilities and equipment	15,000,000	Moran
Department of Health and Human Services.	Health Resources and Services Administration ..	University of Kansas Health System, KS, for facilities and equipment for Alzheimer's disease program	5,000,000	Moran
Department of Health and Human Services.	Health Resources and Services Administration ..	University of Louisiana Monroe, LA, for equipment	505,000	Cassidy
Department of Health and Human Services.	Health Resources and Services Administration ..	University of Maine System, ME, for dental training facilities and equipment	750,000	Collins, King
Department of Health and Human Services.	Health Resources and Services Administration ..	University of Maine System, ME, for nursing education facilities and equipment	4,500,000	Collins, King
Department of Health and Human Services.	Health Resources and Services Administration ..	University of Maine System, ME, for rural health activities to prevent tick-borne diseases	1,653,000	Collins
Department of Health and Human Services.	Health Resources and Services Administration ..	University of Massachusetts Boston, MA, for facilities and equipment	1,201,000	Markey, Warren
Department of Health and Human Services.	Health Resources and Services Administration ..	University of Missouri—Kansas City, MO, for facilities and equipment	10,000,000	Blunt
Department of Health and Human Services.	Health Resources and Services Administration ..	University of Nevada, Las Vegas, NV, for equipment	4,515,000	Cortez Masto, Rosen
Department of Health and Human Services.	Health Resources and Services Administration ..	University of New Hampshire, NH, for facilities and equipment	1,903,000	Shaheen

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health and Human Services.	Health Resources and Services Administration ..	University of New Mexico, NM, for equipment	3,000,000	Heinrich, Luján
Department of Health and Human Services.	Health Resources and Services Administration ..	University of South Carolina Beaufort, SC, for facilities and equipment	1,000,000	Graham
Department of Health and Human Services.	Health Resources and Services Administration ..	University of South Carolina Lancaster, SC, for facilities and equipment	110,000	Graham
Department of Health and Human Services.	Health Resources and Services Administration ..	University of South Carolina, SC, for facilities and equipment for Alzheimer's diagnosis and care	7,750,000	Graham
Department of Health and Human Services.	Health Resources and Services Administration ..	University of South Carolina, SC, for facilities and equipment for biomedical research	4,500,000	Graham
Department of Health and Human Services.	Health Resources and Services Administration ..	University of South Carolina, SC, for facilities and equipment for stroke research and care	2,505,000	Graham
Department of Health and Human Services.	Health Resources and Services Administration ..	University of Washington, WA, for facilities and equipment	1,500,000	Murray
Department of Health and Human Services.	Health Resources and Services Administration ..	Upper Kennebec Valley Ambulance Service, ME, for facilities and equipment	600,000	Collins, King
Department of Health and Human Services.	Health Resources and Services Administration ..	Vail Health, CO, for facilities and equipment	2,705,000	Bennet, Hickenlooper
Department of Health and Human Services.	Health Resources and Services Administration ..	Vermont State Colleges, VT, for facilities and equipment	6,300,000	Leahy
Department of Health and Human Services.	Health Resources and Services Administration ..	Virtua Health, NJ, for facilities and equipment	1,000,000	Menendez
Department of Health and Human Services.	Health Resources and Services Administration ..	Waimanalo Health Center, HI, for facilities and equipment	2,000,000	Hirono, Schatz
Department of Health and Human Services.	Health Resources and Services Administration ..	Washington State University, WA, for facilities and equipment	1,360,000	Murray
Department of Health and Human Services.	Health Resources and Services Administration ..	Waterbury Ambulance Service, Inc., VT, for equipment	700,000	Sanders
Department of Health and Human Services.	Health Resources and Services Administration ..	Wayne County, NC, for equipment	450,000	Tillis
Department of Health and Human Services.	Health Resources and Services Administration ..	West Kern Community College District (WKCCD)/Taft, CA, for facilities and equipment	2,500,000	Feinstein, Padilla
Department of Health and Human Services.	Health Resources and Services Administration ..	West Liberty University, WV, for facilities and equipment	500,000	Manchin
Department of Health and Human Services.	Health Resources and Services Administration ..	West Virginia School of Osteopathic Medicine, WV, for facilities and equipment	325,000	Capito, Manchin

Department of Health and Human Services.	Health Resources and Services Administration ..	West Virginia University Hospitals Inc., WV, for clinical facilities and equipment	2,500,000	Capito, Manchin
Department of Health and Human Services.	Health Resources and Services Administration ..	West Virginia University Hospitals Inc., WV, for cytology laboratory facilities and equipment.	2,434,000	Capito, Manchin
Department of Health and Human Services.	Health Resources and Services Administration ..	West Virginia University Hospitals Inc., WV, for facilities and equipment for an adolescent and young adult clinic.	2,000,000	Capito, Manchin
Department of Health and Human Services.	Health Resources and Services Administration ..	West Virginia University Hospitals Inc., WV, for facilities and equipment for Chestnut Ridge.	2,500,000	Capito, Manchin
Department of Health and Human Services.	Health Resources and Services Administration ..	West Virginia University Hospitals Inc., WV, for facilities and equipment for the Rockefeller Neuroscience Institute.	3,000,000	Capito, Manchin
Department of Health and Human Services.	Health Resources and Services Administration ..	West Virginia University Hospitals Inc., WV, for facilities and equipment for WVU Children's Hospital.	3,500,000	Capito, Manchin
Department of Health and Human Services.	Health Resources and Services Administration ..	West Virginia University Hospitals Inc., WV, for histology laboratory facilities and equipment.	3,500,000	Capito, Manchin
Department of Health and Human Services.	Health Resources and Services Administration ..	West Virginia University Hospitals Inc., WV, for specialty clinic facilities and equipment ..	3,000,000	Capito, Manchin
Department of Health and Human Services.	Health Resources and Services Administration ..	West Virginia University, WV, for optical studies equipment	1,160,000	Capito, Manchin
Department of Health and Human Services.	Health Resources and Services Administration ..	Western Nevada College, NV, for facilities and equipment	2,314,000	Cortez Masto, Rosen
Department of Health and Human Services.	Health Resources and Services Administration ..	Western Oklahoma State College, OK, for facilities and equipment	810,000	Inhofe
Department of Health and Human Services.	Health Resources and Services Administration ..	Wheeler Clinic, Inc., CT, for facilities and equipment	980,000	Blumenthal, Murphy
Department of Health and Human Services.	Health Resources and Services Administration ..	White Bird Clinic, OR, for facilities and equipment	275,000	Merkley, Wyden
Department of Health and Human Services.	Health Resources and Services Administration ..	Widener University, PA, for facilities and equipment	115,000	Casey
Department of Health and Human Services.	Health Resources and Services Administration ..	Winding Waters Medical Clinic, OR, for equipment	386,000	Merkley, Wyden
Department of Health and Human Services.	Health Resources and Services Administration ..	Wirt County Health Services Association, WV, for equipment	200,000	Manchin
Department of Health and Human Services.	Health Resources and Services Administration ..	Women & Infants Hospital, RI, for facilities and equipment	803,000	Reed, Whitehouse
Department of Health and Human Services.	Health Resources and Services Administration ..	York County Fire & EMS Office, ME, for equipment	750,000	Collins, King
Department of Health and Human Services.	Health Resources and Services Administration ..	York County Government, ME, for facilities and equipment	1,968,000	Collins, King
Department of Health and Human Services.	Health Resources and Services Administration ..	York Hospital, ME, for facilities and equipment	2,500,000	Collins, King

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health and Human Services.	Health Resources and Services Administration ..	YWCA Greenwich Connecticut Inc. Sexual Assault Services Program Space, CT, for facilities and equipment.	100,000	Blumenthal, Murphy
Department of Health and Human Services.	Health Resources and Services Administration ..	Zumbro Valley Health Center, MN, for facilities and equipment	676,000	Klobuchar, Smith
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	180 Turning Lives Around, Inc., NJ, for youth mental health services	565,000	Booker, Menendez
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	B U I L D INCORPORATED (BUILD, Inc.), IL, for mobile mental health services	649,000	Duckworth
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Beebe Medical Foundation, DE, for substance use and mental health outreach and services.	1,159,000	Carper
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Board of Trustees of the University of Illinois, IL, for mental health services for students	1,500,000	Durbin
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Boys & Girls Club of Southcentral Alaska, AK, for behavioral health training and support for children and youth.	350,000	Murkowski
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Boys & Girls Clubs of Benton Harbor, MI, for mental health care services and grief and bereavement programming for children and youth, including training.	818,000	Stabenow
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Brandywine Counseling and Community Services, Inc., DE, for mobile behavioral health care services, including equipment.	757,000	Carper, Coons
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Brown County, WI, for mental and behavioral health services	100,000	Baldwin
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Canopy Children's Solutions, MS, for mental health and substance use services and professional training to improve treatment for children and youth.	320,000	Hyde-Smith
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Cathedral Square Corporation, VT, for mental health services for low income seniors and people with disabilities.	1,352,000	Sanders
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	City of Albuquerque, NM, for substance use services and treatment, including equipment	2,000,000	Heinrich, Lujan
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	City of Henderson, NV, for mental health crisis services	1,355,000	Cortez Masto, Rosen
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	City of Modesto, CA, for mental health and crisis services through a community mobile response team, including vehicles.	1,000,000	Feinstein, Padilla
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	City of North Las Vegas, NV, for a mobile crisis response unit	700,000	Cortez Masto, Rosen
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	City of Paterson, NJ, for substance use disorder services and case management, including equipment.	188,000	Booker, Menendez
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Clark County, NV, for mental and behavioral health care services for at-risk teens	3,100,000	Cortez Masto, Rosen

Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Clark County, NV, for mental health and substance use services for girls	1,224,000	Cortez Masto, Rosen
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Columbia River Mental Health Services, WA, for mobile mental and behavioral health care services.	474,000	Murray
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Connecticut Community for Addiction Recovery, CT, for recovery support services, including equipment.	1,500,000	Blumenthal, Murphy
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Easter Seals Serving DC, MD, VA, Inc., MD, for mental health, case management, and therapy services for military families.	900,000	Cardin, Van Hollen
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Everet Recovery Café, WA, for a community-based, peer-supported recovery program	500,000	Murray
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Families and Youth Inc., NM, for mental and behavioral health care services	450,000	Heinrich
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Family & Community Resources Inc., MA, for mental health services	337,000	Markey, Warren
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Family Service of Rhode Island, Inc., RI, for mental health screening and treatment of children and adolescents.	385,000	Reed, Whitehouse
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Historic East Baltimore Community Action Coalition, MD, for recovery support services	600,000	Van Hollen
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Home Base, MA, for mental health and grief counseling services for families of fallen service members.	898,000	Markey, Warren
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Jewish Vocational Services and Community Workshop, MI, for supportive services, including mental health, counseling, and training for individuals with chronic mental health challenges or disabilities.	300,000	Stabenow
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	LIFE Camp Inc., NY, for mental health, therapeutic wellness services, and counseling, including equipment.	2,000,000	Schumer
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Lines for Life, OR, for a youth mental health crisis hotline and school-based suicide prevention activities.	540,000	Merkley, Wyden
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	M Health Fairview, MN, for mental health and substance use services, including the purchase of technology and equipment.	1,000,000	Klobuchar, Smith
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Makin' It Happen Coalition for Resilient Youth, NH, for mental and behavioral health care, including suicide prevention.	250,000	Shaheen
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Mental Health Center of Southern NH, Center for Life Management, NH, for mental health and recovery services to improve health outcomes and reduce hospital readmissions.	100,000	Shaheen
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Milwaukee County, WI, for substance use disorder treatment and services	2,000,000	Baldwin
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Montezuma County, CO, for mental health and behavioral health services, including mobile crisis response.	361,000	Hickenlooper
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Nemours Children's Hospital, DE, for a pediatric mental and behavioral health training program.	1,500,000	Carper, Coons

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Nevada State College, NV, for mental health services, including technology and equipment.	1,337,000	Cortez Mastro, Rosen
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	New Hampshire Alcohol and Drug Abuse Counselors Association, NH, for recovery support and substance use disorder services, including recovery education to reduce stigma.	145,000	Shaheen
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	New Hampshire Alcohol and Drug Abuse Counselors Association, NH, to increase access to substance use disorder clinicians.	600,000	Shaheen
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	New Mexico Human Services Department, NM, for mental and behavioral health care training and services.	3,000,000	Heinrich, Lujan
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	New Orleans Health Department, LA, for mobile mental health crisis response	350,000	Cassidy
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Northwestern University Settlement House, IL, to provide bilingual mental health services for low income children and families.	375,000	Durbin
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Public Defender Association, WA, for mental and behavioral health services to unhousehold individuals.	4,417,000	Murray
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Rhode Island Executive Office of Health and Human Services, RI, for mental health care services for children.	850,000	Reed, Whitehouse
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Roberta's House, MD, for mental health services, including grief and trauma care	1,000,000	Cardin, Van Hollen
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Rural Alaska Community Action Program, AK, for youth mental health training and peer mentor support.	230,000	Murkowski
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	San Gabriel Valley Council of Governments, CA, for a mobile crisis response team, including vehicles.	1,368,000	Feinstein, Padilla
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	St. Mary's Health Wagon, VA, for prevention, treatment, and recovery services for individuals with behavioral health conditions, including substance use disorders.	500,000	Kaine, Warner
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	SUNY Upstate Medical University, NY, for suicide prevention services	1,100,000	Gillibrand, Schumer
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	The Arc Central Chesapeake Region, Inc., MD, for mental and behavioral health care services, including for individuals with disabilities.	250,000	Cardin, Van Hollen
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	The Connection, Inc., CT, for mental health, substance use, and behavioral health services training.	200,000	Blumenthal, Murphy
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	The Governor's Prevention Partnership, CT, for substance use prevention and training	1,122,000	Blumenthal, Murphy
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	The Greater Bridgeport Opportunities Industrialization Center, Inc., CT, for youth mental health programming, including equipment.	25,000	Blumenthal, Murphy
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	The Metropolitan YMCA of the Oranges, NJ, for mental and behavioral health care services, including equipment.	337,000	Booker

Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	The Salvation Army Delaware Command, DE, to provide services to survivors of trafficking.	193,000	Carper, Coons
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	The Savilla Collaborative d.b.a. Centro Savilla, NM, for mental health services and suicide prevention for youth.	175,000	Heinrich
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	The University of North Carolina System, NC, for suicide prevention activities	230,000	Burr
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Tides Family Services, RI, for bilingual behavioral health services for children	100,000	Reed
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Tri-County Community Action Agency Inc., NJ, for mental health care and substance use disorder prevention and treatment, including equipment.	350,000	Booker
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Ukrainian Community Center of Washington, WA, for mental health services for refugees	500,000	Murray
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Union County, NJ, for mental health and recovery support programs, including equipment	528,000	Menendez
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Union County, NJ, for mental health and recovery support programs, including equipment	661,000	Booker
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	University of Chicago Medical Center, IL, for mental health and trauma services	1,250,000	Durbin
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	University of Mississippi Medical Center, MS, for mental and behavioral health services to improve perinatal mental health care.	1,400,000	Hyde-Smith
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	University of Mississippi Medical Center, MS, for mental health services, including tele-health and equipment.	750,000	Hyde-Smith
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Virginia Health Workforce Development Authority, VA, for mental health services and training.	169,000	Kaine, Warner
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Western Michigan University Dept. of Anthropology, MI, for training to increase access to mental health care and substance use disorder services.	1,819,000	Stabenow
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	Wisconsin Department of Health Services, WI, for 988 implementation and suicide prevention, including equipment.	3,140,000	Baldwin
Department of Health and Human Services.	Substance Use and Mental Health Services Administration.	YMCA of Metro Chicago, IL, for mental health support and services	238,000	Durbin
Department of Health and Human Services.	Administration for Children and Families	Ashtabula County Community Action Agency, OH, to reduce poverty and improve health outcomes for low-income individuals.	870,000	Brown
Department of Health and Human Services.	Administration for Children and Families	Big Brothers Big Sisters of Greater Pittsburgh, PA, for a mentoring program for LGBTQ+ youth.	105,000	Casey
Department of Health and Human Services.	Administration for Children and Families	Boys and Girls Club of Greater Flint, MI, to create opportunities for youth through youth development, career readiness, and civic engagement.	386,000	Stabenow
Department of Health and Human Services.	Administration for Children and Families	Bridgeport Youth Lacrosse Inc., CT, for recreational programming and support for low income families.	100,000	Blumenthal, Murphy
Department of Health and Human Services.	Administration for Children and Families	Bridges Outreach, Inc., NJ, to provide services and case management to individuals experiencing homelessness.	517,000	Booker

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health and Human Services.	Administration for Children and Families	Care Transformation Collaborative of Rhode Island, RI, for supportive services for low income children and families.	274,000	Whitehouse
Department of Health and Human Services.	Administration for Children and Families	Carolina Youth Development Center, SC, for security equipment and technology	361,000	Graham
Department of Health and Human Services.	Administration for Children and Families	Center for Court Innovation/Justice Innovation Inc., NY, for legal and technical assistance to low income individuals in order to reduce poverty.	1,000,000	Schumer
Department of Health and Human Services.	Administration for Children and Families	Centro Cultural Mexicano, WA, for a bilingual family engagement center for low income families.	280,000	Murray
Department of Health and Human Services.	Administration for Children and Families	Children's Center of Clackamas County, OR, for child abuse prevention, response, and recovery services.	252,000	Merkley, Wyden
Department of Health and Human Services.	Administration for Children and Families	ChristianaCare Health Services, DE, to reduce poverty and improve health outcomes for mothers and infants, including food.	900,000	Carper
Department of Health and Human Services.	Administration for Children and Families	City of Baltimore, MD, to provide services and support to low income pregnant women ...	425,000	Cardin, Van Hollen
Department of Health and Human Services.	Administration for Children and Families	City of Boston, MA, for child care services for low income families including those experiencing homelessness.	1,000,000	Markey, Warren
Department of Health and Human Services.	Administration for Children and Families	City of Ruston, LA, for poverty reduction programming and services, including the purchase of technology.	515,000	Cassidy
Department of Health and Human Services.	Administration for Children and Families	Clark County, NV, for services and accommodations, including technology, for low-income individuals.	214,000	Cortez Masto, Rosen
Department of Health and Human Services.	Administration for Children and Families	Community Kinship Coalition, Inc., MD, for mentoring, mediation, and recreational programming for youth.	150,000	Van Hollen
Department of Health and Human Services.	Administration for Children and Families	Community Voices Heard, Inc., NY, for training and support to promote self-advocacy for low income individuals.	1,285,000	Schumer
Department of Health and Human Services.	Administration for Children and Families	Connecticut Coalition Against Domestic Violence, CT, for a therapy support program for children affected by domestic violence.	216,000	Blumenthal, Murphy
Department of Health and Human Services.	Administration for Children and Families	Court Appointed Special Advocates of New Hampshire, NH, for services for children who have experienced abuse or neglect.	100,000	Shaheen
Department of Health and Human Services.	Administration for Children and Families	Covenant House Alaska, AK, for services for homeless youth	2,000,000	Murkowski
Department of Health and Human Services.	Administration for Children and Families	Fairfield County's Community Foundation, CT, for economic inequality and mobility research.	462,000	Blumenthal, Murphy
Department of Health and Human Services.	Administration for Children and Families	Federal Hill House, RI, for community services for low income individuals	300,000	Reed
Department of Health and Human Services.	Administration for Children and Families	Foundation for Tacoma Students, WA, to increase child care capacity in Pierce County ...	1,600,000	Murray

Department of Health and Human Services.	Administration for Children and Families	Hale Kipa, HI, for services for at-risk youth and their families	500,000	Hirono
Department of Health and Human Services.	Administration for Children and Families	Hawaii Children's Action Network, HI, to connect low income families with young children to supportive services.	323,000	Schatz
Department of Health and Human Services.	Administration for Children and Families	Healthy Mothers, Healthy Babies Coalition of Georgia, GA, for supplies to assist low income pregnant and postpartum women.	50,000	Ossoff
Department of Health and Human Services.	Administration for Children and Families	Helping Mamas, GA, for a mobile diaper distribution program to provide diapers to low income families.	449,000	Ossoff
Department of Health and Human Services.	Administration for Children and Families	Hope Meadows, WV, for family engagement and reunification services, including the purchase of technology.	750,000	Capito, Manchin
Department of Health and Human Services.	Administration for Children and Families	Illinois CASA, IL, for services for children in foster care or the child welfare system	256,000	Duckworth
Department of Health and Human Services.	Administration for Children and Families	Jackson Area Federal Credit Union, MS, for financial literacy education	292,000	Hyde-Smith
Department of Health and Human Services.	Administration for Children and Families	Kalamapii PLAY School, HI, for supportive services for at-risk, preschool-aged children, including equipment.	197,000	Hirono, Schatz
Department of Health and Human Services.	Administration for Children and Families	Kids Above All Illinois, IL, to provide educational support and services for low-income children.	975,000	Duckworth, Durbin
Department of Health and Human Services.	Administration for Children and Families	Lyon County, NV, for mentoring and other community services for at-risk youth	119,000	Cortez Masto, Rosen
Department of Health and Human Services.	Administration for Children and Families	Mamma Ministries Inc., MS, for preventing and reducing the incidence of maltreatment of children.	350,000	Hyde-Smith, Wicker
Department of Health and Human Services.	Administration for Children and Families	Marshall University, WV, for a center on foster care	750,000	Capito, Manchin
Department of Health and Human Services.	Administration for Children and Families	Meeting Street, RI, for a resource center to assist low income families	1,000,000	Reed
Department of Health and Human Services.	Administration for Children and Families	Navigator Credit Union, MS, for financial literacy education	70,000	Hyde-Smith
Department of Health and Human Services.	Administration for Children and Families	New Hampshire Food Bank Mobile Food Pantries, NH, to reduce food insecurity and poverty through the purchase of food.	947,000	Shaheen
Department of Health and Human Services.	Administration for Children and Families	New Hampshire Hunger Solutions, NH, for outreach to low income families on assistance programs, including nutrition assistance.	257,000	Shaheen
Department of Health and Human Services.	Administration for Children and Families	New Jersey Coalition to End Domestic Violence, NJ, for services for domestic violence survivors and their families.	500,000	Booker
Department of Health and Human Services.	Administration for Children and Families	New Mexico Coalition of Sexual Abuse Programs, Inc., NM, to prevent, provide services, or treat child abuse and neglect.	46,000	Lujan
Department of Health and Human Services.	Administration for Children and Families	Northside Center for Childhood Development, NY, for early education services including behavioral health care for children and families living in poverty.	500,000	Gillibrand, Schumer
Department of Health and Human Services.	Administration for Children and Families	Old Colony YMCA, MA, for family engagement programming in underserved communities	2,050,000	Markey, Warren

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health and Human Services.	Administration for Children and Families	One Mission Cambridge, MD, for community services to reduce poverty, including food	60,000	Cardin, Van Hollen
Department of Health and Human Services.	Administration for Children and Families	Pennsylvania CASA Association, PA, to improve outcomes for abused or neglected children.	272,000	Casey
Department of Health and Human Services.	Administration for Children and Families	Refugee Dream Center, RI, for services for refugees	250,000	Reed
Department of Health and Human Services.	Administration for Children and Families	RI Department of Human Services, RI, for child care facilities needs assessments	500,000	Reed, Whitehouse
Department of Health and Human Services.	Administration for Children and Families	Saint Anselm College, NH, to support refugee and immigrant families through the coordination and delivery of services including child care, job training, and mental health services.	600,000	Shaheen
Department of Health and Human Services.	Administration for Children and Families	Saint Joseph Parenting Center, CT, for services for families and children at risk of child abuse and neglect.	50,000	Blumenthal, Murphy
Department of Health and Human Services.	Administration for Children and Families	Ser Familia, Inc., GA, for a culturally proficient family resource center for low income families.	492,000	Ossoff, Warnock
Department of Health and Human Services.	Administration for Children and Families	South Central Workforce Council, WA, for child care services for low income families	3,000,000	Murray
Department of Health and Human Services.	Administration for Children and Families	SPOON, OR, for nutrition education for at-risk children and their families	163,000	Merkley, Wyden
Department of Health and Human Services.	Administration for Children and Families	St. Ann's Center for Children, Youth and Families, MD, for programming for low income children and families who face housing insecurity.	200,000	Van Hollen
Department of Health and Human Services.	Administration for Children and Families	Stop Trafficking Us, ME, for trauma programming to improve awareness and prevention of child sexual abuse.	300,000	Collins
Department of Health and Human Services.	Administration for Children and Families	Susannah Wesley Community Center, HI, for services to youth who are survivors of trafficking.	325,000	Hirono
Department of Health and Human Services.	Administration for Children and Families	The FOCUS Clinic at the University of New Mexico, NM, for services for low-income children and families, including child care.	2,000,000	Heinrich
Department of Health and Human Services.	Administration for Children and Families	The Network: Advocating Against Domestic Violence, IL, for services for survivors of domestic violence.	550,000	Duckworth
Department of Health and Human Services.	Administration for Children and Families	Town of Kittery, ME, for a preschool and childcare program, including scholarships and the purchase of equipment.	100,000	Collins
Department of Health and Human Services.	Administration for Children and Families	U.S. Committee for Refugees and Immigrants Vermont, VT, for legal services for low-income refugees, immigrants, and their families.	300,000	Leahy
Department of Health and Human Services.	Administration for Children and Families	United Way of Lancaster County, PA, to provide referrals to community services for low income individuals, including technology.	670,000	Casey

Department of Health and Human Services.	Administration for Children and Families	United Way of Massachusetts Bay & Merrimack Valley, MA, to provide support and workforce development services to family child care providers.	1,397,000	Markey, Warren
Department of Health and Human Services.	Administration for Children and Families	United Way of Rhode Island, Inc., RI, for improving the 2-1-1 system to connect low income individuals to social services.	760,000	Reed, Whitehouse
Department of Health and Human Services.	Administration for Children and Families	Urban League of Broome County, NY, to expand child care services to low income children and families.	600,000	Schumer
Department of Health and Human Services.	Administration for Children and Families	Urban League of Essex County, NJ, for financial literacy programs and services for low-income individuals.	1,700,000	Menendez
Department of Health and Human Services.	Administration for Children and Families	Vermont Foodbank, VT, for programming and services to prevent hunger	1,000,000	Leahy
Department of Health and Human Services.	Administration for Children and Families	Victory Women of Vision, NH, to provide assistance to refugees through a youth mentoring program, including equipment and technology.	125,000	Shaheen
Department of Health and Human Services.	Administration for Children and Families	West Virginia CASA Association Inc., WV, for child abuse prevention and treatment programs.	271,000	Manchin
Department of Health and Human Services.	Administration for Children and Families	YWCA Hawaii Island, HI, for services for at-risk children and families and to prevent child abuse and neglect.	1,102,000	Hirono, Schatz
Department of Health and Human Services.	Administration for Community Living	3: Housing of Maine, ME, for improvement of independent living opportunities, including equipment.	509,000	Collins, King
Department of Health and Human Services.	Administration for Community Living	Abilities in Motion, PA, for disability training	20,000	Casey
Department of Health and Human Services.	Administration for Community Living	Access Living of Metropolitan Chicago, IL, for implementation costs and equipment	402,000	Duckworth
Department of Health and Human Services.	Administration for Community Living	Alaska Center for FASD, AK, for improving access to services for individuals with FASD ...	400,000	Murkowski
Department of Health and Human Services.	Administration for Community Living	AngelaCARES, NJ, for case management and counseling services	102,000	Booker
Department of Health and Human Services.	Administration for Community Living	Aroostook Area Agency on Aging, ME, to enhance and expand services for older adults, including equipment.	862,000	Collins, King
Department of Health and Human Services.	Administration for Community Living	Catholic Charities West Virginia, Inc., WV, for support of a hospital transition program ...	233,000	Capito, Manchin
Department of Health and Human Services.	Administration for Community Living	City of Baconton, Georgia, GA, to support transportation services, including equipment ...	20,000	Warnock
Department of Health and Human Services.	Administration for Community Living	City of Baltimore, MD, for community-based services for older adults	1,400,000	Cardin, Van Hollen
Department of Health and Human Services.	Administration for Community Living	City of Belmont, WV, for facilities and equipment	400,000	Manchin
Department of Health and Human Services.	Administration for Community Living	Community Services Inc. of Ocean County, NJ, for facilities and equipment	270,000	Booker
Department of Health and Human Services.	Administration for Community Living	Disability Rights Oregon, OR, to enhance services for people with disabilities	108,000	Merkley, Wyden

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health and Human Services.	Administration for Community Living	Jewish Family Services of Lehigh Valley, PA, for supportive services	115,000	Casey
Department of Health and Human Services.	Administration for Community Living	Johns Hopkins University, MD, for supportive services	473,000	Cardin, Van Hollen
Department of Health and Human Services.	Administration for Community Living	Lawnside Intergenerational Program, NJ, for an intergenerational support program	30,000	Booker
Department of Health and Human Services.	Administration for Community Living	Legacy Health Endowment, CA, to support home-based caregiving	125,000	Feinstein, Padilla
Department of Health and Human Services.	Administration for Community Living	Lewis County Senior Citizens Center, Inc., WV, to support accessibility infrastructure for seniors and individuals with disabilities.	8,000	Manchin
Department of Health and Human Services.	Administration for Community Living	Lifespan of Greater Rochester, NY, for a healthcare integration program	400,000	Schumer
Department of Health and Human Services.	Administration for Community Living	Local Office on Aging, VA, to support transportation services	440,000	Kaine, Warner
Department of Health and Human Services.	Administration for Community Living	Meals on Wheels of Mercer County, NJ, for equipment	81,000	Booker
Department of Health and Human Services.	Administration for Community Living	Minnesota Autism Center, MN, for equipment to improve long term outcomes for children	200,000	Klobuchar, Smith
Department of Health and Human Services.	Administration for Community Living	Mississippi State University, MS, for expansion of services for individuals with disabilities.	500,000	Hyde-Smith
Department of Health and Human Services.	Administration for Community Living	Mississippi State University, MS, for improving access to resources and services	500,000	Hyde-Smith
Department of Health and Human Services.	Administration for Community Living	Peregrine Corporation, ME, for expansion of independent living opportunities	300,000	Collins, King
Department of Health and Human Services.	Administration for Community Living	Senior Citizens, Inc., GA, to expand services for older adults	489,000	Ossoff
Department of Health and Human Services.	Administration for Community Living	Southern Maine Agency on Aging, ME, for expansion of services at the Sam L. Cohen Adult Day Center.	50,000	Collins
Department of Health and Human Services.	Administration for Community Living	Special Olympics Pennsylvania, PA, to support health and sport's clinics	500,000	Casey
Department of Health and Human Services.	Administration for Community Living	The Arc Prince George's County, MD, for supportive services	539,000	Cardin, Van Hollen
Department of Health and Human Services.	Administration for Community Living	The Village Common of Rhode Island, RI, for community based supportive services	152,000	Whitehouse
Department of Health and Human Services.	Administration for Community Living	Town of Burrillville Department of Parks and Recreation, RI, for senior enrichment activities.	18,000	Reed

Department of Health and Human Services.	Administration for Community Living	Transitional Paths To Independent Living (TRPIL), PA, for training	110,000	Casey
Department of Health and Human Services.	Administration for Community Living	United Way of Western Connecticut, CT, for a nutrition services program	1,050,000	Blumenthal, Murphy
Department of Health and Human Services.	Administration for Community Living	Vermont Adaptive Ski and Sports, VT, for independent living programs	500,000	Sanders
Department of Health and Human Services.	Administration for Community Living	Voices for Independence, PA, for supportive services and training	150,000	Casey
Department of Health and Human Services.	Administration for Community Living	West Virginia Bureau of Senior Services, WV, to support an aging and disability home modification program.	500,000	Manchin
Department of Health and Human Services.	Administration for Community Living	Westbay Community Action, Inc., RI, for a senior nutrition program	50,000	Reed, Whitehouse
Department of Education ..	Innovation and Improvement	Aha Punana Leo (APL), HI, for the Punana Leo statewide Hawaiian medium early childhood language education system, including reaccreditation by the World Indigenous Nations Higher Education Consortium.	1,126,000	Hirono, Schatz
Department of Education ..	Innovation and Improvement	Albuquerque Public Schools, NM, for STEM education and agricultural science magnet school pathway, including purchase of equipment.	275,000	Lujan
Department of Education ..	Innovation and Improvement	Ambition Prep, MS, for expansion for an additional grade, including the purchase of technology and supplies.	150,000	Hyde-Smith
Department of Education ..	Innovation and Improvement	Asian American Center of Frederick, MD, for school readiness, including the purchase of equipment.	375,000	Cardin, Van Hollen
Department of Education ..	Innovation and Improvement	Avenue Blackbox Theatre Inc. dba the Field, NY, for after, out of school and summer programs, including purchase of technology and equipment.	750,000	Schumer
Department of Education ..	Innovation and Improvement	Best Buddies International, Inc., NH, for the New Hampshire Inclusion Project for Students with Intellectual and Developmental Disabilities.	250,000	Shaheen
Department of Education ..	Innovation and Improvement	Big Brothers Big Sisters Hawaii, HI, for youth mentoring	800,000	Schatz
Department of Education ..	Innovation and Improvement	Board of Education of the City of Chicago, IL, for promoting student health activities and improving access to student health services.	750,000	Durbin
Department of Education ..	Innovation and Improvement	Boys & Girls Club of Detroit Lakes, Inc., MN, for early childhood education	300,000	Klobuchar, Smith
Department of Education ..	Innovation and Improvement	Boys & Girls Clubs of Western Pennsylvania, PA, for the Teen Outreach program	1,500,000	Casey
Department of Education ..	Innovation and Improvement	Bree's Law Inc, AK, for curriculum development and implementation, including the purchase of equipment.	950,000	Murkowski
Department of Education ..	Innovation and Improvement	Bridgeport Board of Education, CT, for in-person and virtual library programs, including purchase of books, materials and virtual library resources.	2,000,000	Blumenthal, Murphy
Department of Education ..	Innovation and Improvement	Canopy Children's Solutions, MS, for educational programming, including the purchase of equipment and technology.	524,000	Hyde-Smith
Department of Education ..	Innovation and Improvement	CAPS Network, Inc., MS, for profession-based learning, including the purchase of technology.	951,000	Moran
Department of Education ..	Innovation and Improvement	Center for Dynamic Learning, RI, for career readiness and training	100,000	Reed

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education ..	Innovation and Improvement	Children's Reading Alliance, NM, for school readiness, including early literacy training in home and child care settings.	120,000	Heinrich, Lujan
Department of Education ..	Innovation and Improvement	Clarksdale Collegiate, MS, for expansion for an additional grade, including the purchase of technology and supplies.	150,000	Hyde-Smith
Department of Education ..	Innovation and Improvement	Communities in Schools Gulf South, Inc., LA, for comprehensive student supports aimed at dropout prevention.	1,000,000	Cassidy
Department of Education ..	Innovation and Improvement	Communities in Schools of Virginia, VA, for a statewide initiative on student re-engagement and to address chronic absenteeism.	977,000	Kaine, Warner
Department of Education ..	Innovation and Improvement	Community Action Partnership of Lancaster County, PA, for STEM education and outdoor learning, including purchase of equipment, technology and supplies.	710,000	Casey
Department of Education ..	Innovation and Improvement	Community MusicWorks, RI, for music education	300,000	Whitehouse
Department of Education ..	Innovation and Improvement	Connect2Culture, MO, for educational programming	197,000	Blunt
Department of Education ..	Innovation and Improvement	Consortium for Hawaii Ecological Engineering Education dba Malama Aina Foundation, HI, for culturally-integrated, agricultural-related STEM education, including purchase of equipment and supplies.	765,000	Hirono
Department of Education ..	Innovation and Improvement	Delta State University, MS, for professional development in STEM education, including the purchase of equipment and technology.	1,000,000	Hyde-Smith, Wicker
Department of Education ..	Innovation and Improvement	East Hartford Public Schools, CT, for the Manufacturing Academy and Internship program, including purchase of equipment.	730,000	Blumenthal, Murphy
Department of Education ..	Innovation and Improvement	Educate Maine, ME, for a mobile science lab, including the purchase of equipment and curriculum development.	1,000,000	Collins, King
Department of Education ..	Innovation and Improvement	EnCompass: Resources for Learning, Inc., NY, for educational programming, including afterschool, summer learning, and college readiness.	700,000	Gillibrand, Schumer
Department of Education ..	Innovation and Improvement	Foundation for the Art and Science of Learning, LA, for a dropout prevention program, including the purchase of technology.	580,000	Cassidy
Department of Education ..	Innovation and Improvement	George Mason University, VA, to recruit and train college students for tutoring of elementary and secondary school students.	1,950,000	Kaine, Warner
Department of Education ..	Innovation and Improvement	Girl Scouts Heart of New Jersey, NJ, for educational and leadership programs, including purchase of technology and equipment.	500,000	Booker
Department of Education ..	Innovation and Improvement	Governor's Institutes of Vermont, VT, for an arts education and enrichment summer program.	304,000	Sanders
Department of Education ..	Innovation and Improvement	Hartford Public Library, CT, for educational programs for immigrant, refugee and English learner students.	305,000	Blumenthal, Murphy
Department of Education ..	Innovation and Improvement	Hartford Stage, CT, for arts-based summer education programming	100,000	Blumenthal, Murphy
Department of Education ..	Innovation and Improvement	Harwood Union High School, VT, for national and international travel study program	134,000	Sanders

Department of Education ..	Innovation and Improvement ..	Helping Hands with Heart/Maine Highlands, ME, for a youth mentoring initiative, including the purchase of equipment.	426,000	King
Department of Education ..	Innovation and Improvement ..	I am Mentality, Inc., MD, for STEM-related educational programming, including the purchase of equipment.	2,000,000	Van Hollen
Department of Education ..	Innovation and Improvement ..	Institute of Music for Children, NJ, for the Summer Arts Institute	75,000	Booker
Department of Education ..	Innovation and Improvement ..	Jacob's Pillow Dance Festival, Inc., MA, for arts education	100,000	Markey, Warren
Department of Education ..	Innovation and Improvement ..	Kumano I Ke Ala o Makaweli, HI, for education and outdoor education programs in natural resource management, traditional Hawaiian language and agriculture, and food production, including the purchase of vehicles, machinery and equipment.	796,000	Hirono, Schatz
Department of Education ..	Innovation and Improvement ..	La Grande School District, OR, to operate housing construction and construction trades CTE programs, including equipment and supplies.	515,000	Merkley, Wyden
Department of Education ..	Innovation and Improvement ..	Lake Champlain Community Sailing Center, VT, for youth development and enrichment, including the purchase of equipment.	60,000	Sanders
Department of Education ..	Innovation and Improvement ..	Leaven Kids, Inc., CA, for equipment and technology, and vehicles for afterschool programming.	147,000	Feinstein, Padilla
Department of Education ..	Innovation and Improvement ..	Leflore Legacy Academy, MS, for expansion for an additional grade, including the purchase of technology and supplies.	150,000	Hyde-Smith
Department of Education ..	Innovation and Improvement ..	Literacy Inc. (LINC), NY, to expand early literacy programs, including through family-based services.	800,000	Gillibrand, Schumer
Department of Education ..	Innovation and Improvement ..	Louisiana Board of Regents, LA, for curriculum development	1,000,000	Cassidy
Department of Education ..	Innovation and Improvement ..	Lower Muskegee Creek Tribe, East of the Mississippi, GA, for Mvskoke Punvkv (Muskegee Language) instruction for students of the Lower Muskegee Creek Tribe.	100,000	Osoff
Department of Education ..	Innovation and Improvement ..	May Center for Learning, NM, for professional development and coaching for reading specialists.	200,000	Heinrich
Department of Education ..	Innovation and Improvement ..	Michigan State University on behalf of WKAR, MI, for a family technology center and the improvement of online learning, including purchase of equipment.	1,425,000	Peters, Stabenow
Department of Education ..	Innovation and Improvement ..	Midtown Public Charter School, MS, for expansion for an additional grade, including the purchase of technology and supplies.	150,000	Hyde-Smith
Department of Education ..	Innovation and Improvement ..	Mikavla's Voice, PA, for social-emotional learning and inclusion programs	250,000	Casey
Department of Education ..	Innovation and Improvement ..	Mississippi Children's Museum—Meridian, MS, for afterschool programming	150,000	Hyde-Smith
Department of Education ..	Innovation and Improvement ..	Mississippi Children's Museum, MS, for afterschool programming	225,000	Hyde-Smith
Department of Education ..	Innovation and Improvement ..	Mississippi School of the Arts, MS, for a dual enrollment program, including tuition assistance.	500,000	Hyde-Smith
Department of Education ..	Innovation and Improvement ..	Mississippi Schools for the Deaf and the Blind, MS, for a learning recovery project	500,000	Hyde-Smith
Department of Education ..	Innovation and Improvement ..	Morris Area Child Care Center, MN, for equipment for early childhood and afterschool education programs.	18,000	Klobuchar, Smith
Department of Education ..	Innovation and Improvement ..	Morrison County United Way, MN, for school readiness through the Imagination Library program.	14,000	Klobuchar, Smith
Department of Education ..	Innovation and Improvement ..	NFI Connecticut, Inc., CT, for career readiness initiative	218,000	Blumenthal, Murphy

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education ..	Innovation and Improvement	National Indian Youth Leadership Development Project, NM, for in-school and out-of-school youth development programming.	361,000	Heinrich
Department of Education ..	Innovation and Improvement	New Haven Reads Community Book Bank, CT, for Structured Literacy programming	150,000	Blumenthal, Murphy
Department of Education ..	Innovation and Improvement	New Jersey Performing Arts Center, NJ, for arts education programs	700,000	Booker
Department of Education ..	Innovation and Improvement	New Mexico State University Glass Family Research, NM, for early childhood education, including purchase of equipment.	200,000	Heinrich, Luján
Department of Education ..	Innovation and Improvement	Newark School of the Arts, NJ, for the Early Childhood Music and Movement program	50,000	Booker
Department of Education ..	Innovation and Improvement	North Beach School District #64, WA, for before and after school programs	758,000	Murray
Department of Education ..	Innovation and Improvement	Nye County School District, NV, for work-based learning	132,000	Cortez Masto, Rosen
Department of Education ..	Innovation and Improvement	Office of Hawaiian Education, HIOE, HI, to improve distance learning in the Kaipuni (Hawaiian Language Immersion Programs) school network.	890,000	Schatz
Department of Education ..	Innovation and Improvement	Parents and Children Together, HI, for afterschool and out-of-school-time education programs.	550,000	Hirono
Department of Education ..	Innovation and Improvement	Pinney Woods School, MS, for a STEAM program, including the purchase of equipment and technology.	350,000	Wicker
Department of Education ..	Innovation and Improvement	Poqaque Valley School District, NM, for technology upgrades, including purchase of equipment.	400,000	Luján
Department of Education ..	Innovation and Improvement	Providence After School Alliance, RI, for summer STEAM learning and enrichment program.	350,000	Whitehouse
Department of Education ..	Innovation and Improvement	Reading is Fundamental, DC, for a literacy program in Mississippi, including the purchase of technology.	750,000	Wicker
Department of Education ..	Innovation and Improvement	Reclaimed Project, MS, for student success programming, including the purchase of equipment and technology.	185,000	Hyde-Smith
Department of Education ..	Innovation and Improvement	Regional Youth Adult Social Action Partnership, CT, for social-emotional learning initiative within Bridgeport Public Schools.	125,000	Blumenthal, Murphy
Department of Education ..	Innovation and Improvement	Restoration Project Foundation, SC, for expansion of a mentoring program, including curriculum development.	650,000	Graham
Department of Education ..	Innovation and Improvement	Rhode Island Center for the Book, RI, for a community literacy initiative	15,000	Reed
Department of Education ..	Innovation and Improvement	Rhode Island for Community and Justice (RICJ), RI, for programming and support for youth involved with the corrections system.	300,000	Whitehouse
Department of Education ..	Innovation and Improvement	Rose State College, OK, for STEM education, including the purchase of equipment and technology.	96,000	Inhofe
Department of Education ..	Innovation and Improvement	Save the Children Federation, Inc., WV, for afterschool and early learning education programs.	250,000	Capito, Manchin
Department of Education ..	Innovation and Improvement	Save the Children Lower Yakima Valley, WA, to reduce food insecurity and increase child literacy, which may include vehicle purchase, use, and maintenance, and equipment.	891,000	Cantwell

Department of Education ..	Innovation and Improvement ..	Scappoose Rural Fire District, OR, for career pathway programs in public safety, fire-fighting, and natural resources, including purchase of equipment.	198,000	Merkley, Wyden
Department of Education ..	Innovation and Improvement ..	Shepherd University, WV, for a teacher professional development program, including stipends.	657,000	Capito, Manchin
Department of Education ..	Innovation and Improvement ..	Side x Side Inc., ME, to develop and implement professional development on arts integration.	242,000	King
Department of Education ..	Innovation and Improvement ..	Smith County School District, MS, for the purchase of equipment and technology	40,000	Hyde-Smith
Department of Education ..	Innovation and Improvement ..	SoundWaters, Inc., CT, for afterschool and extracurricular programming, including purchase of equipment.	361,000	Blumenthal, Murphy
Department of Education ..	Innovation and Improvement ..	Source for Learning, Inc., VA, to expand online professional development for early childhood educators.	352,000	Kaine, Warner
Department of Education ..	Innovation and Improvement ..	St. Clair County Community College, MI, for purchase of STEM education equipment for interactive STEM learning experiences.	955,000	Peters
Department of Education ..	Innovation and Improvement ..	Stages of Freedom, RI, for youth development and physical education	200,000	Reed
Department of Education ..	Innovation and Improvement ..	Tacoma Public Schools, WA, for afterschool education and enrichment	648,000	Cantwell
Department of Education ..	Innovation and Improvement ..	TECH CORPS, OH, for purchase of technology and equipment for STEM education	140,000	Brown
Department of Education ..	Innovation and Improvement ..	The Empowerment Factory, RI, for out of school time programs	50,000	Reed
Department of Education ..	Innovation and Improvement ..	The Friendship Foundation, CA, for the Inclusive School Friendship Club, including purchase of equipment.	380,000	Feinstein
Department of Education ..	Innovation and Improvement ..	The Lincoln Center for Family and Youth, PA, for a school garden to support educational programming.	32,000	Casey
Department of Education ..	Innovation and Improvement ..	The Mississippi School for Mathematics and Science, MS, for the purchase of equipment	100,000	Hyde-Smith
Department of Education ..	Innovation and Improvement ..	The Salvation Army, NJ, for afterschool program, including purchase of technology	32,000	Booker
Department of Education ..	Innovation and Improvement ..	Transforming Lives CDC, MD, for college readiness programming, including support for paid work experiences.	195,000	Cardin, Van Hollen
Department of Education ..	Innovation and Improvement ..	Unified School District 292, Wheatland, KS, for the purchase of equipment and technology.	84,000	Moran
Department of Education ..	Innovation and Improvement ..	Unified School District 385, Andover, KS, for the purchase of equipment and technology	200,000	Moran
Department of Education ..	Innovation and Improvement ..	United Way of Greater Nashua, NH, for tutoring program, including purchase of equipment.	100,000	Shaheen
Department of Education ..	Innovation and Improvement ..	United Way of Northern New Jersey, NJ, to improve early learning	500,000	Booker, Menendez
Department of Education ..	Innovation and Improvement ..	United Way of the Chattahoochee Valley, GA, to improve student outcomes through a community schools approach.	288,000	Warnock
Department of Education ..	Innovation and Improvement ..	United Way of Venango County, PA, for early childhood literacy, including purchase of books for the Imagination Library.	15,000	Casey
Department of Education ..	Innovation and Improvement ..	Universal Hip Hop Museum, NY, For educational programming, including purchase of equipment.	2,000,000	Schumer
Department of Education ..	Innovation and Improvement ..	University of Maine System, ME, for a dual enrollment program	464,000	Collins
Department of Education ..	Innovation and Improvement ..	University of Mississippi, MS, for a program to improve reading skills, including stipends for tutors.	750,000	Hyde-Smith, Wicker

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education ..	Innovation and Improvement	University of Mississippi, MS, for an early childhood education program, including the purchase of equipment and technology.	1,360,000	Hyde-Smith, Wicker
Department of Education ..	Innovation and Improvement	University of Southern Mississippi, MS, for STEM education, including the purchase of technology and supplies.	1,500,000	Hyde-Smith
Department of Education ..	Innovation and Improvement	Washoe County School District, NV, for student mental health support and services	1,535,000	Cortez Masto, Rosen
Department of Education ..	Innovation and Improvement	Washoe County School District, NV, to prevent school drop-out and reduce chronic absences.	1,024,000	Cortez Masto, Rosen
Department of Education ..	Innovation and Improvement	Waterbury Public Schools, CT, to improve wireless access and connections, including purchase of equipment.	259,000	Blumenthal, Murphy
Department of Education ..	Innovation and Improvement	West Sound STEM Network/SK School District, WA, to improve the capacity of education systems and communities to provide STEM educational experiences aligned with high-demand, regional employment sectors.	1,077,000	Cantwell
Department of Education ..	Innovation and Improvement	West Virginia Music Hall of Fame, WV, for educational programs, including interactive displays, exhibits, and curriculum.	111,000	Capito, Manchin
Department of Education ..	Innovation and Improvement	Windham Central Supervisory Union, VT, for summer and afterschool programs	100,000	Sanders
Department of Education ..	Higher Education	Advocate Aurora Health, IL, for a healthcare career pipeline program	500,000	Durbin
Department of Education ..	Higher Education	Albany Technical College, GA, for health professions programs	500,000	Osoff, Warnock
Department of Education ..	Higher Education	Arizona Western College, AZ, for an electrical technicians workforce training program, including the purchase of equipment.	1,000,000	Kelly, Sinema
Department of Education ..	Higher Education	AZ Western College, AZ, for a workforce development program for veterans	1,724,000	Sinema
Department of Education ..	Higher Education	Bowie State University, MD, for the Data Science and Data Analytics Center	638,000	Cardin, Van Hollen
Department of Education ..	Higher Education	Bucks County Community College, PA, for information and technology services upgrades	582,000	Casey
Department of Education ..	Higher Education	California State University San Bernardino (CSUSB), CA, for the purchase of equipment for the Master of Science in Physician Assistant program.	750,000	Feinstein, Padilla
Department of Education ..	Higher Education	Carlow University, PA, for a program for students transitioning out of foster care	300,000	Casey
Department of Education ..	Higher Education	Central Washington University, WA, for agrifood program development	75,000	Cantwell
Department of Education ..	Higher Education	Charles Stewart Mott Community College, MI, for the purchase of equipment to improve educational opportunities for in-demand jobs.	650,000	Stabenow
Department of Education ..	Higher Education	Charles Stewart Mott Community College, MI, for workforce development programs in IT and cybersecurity, including the purchase of equipment.	383,000	Peters
Department of Education ..	Higher Education	Chesapeake College, MD, for advanced manufacturing training programs, including the purchase of equipment.	1,200,000	Cardin, Van Hollen
Department of Education ..	Higher Education	Chicago State University, IL, for curriculum and technology upgrades	800,000	Duckworth
Department of Education ..	Higher Education	City Colleges of Chicago, IL, for programs for high school seniors to pursue a postsecondary education.	500,000	Duckworth

Department of Education ..	Higher Education ..	College of William and Mary, VA, for the data science innovation hub, including the purchase of equipment.	500,000	Kaine, Warner
Department of Education ..	Higher Education ..	Columbia International University, SC, for a nursing education program, including the purchase of equipment.	915,000	Graham
Department of Education ..	Higher Education ..	Concord University, WV, for a new physician assistant degree program	1,050,000	Capito
Department of Education ..	Higher Education ..	Concord University, WV, for geosciences programs	642,000	Manchin
Department of Education ..	Higher Education ..	Coppin State University, MD, for teacher certification support	87,000	Van Hollen
Department of Education ..	Higher Education ..	Coppin State University, MD, for the nursing program	53,000	Cardin, Van Hollen
Department of Education ..	Higher Education ..	County College of Morris, NJ, for the Cybersecurity Center and Hacking Lab, including the purchase of equipment.	720,000	Booker, Menendez
Department of Education ..	Higher Education ..	Delaware State University, DE, for mentorship and training activities, including the purchase of equipment.	603,000	Carper, Coons
Department of Education ..	Higher Education ..	Delta State University, MS, for a radio and broadcasting program, including the purchase of equipment.	475,000	Hyde-Smith, Wicker
Department of Education ..	Higher Education ..	Elgin Community College, IL, for a mechatronics and automation program	600,000	Durbin
Department of Education ..	Higher Education ..	Erma Byrd Higher Education Center & Allied Health, WV, for upgrading computer lab equipment for students.	227,000	Manchin
Department of Education ..	Higher Education ..	Everett Community College, WA, for programs for youth experiencing homelessness	300,000	Murray
Department of Education ..	Higher Education ..	Fairmont State University, WV, for the purchase of equipment for an aviation program	270,000	Manchin
Department of Education ..	Higher Education ..	Fort Lewis College, CO, for a nursing workforce education degree program	1,300,000	Bennet, Hickenlooper
Department of Education ..	Higher Education ..	Fort Valley State University, GA, for a community nursing program	1,000,000	Warnock
Department of Education ..	Higher Education ..	Francis Marion University, SC, for the purchase of equipment and technology	1,090,000	Graham
Department of Education ..	Higher Education ..	Frostburg State University, MD, for a teacher residency program	500,000	Cardin, Van Hollen
Department of Education ..	Higher Education ..	Germanna Community College, VA, for cybersecurity degree and credential programs	870,000	Kaine, Warner
Department of Education ..	Higher Education ..	Glennville State University Research Corporation, WV, for the purchase of equipment and technology for the Land Resources department.	885,000	Manchin
Department of Education ..	Higher Education ..	Grand Rapids Community College, MI, for an automated training laboratory, including the purchase of equipment.	998,000	Peters
Department of Education ..	Higher Education ..	Harold Washington College, IL, for an Open Educational Resources program	500,000	Durbin
Department of Education ..	Higher Education ..	Harris Stowe State University, MO, for student support services and IT infrastructure, including the purchase of equipment and technology.	1,078,000	Blunt
Department of Education ..	Higher Education ..	Henry Ford College, MI, for clean energy programs	3,161,000	Stabenow
Department of Education ..	Higher Education ..	Hinds Community College, MS, for the purchase of aviation equipment and technology	519,000	Hyde-Smith
Department of Education ..	Higher Education ..	Hinds Community College, MS, for the purchase of equipment and technology	31,000	Hyde-Smith
Department of Education ..	Higher Education ..	Hispanic Federation, NY, for a mentorship initiative for student's attending CUNY institutions.	700,000	Schumer
Department of Education ..	Higher Education ..	Hollins University, VA, for the Master's of Arts in Teaching and Learning program	428,000	Kaine, Warner
Department of Education ..	Higher Education ..	Hood College, MD, for a biomedical research and training center	610,000	Van Hollen
Department of Education ..	Higher Education ..	Hood College, MD, for a data-driven research center to expand opportunities for students	390,000	Cardin, Van Hollen

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education ..	Higher Education ..	Hudson Valley Community College, NY, for a STEM and healthcare workforce project, including the purchase of equipment.	2,065,000	Gillibrand, Schumer
Department of Education ..	Higher Education ..	Husson University, ME, for the purchase of equipment and technology	726,000	Collins, King
Department of Education ..	Higher Education ..	Irvine Valley College, CA, for a basic needs pilot program	337,000	Feinstein, Padilla
Department of Education ..	Higher Education ..	Jackson College, MI, for the purchase of equipment for the astronomy and astrophysics program.	377,000	Peters
Department of Education ..	Higher Education ..	Keene State College, NH, for a career pathways program	720,000	Shaheen
Department of Education ..	Higher Education ..	Kennebec Valley Community College, ME, for a student support and success center, including the purchase of equipment and technology.	145,000	Collins, King
Department of Education ..	Higher Education ..	Lake Tahoe Community College, CA, for wildfire training equipment	1,400,000	Feinstein, Padilla
Department of Education ..	Higher Education ..	Lakes Region Community College, NH, for a paramedic certificate program	580,000	Shaheen
Department of Education ..	Higher Education ..	Lane Community College, OR, for health professions training, including the purchase of equipment.	500,000	Merkley, Wyden
Department of Education ..	Higher Education ..	Limestone University, SC, for campus safety equipment and technology	700,000	Graham
Department of Education ..	Higher Education ..	Los Angeles Community College District, CA, for STEMM programs	750,000	Feinstein, Padilla
Department of Education ..	Higher Education ..	Macomb Community College, MI, for information technology programs	2,686,000	Stabenow
Department of Education ..	Higher Education ..	Maine Maritime Academy, ME, for the purchase of equipment and technology	2,500,000	Collins
Department of Education ..	Higher Education ..	Maricopa County Community College District, AZ, for a biomedical technician training program, including the purchase of equipment.	1,815,000	Kelly, Sinema
Department of Education ..	Higher Education ..	Marshall University, WV, for research and education in cybersecurity, including the purchase of IT equipment and software.	1,000,000	Capito, Manchin
Department of Education ..	Higher Education ..	Meridian Community College, MS, for the purchase of equipment, technology, and supplies.	615,000	Hyde-Smith
Department of Education ..	Higher Education ..	Mid-America Christian University, OK, for STEM education, including the purchase of equipment and technology.	714,000	Inhofe
Department of Education ..	Higher Education ..	Middle Georgia State University, GA, for the purchase of equipment for the aviation program.	2,000,000	Ossoff, Warnock
Department of Education ..	Higher Education ..	Milwaukee Area Technical College, WI, for welding training and education programs	310,000	Baldwin
Department of Education ..	Higher Education ..	Minnesota State University Moorhead, MN, for a workforce development initiative for veterans.	2,250,000	Klobuchar, Smith
Department of Education ..	Higher Education ..	Missouri State University, MO, for a permanent endowment fund to support the recruitment and retention of exceptional faculty in health and life sciences.	3,000,000	Blunt
Department of Education ..	Higher Education ..	Missouri State University, MO, for degree programs and a program for college students with autism transitioning from high school.	1,500,000	Blunt
Department of Education ..	Higher Education ..	Missouri University of Science and Technology, MO, for the purchase of equipment and supplies to support STEM degree programs.	3,000,000	Blunt

Department of Education .. Department of Education ..	Higher Education .. Higher Education ..	Mohawk Valley Community College, NY, for workforce training equipment .. Morgan State University, MD, for a Master of Science in Biomedical Sciences program, including the purchase of equipment.	2,000,000 1,995,000	Schumer Cardin, Van Hollen
Department of Education .. Department of Education .. Department of Education .. Department of Education .. Department of Education ..	Higher Education .. Higher Education .. Higher Education .. Higher Education .. Higher Education ..	Morris Brown College, GA, for academic programs, including the purchase of equipment Nevada State College, NV, for a nursing nigh education program .. Nevada State College, NV, for strengthening the nurse educator workforce .. New Jersey City University, NJ, for nursing education .. New Jersey Institute of Technology, NJ, for a community college pre-engineering network initiative.	2,400,000 1,685,000 1,776,000 782,000 650,000	Ossoff, Warnock Cortez Masto, Rosen Cortez Masto, Rosen Menendez Booker, Menendez
Department of Education ..	Higher Education ..	Northern Maine Community College, ME, for an early childhood education degree program, including the purchase of equipment.	115,000	Collins
Department of Education ..	Higher Education ..	Northern Maine Community College, ME, for wind turbine technician training programs, including the purchase of equipment.	2,175,000	King
Department of Education .. Department of Education ..	Higher Education .. Higher Education ..	Notre Dame of Maryland University, MD, for health professionals education programs .. Oklahoma State University Institute of Technology, OK, for technical education program- ing, including the purchase of equipment and technology.	963,000 1,500,000	Cardin, Van Hollen Inhofe
Department of Education ..	Higher Education ..	Oregon State University, OR, for a technical job training program, including the purchase of equipment.	800,000	Merkley, Wyden
Department of Education .. Department of Education .. Department of Education ..	Higher Education .. Higher Education .. Higher Education ..	Penn State University, PA, for the industry 4.0 project .. Piedmont Technical College, SC, for a student success program .. Pima Community College, AZ, for workforce training programs for commercial and indus- trial HVA and refrigeration competencies, including the purchase of equipment.	300,000 256,000 1,232,000	Casey Graham Kelly, Sinema
Department of Education .. Department of Education .. Department of Education .. Department of Education ..	Higher Education .. Higher Education .. Higher Education .. Higher Education ..	Providence College, RI, for a nursing degree program .. Reinhardt University, GA, for nursing programs, including the purchase of equipment .. Rhode Island College, RI, for a capacity building initiative .. Rhode Island Nurses Institute Middle College, RI, for equipment to support healthcare training.	1,000,000 350,000 226,000 1,00,000	Reed, Whitehouse Warnock Whitehouse Whitehouse
Department of Education .. Department of Education ..	Higher Education .. Higher Education ..	RI Office of the Postsecondary Commissioner, RI, for a college completion program .. Riverland Community College, MN, for workforce development in the manufacturing and transportation sectors.	350,000 1,975,000	Reed, Whitehouse Klobuchar, Smith
Department of Education .. Department of Education .. Department of Education ..	Higher Education .. Higher Education .. Higher Education ..	Roger Williams University, RI, for the purchase of equipment for a chemistry lab .. Saint Michael's College, VT, for an environmental industry workforce training program .. Santa Clarita Community College District, CA, for the purchase of equipment for the Re- gional Fire Academy.	1,694,000 6,500,000 2,300,000	Reed Leahy Feinstein, Padilla
Department of Education ..	Higher Education ..	Savannah State University, GA, for the computer science technology-cybersecurity pro- gram, including the purchase of equipment.	616,000	Ossoff, Warnock
Department of Education ..	Higher Education ..	Seton Hill University, PA, for the Doctorate of Physical Therapy program, including the purchase of equipment.	500,000	Casey
Department of Education ..	Higher Education ..	Shawnee Community College, IL, for the commercial truck driver training program ..	450,000	Durbin

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education ..	Higher Education ..	Shenandoah University, VA, for a program to build a pipeline of qualified mental health counselors.	921,000	Kaine, Warner
Department of Education ..	Higher Education ..	Shepherd University, WV, for curriculum development, including stipends	20,000	Capito, Manchin
Department of Education ..	Higher Education ..	Southeast Georgia Health System, Inc., GA, for a nurse training program	200,000	Warnock
Department of Education ..	Higher Education ..	Southern Regional Medical Center, GA, for an internal medicine residency program, including the purchase of equipment.	1,830,000	Warnock
Department of Education ..	Higher Education ..	St. Cloud Technical & Community College (SCTCC), MN, for a licensed practical nursing career pathways program.	950,000	Klobuchar, Smith
Department of Education ..	Higher Education ..	State University of New York at Old Westbury, NY, for a STEM career preparatory initiative.	1,870,000	Gillibrand, Schumer
Department of Education ..	Higher Education ..	The Curators of the University of Missouri, MO, for a permanent endowment fund to support the recruitment and retention of exceptional faculty in precision health care.	3,000,000	Blunt
Department of Education ..	Higher Education ..	The Equity Institute, RI, for teacher professional development	477,000	Whitehouse
Department of Education ..	Higher Education ..	The Research Foundation of CUNY/Hunter College, NY, for educational programs	707,000	Gillibrand, Schumer
Department of Education ..	Higher Education ..	The University of Alabama at Tuscaloosa, AL, for a permanent endowment fund to support the recruitment and retention of exceptional faculty in science and engineering.	50,000,000	Shelby
Department of Education ..	Higher Education ..	The University of New Mexico, NM, for cybersecurity and data science education and workforce development activities, including the purchase of equipment.	1,500,000	Heinrich, Luján
Department of Education ..	Higher Education ..	The University of Vermont, VT, for an endowment to support the programmatic development of the Honors College.	30,000,000	Leahy
Department of Education ..	Higher Education ..	Thomas College, ME, for the purchase of equipment and tuition assistance	974,000	Collins, King
Department of Education ..	Higher Education ..	Tri-County Technical College, SC, for the purchase of equipment and technology	1,211,000	Graham
Department of Education ..	Higher Education ..	University of Georgia, GA, for poultry science workforce development activities, including the purchase of equipment.	4,000,000	Osoff, Warnock
Department of Education ..	Higher Education ..	University of Maine System, ME, for the purchase of equipment and technology	400,000	Collins, King
Department of Education ..	Higher Education ..	University of Maine System, ME, for the purchase of IT equipment	17,000	Collins, King
Department of Education ..	Higher Education ..	University of Maryland Eastern Shore, MD, for the Aviation Science program	510,000	Cardin, Van Hollen
Department of Education ..	Higher Education ..	University of Massachusetts Lowell, MA, for student support services through the River Hawks Scholars Academy.	1,000,000	Markey, Warren
Department of Education ..	Higher Education ..	University of Nevada, Las Vegas, NV, for a high-performance computer and related curriculum coordination.	3,250,000	Cortez Masto, Rosen
Department of Education ..	Higher Education ..	University of Nevada, Reno, NV, for a STEM project	400,000	Cortez Masto, Rosen
Department of Education ..	Higher Education ..	University of Nevada, Reno, NV, for the Air Contaminants Cleanroom project	3,000,000	Cortez Masto, Rosen
Department of Education ..	Higher Education ..	University of New Haven, CT, for the Center for Consumer Protection and Cybersecurity Project, including the purchase of equipment.	326,000	Blumenthal, Murphy
Department of Education ..	Higher Education ..	University of New Mexico, NM, for an educator career pathways program	300,000	Heinrich, Luján

Department of Education ..	Higher Education ..	University of Rhode Island, RI, for the purchase of equipment for life sciences/bio-tech education and workforce programs.	1,212,000	Reed
Department of Education ..	Higher Education ..	University of South Carolina Aiken, SC, for the purchase of equipment and technology ...	830,000	Graham
Department of Education ..	Higher Education ..	University of South Carolina School of Law, SC, for a law center, including curriculum development, scholarships and teacher stipends.	950,000	Graham
Department of Education ..	Higher Education ..	University of Virginia, VA, for increasing access to the Cloud Computing certificate program.	230,000	Kaine, Warner
Department of Education ..	Higher Education ..	URI Office of the President, RI, for the purchase of equipment for a high performance computing project.	1,000,000	Reed
Department of Education ..	Higher Education ..	VA Foundation for Community College Education, VA, for a work-based learning program for foster-youth.	899,000	Kaine, Warner
Department of Education ..	Higher Education ..	VA Foundation for Community College Education, VA, for early childhood educator degree, credential, and certification programs.	1,529,000	Kaine, Warner
Department of Education ..	Higher Education ..	Washenaw Community College, MI, for an electric battery and electric charging station maintenance program.	2,522,000	Peters, Stabenow
Department of Education ..	Higher Education ..	Wayne County Community College District, MI, for a mobility certification program	330,000	Peters
Department of Education ..	Higher Education ..	Webster University, MO, for the purchase of equipment and technology	1,025,000	Blunt
Department of Education ..	Higher Education ..	Wesleyan College, GA, for the nursing program	610,000	Warnock
Department of Education ..	Higher Education ..	West Virginia Higher Education Policy Commission, WV, for a nursing workforce development project.	225,000	Manchin
Department of Education ..	Higher Education ..	West Virginia Higher Education Policy Commission, WV, for an open education resources project, including faculty stipends.	433,000	Capito
Department of Education ..	Higher Education ..	West Virginia Network, WV, for the purchase of equipment, technology, and IT services supporting elementary, secondary, and postsecondary education.	1,500,000	Capito, Manchin
Department of Education ..	Higher Education ..	West Virginia University at Parkersburg, WV, for an upskilling incumbent workers program.	596,000	Capito, Manchin
Department of Education ..	Higher Education ..	West Virginia University, WV, for library upgrades, including the purchase of equipment and technology.	250,000	Capito, Manchin
Department of Education ..	Higher Education ..	West Virginia University, WV, for the purchase of equipment, technology, and IT software to support cybersecurity education.	750,000	Capito, Manchin
Department of Education ..	Higher Education ..	Western New Mexico University, NM, for the wildland fire science program	500,000	Heinrich
Department of Education ..	Higher Education ..	World Learning/School for International Training, VT, for the development of refugees studies programming.	1,150,000	Leahy
Department of Education ..	Higher Education ..	WVCTCS, WV, for the purchase of equipment for a commercial driver's license program ..	705,000	Manchin

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2022 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2023
 [In thousands of dollars]

Item	2022 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2022 appropriation	Budget estimate
TITLE I—DEPARTMENT OF LABOR					
EMPLOYMENT AND TRAINING ADMINISTRATION					
Training and Employment Services					
Grants to States:					
Adult Training, current year appropriations	158,649	187,987	173,649	+ 15,000	- 14,338
Available from prior year appropriations	712,000	712,000	712,000		
Subtotal, available this fiscal year	870,649	899,987	885,649	+ 15,000	- 14,338
Advance appropriation fiscal year 2024	712,000	712,000	712,000		
less prior year appropriations	- 712,000	- 712,000	- 712,000		
Subtotal, appropriated in this bill	870,649	899,987	885,649	+ 15,000	- 14,338
Youth Training	933,130	963,837	958,130	+ 25,000	- 5,707
Dislocated Worker Assistance, current year appropriations	215,553	295,278	255,553	+ 40,000	- 39,725
Available from prior year appropriations	860,000	860,000	860,000		
Subtotal, available this fiscal year	1,075,553	1,155,278	1,115,553	+ 40,000	- 39,725
Advance appropriation fiscal year 2024	860,000	860,000	860,000		
less prior year appropriations	- 860,000	- 860,000	- 860,000		
Subtotal, appropriated in this bill	1,075,553	1,155,278	1,115,553	+ 40,000	- 39,725
Total, Grants to States	2,879,332	3,019,102	2,959,332	+ 80,000	- 59,770
Current year appropriations	(1,307,332)	(1,447,102)	(1,387,332)	(+ 80,000)	(- 59,770)
Advance appropriations	(1,572,000)	(1,572,000)	(1,572,000)		

National Programs:					
Dislocated Worker Assistance National Reserve:					
Current year appropriations	100,859	327,386	130,859	+ 30,000	- 196,527
Available from prior year appropriations	200,000	200,000	200,000		
Subtotal, available this fiscal year	300,859	527,386	330,859	+ 30,000	- 196,527
Advance appropriations fiscal year 2024 less prior year appropriations	200,000	200,000	200,000		
	- 200,000	- 200,000	- 200,000		
Subtotal, appropriated in this bill	300,859	527,386	330,859	+ 30,000	- 196,527
Total, Dislocated Worker Assistance	1,376,412	1,682,664	1,446,412	+ 70,000	- 236,252
Native American programs					
Migrant and Seasonal Farmworker programs	57,000	63,800	60,000	+ 3,000	- 3,800
YouthBuild activities	95,396	96,711	96,711	+ 1,315	
Reintegration of Ex-Offenders	99,034	145,000	113,000	+ 13,966	- 32,000
Workforce Data Quality Initiative	102,079	150,000	125,000	+ 22,921	- 25,000
Apprenticeship programs	6,000	6,000	6,000		
Congressionally Directed Spending Items	235,000	303,000	300,000	+ 65,000	- 3,000
National Youth Employment Program	137,638		92,535	- 45,103	+ 92,535
Climate Corps		75,000			- 75,000
Veterans Clean Energy Training		15,000			- 15,000
		10,000			- 10,000
Total, National Programs	1,033,006	1,391,897	1,124,105	+ 91,099	- 267,792
Current year appropriations					
Advance appropriations	833,006	1,191,897	924,105	+ 91,099	- 267,792
	200,000	200,000	200,000		
Total, Training and Employment Services	3,912,338	4,410,999	4,083,437	+ 171,099	- 327,562
Current year appropriations					
Advance appropriations	(2,140,338)	(2,638,999)	(2,311,437)	(+ 171,099)	(- 327,562)
	(1,772,000)	(1,772,000)	(1,772,000)		
Job Corps					
Operations	1,603,325	1,603,011	1,603,325		+ 314
Construction, Rehabilitation and Acquisition	113,000	133,000	135,000	+ 22,000	+ 2,000
Administration	32,330	42,953	35,330	+ 3,000	- 7,623

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2022 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2023—Continued
 [In thousands of dollars]

Item	2022 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2022 appropriation	Budget estimate
Total, Job Corps	1,748,655	1,778,964	1,773,655	+ 25,000	- 5,309
Community Service Employment For Older Americans	405,000	405,000	405,000		
Federal Unemployment Benefits and Allowances (indefinite)	540,000	494,400	494,400	- 45,600	
State Unemployment Insurance and Employment Service Operations					
Unemployment Compensation (trust fund)					
State Operations	2,591,816	2,809,635	2,800,635	+ 208,819	- 9,000
Reemployment eligibility assessments—UI integrity	117,000	117,000	117,000		
Program integrity (cap adjustment)	133,000	258,000	258,000	+ 125,000	
UI Integrity Center of Excellence	9,000	.....	9,000		+ 9,000
Subtotal, Unemployment Compensation	2,850,816	3,184,635	3,184,635	+ 333,819	
Federal-State UI National Activities (trust fund)	18,000	168,174	36,000	+ 18,000	- 132,174
Employment Service (ES):					
Grants to States:					
Federal Funds	21,413	21,413	21,413		
Trust Funds	653,639	677,449	663,639	+ 10,000	- 13,810
Subtotal, Grants to States	675,052	698,862	685,052	+ 10,000	- 13,810
ES National Activities (trust fund)	25,000	22,318	25,000		+ 2,682
Subtotal, Employment Service	700,052	721,180	710,052	+ 10,000	- 11,128
Federal Funds	(21,413)	(21,413)	(21,413)		
Trust Funds	(678,639)	(699,767)	(688,639)	(+ 10,000)	(- 11,128)
Foreign Labor Certifications:					
Federal Administration	58,528	70,249	64,528	+ 6,000	- 5,721
Grants to States	21,282	28,282	24,282	+ 3,000	- 4,000

Subtotal, Foreign Labor Certification	79,810	98,531	88,810	+ 9,000	- 9,721
One-Stop Career Centers/Labor Market Information	62,653	85,653	67,653	+ 5,000	- 18,000
Total, State Unemployment Insurance and Employment Service Operations	3,711,331	4,258,173	4,087,150	+ 375,819	- 171,023
Federal Funds	(84,066)	(107,066)	(89,066)	(+ 5,000)	(- 18,000)
Trust Funds	(3,627,265)	(4,151,107)	(3,998,084)	(+ 370,819)	(- 153,023)
Program Administration					
Training and Employment	64,901	92,419	78,608	+ 13,707	- 13,811
Trust Funds	8,898	11,331	10,110	+ 1,212	- 1,221
Employment Security	3,543	4,074	3,808	+ 265	- 266
Trust Funds	40,442	55,047	47,717	+ 7,275	- 7,330
Apprenticeship Services	37,245	48,670	42,936	+ 5,691	- 5,734
Executive Direction	7,245	8,630	7,935	+ 690	- 695
Trust Funds	2,141	2,462	2,301	+ 160	- 161
Total, Program Administration	164,415	222,633	193,415	+ 29,000	- 29,218
Federal Funds	(112,934)	(153,793)	(133,287)	(+ 20,353)	(- 20,506)
Trust Funds	(51,481)	(68,840)	(60,128)	(+ 8,647)	(- 8,712)
Total, Employment and Training Administration	10,481,739	11,570,169	11,037,057	+ 555,318	- 533,112
Federal Funds	6,802,993	7,350,222	6,978,845	+ 175,852	- 371,377
Current year appropriations	(5,163,993)	(5,836,222)	(5,464,845)	(+ 300,852)	(- 371,377)
Advance appropriations	(1,772,000)	(1,772,000)	(1,772,000)	.....	.....
Trust Funds	3,678,746	4,219,947	4,058,212	+ 379,466	- 161,735
Employee Benefits Security Administration (EBSA)					
Salaries and Expenses					
Employee benefits security programs	185,500	233,867	217,761	+ 32,261	- 16,106
Total, Employee Benefits Security Administration	185,500	233,867	217,761	+ 32,261	- 16,106
Pension Benefit Guaranty Corporation Fund					
Consolidated Administrative budget	(472,955)	(493,314)	(493,314)	(+ 20,359)	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2022 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2023—Continued
(In thousands of dollars)

Item	2022 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2022 appropriation	Budget estimate
Salaries and Expenses	251,000	307,678	288,120	+ 37,120	- 19,558
Wage and Hour Division					
Office of Labor-Management Standards	45,937	49,951	48,515	+ 2,578	- 1,436
Office of Federal Contract Compliance Programs	108,476	147,051	120,500	+ 12,024	- 26,551
Office of Workers' Compensation Programs	117,924	143,772	127,395	+ 9,471	- 16,377
Trust Funds	2,205	2,205	2,205		
Total, Salaries and Expenses	120,129	145,977	129,600	+ 9,471	- 16,377
Federal Funds	(117,924)	(143,772)	(127,395)	(+ 9,471)	(- 16,377)
Trust Funds	(2,205)	(2,205)	(2,205)		
Special Benefits					
Federal Employees' Compensation Benefits	242,000	248,000	248,000	+ 6,000	
Longshore and Harbor Workers' Benefits	2,000	2,000	2,000		
Total, Special Benefits	244,000	250,000	250,000	+ 6,000	
Benefit Payments	42,000	42,000	42,000		
Administration	4,970	5,031	5,031	+ 61	
Subtotal, available this fiscal year	46,970	47,031	47,031	+ 61	

Advance appropriations, fiscal year 2024, 1st quarter	11,000	10,250	10,250	-750	.....
Less prior year advance appropriations	-14,000	-11,000	-11,000	+3,000	.....
Total, appropriated in this bill	43,970	46,281	46,281	+2,311	.....
Energy Employees Occupational Illness Compensation Fund					
Administrative Expenses	63,428	64,564	64,564	+1,136	.....
Black Lung Disability Trust Fund					
Benefit Payments and Interest on Advances	251,745	313,586	313,586	+61,841	.....
Workers' Compensation Programs, Salaries and Expenses	41,464	42,194	42,194	+730	.....
Departmental Management, Salaries and Expenses	37,598	38,407	38,407	+809	.....
Departmental Management, Inspector General	342	353	353	+11	.....
Subtotal, Black Lung Disability Trust Fund	331,149	394,540	394,540	+63,391	.....
Treasury Department Administrative Costs	356	356	356	.....	.....
Total, Black Lung Disability Trust Fund	331,505	394,896	394,896	+63,391	.....
Total, Workers' Compensation Programs	803,032	901,718	885,341	+82,309	-16,377
Federal Funds					
Current year appropriations	800,827	899,513	883,136	+82,309	-16,377
Advance appropriations	(789,827)	(889,263)	(872,886)	(+83,059)	(-16,377)
Trust Funds	(11,000)	(10,250)	(10,250)	(-750)	.....
	2,205	2,205	2,205	.....	.....
Occupational Safety and Health Administration (OSHA)					
Salaries and Expenses					
Safety and Health Standards	19,500	29,080	27,500	+8,000	-1,580
Federal Enforcement	236,000	277,898	272,000	+36,000	-5,898
Whistleblower enforcement	21,500	25,790	25,500	+4,000	-290
State Programs	113,000	120,075	121,000	+8,000	+925
Technical Support	25,675	27,007	26,000	+325	-1,007
Compliance Assistance:					
Federal Assistance	77,262	91,608	82,262	+5,000	-9,346
State Consultation Grants	63,160	63,500	63,160	-340	-340
Training Grants	11,787	13,787	12,787	+1,000	-1,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2022 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2023—Continued
(In thousands of dollars)

Item	2022 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2022 appropriation	Budget estimate
Subtotal, Compliance Assistance	152,209	168,895	158,209	+ 6,000	- 10,686
Safety and Health Statistics	34,500	42,180	39,500	+ 5,000	- 2,680
Executive Direction and Administration	9,631	10,480	10,100	+ 469	- 380
Total, Occupational Safety and Health Administration	612,015	701,405	679,809	+ 67,794	- 21,596
Mine Safety and Health Administration					
Salaries and Expenses					
Mine Safety and Health Enforcement	264,500	294,236	284,700	+ 20,200	- 9,536
Standards Development	4,500	7,927	6,500	+ 2,000	- 1,427
Assessments	6,627	7,746	7,500	+ 873	- 246
Educational Policy and Development	39,320	40,183	39,820	+ 500	- 363
Technical Support	35,041	37,356	37,041	+ 2,000	- 315
Program Evaluation and Information Resources [PEIR]	17,990	19,309	17,990	.....	- 1,319
Program Administration	15,838	16,692	16,000	+ 162	- 692
Total, Mine Safety and Health Administration	383,816	423,449	409,551	+ 25,735	- 13,898
Total, Worker Protection Agencies	1,706,873	2,009,378	1,893,856	+ 186,983	- 115,522
Federal Funds	(1,704,668)	(2,007,173)	(1,891,651)	(+ 186,983)	(- 115,522)
Trust Funds	(2,205)	(2,205)	(2,205)	.....	.....
Bureau of Labor Statistics					
Salaries and Expenses					
Employment and Unemployment Statistics	234,823	261,454	261,454	+ 26,631	.....
Labor Market Information (trust fund)	68,000	68,000	68,000	.....	.....
Prices and Cost of Living	223,398	252,000	252,000	+ 28,602	.....

Compensation and Working Conditions	87,309	92,976	92,000	+ 4,691	- 976
Productivity and Technology	10,952	12,853	12,000	+ 1,048	- 853
Executive Direction and Staff Services	63,470	54,461	38,000	- 25,470	- 16,461
Total, Bureau of Labor Statistics	687,952	741,744	723,454	+ 35,502	- 18,290
Federal Funds	619,952	673,744	655,454	+ 35,502	- 18,290
Trust Funds	68,000	68,000	68,000		
Office of Disability Employment Policy					
Salaries and Expenses	40,500	58,566	42,928	+ 2,428	- 15,638
Department Management					
Salaries and Expenses					
Executive Direction	31,158	42,323	35,158	+ 4,000	- 7,165
Departmental Program Evaluation	8,281	11,540	9,564	+ 1,283	- 1,976
Legal Services	125,754	177,875	155,754	+ 30,000	- 22,121
Trust Funds	308	308	308		
International Labor Affairs	106,125	128,965	118,125	+ 12,000	- 10,840
Administration and Management	29,304	45,263	32,304	+ 3,000	- 12,959
Adjudication	36,000	42,836	38,000	+ 2,000	- 4,836
Women's Bureau	18,000	25,361	26,000	+ 8,000	+ 639
Civil Rights Activities	7,086	11,591	9,086	+ 2,000	- 2,505
Chief Financial Officer	5,681	6,042	5,681		- 361
Total, Salaries and Expenses	367,697	492,104	429,980	+ 62,283	- 62,124
Federal Funds	(367,389)	(491,796)	(429,672)	(+ 62,283)	(- 62,124)
Trust Funds	(308)	(308)	(308)		
Veterans' Employment and Training					
Slate Administration, Grants	183,000	180,000	183,000		+ 3,000
Transition Assistance Program	32,379	31,379	33,379	+ 1,000	+ 2,000
Federal Administration	46,048	53,675	48,048	+ 2,000	- 5,627
National Veterans' Employment and Training Services Institute	3,414	3,414	3,414		
Homeless Veterans' Programs	60,500	62,500	64,500	+ 4,000	+ 2,000
Total, Veterans' Employment and Training	325,341	330,968	332,341	+ 7,000	+ 1,373
Federal Funds	(264,841)	(268,468)	(267,841)	(+ 3,000)	(- 627)
Trust Funds					

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2022 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2023—Continued
[In thousands of dollars]

Item	2022 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2022 appropriation	Budget estimate
IT Modernization					
Departmental support systems	4,889	15,589	8,000	+ 3,111	- 7,589
Infrastructure technology modernization	23,380	32,380	25,380	+ 2,000	- 7,000
Total, IT Modernization	28,269	47,969	33,380	+ 5,111	- 14,589
Working Capital Fund					
Working Capital Fund		36,000			- 36,000
Office of Inspector General					
Program Activities	85,187	102,024	96,757	+ 11,570	- 5,267
Trust Funds	5,660	5,841	5,660		- 181
Total, Office of Inspector General	90,847	107,865	102,417	+ 11,570	- 5,448
Trust funds	(5,660)	(5,841)	(5,660)		(- 181)
Total, Departmental Management	812,154	1,014,906	898,118	+ 85,964	- 116,788
Federal Funds					
Federal Funds	541,345	740,289	624,309	+ 82,964	- 115,980
Trust Funds	270,809	274,617	273,809	+ 3,000	- 808
Total, Workforce Innovation and Opportunity Act Programs	5,660,993	6,189,963	5,857,092	+ 196,099	- 332,871
Current year appropriations					
Current year appropriations	(3,888,993)	(4,417,963)	(4,085,092)	(+ 196,099)	(- 332,871)
Advance appropriations	(1,772,000)	(1,772,000)	(1,772,000)		
Total, Title I, Department of Labor	14,412,121	16,150,504	15,351,154	+ 939,033	- 799,350

Federal Funds	10,392,361	11,585,735	10,948,928	+556,567	-636,807
Current year appropriations	(8,609,361)	(9,803,485)	(9,166,678)	(+557,317)	(-636,807)
Advance appropriations	(1,783,000)	(1,782,250)	(1,782,250)	(-750)	
Trust Funds	4,019,760	4,564,769	4,402,226	+382,466	-162,543
TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES					
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
Primary Health Care					
Community Health Centers	1,747,772	1,838,022	1,917,772	+170,000	+79,750
Mandatory budget authority (Public Law 115-123)	(4,000,000)	(4,000,000)	(4,000,000)		
Total, Community Health Centers	5,747,772	5,838,022	5,917,772	+170,000	+79,750
Free Clinics Medical Malpractice					
Total, Primary Health Care	1,000	1,000	1,000		
Health Workforce					
National Health Service Corps	121,600	210,000	135,600	+14,000	-74,400
Training for Diversity:					
Centers of Excellence	24,422	36,711	28,422	+4,000	-8,289
Health Careers Opportunity Program	15,450	18,500	18,500	+3,050	
Faculty Loan Repayment	1,226	2,310	2,310	+1,084	
Scholarships for Disadvantaged Students	53,014	51,970	55,014	+2,000	+3,044
Total, Training for Diversity	94,112	109,491	104,246	+10,134	-5,245
Primary Care Training and Enhancement					
Oral Health Training	48,924	53,924	54,924	+6,000	+1,000
Interdisciplinary Community-Based Linkages:					
Area Health Education Centers	40,673	40,673	42,673	+2,000	+2,000
Geriatric Programs	45,000	43,250	47,000	+2,000	+3,750
Behavioral Health Workforce Development Programs	45,245	46,537	47,245	+2,000	+708
Mental and Behavioral Health	39,053	397,374	213,000	+213,000	-184,374
Behavioral Health Workforce Education and Training	123,000		44,053	+5,000	+44,053
				-123,000	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2022 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2023—Continued

(In thousands of dollars)

Item	2022 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2022 appropriation	Budget estimate
Total, Interdisciplinary Community Linkages	252,298	487,161	351,298	+ 99,000	- 135,863
Workforce Assessment	5,663	5,663	5,663		
Public Health and Preventive Medicine programs	17,000	18,000	18,000	+ 1,000	
Subtotal, Health Professions Education and Training	458,670	714,912	576,804	+ 118,134	- 138,108
Nursing Programs:					
Advanced Nursing Education	79,581	105,581	105,581	+ 26,000	
Nurse Education, Practice, and Retention	54,413	48,913	59,413	+ 5,000	+ 10,500
Nurse Practitioner Optional Fellowship Program	6,000		6,000		+ 6,000
Nursing Workforce Diversity	23,343	23,343	23,343		
Nurse Corps Scholarship and Loan Repayment Program	88,635	88,635	95,635	+ 7,000	+ 7,000
Nursing Faculty Loan Program	28,500	28,500	28,500		
Total, Nursing programs	280,472	294,972	318,472	+ 38,000	+ 23,500
Children's Hospitals Graduate Medical Education	375,000	350,000	385,000	+ 10,000	+ 35,000
Medical Student Education	55,000		55,000		+ 55,000
Pediatric Subspecialty Loan Repayment Program	5,000		15,000	+ 10,000	+ 15,000
Preventing Burnout in the Health Workforce		50,000	30,000	+ 30,000	- 20,000
National Practitioner Data Bank	18,814	18,814	18,814		
User Fees	- 18,814	- 18,814	- 18,814		
Total, Health Workforce	1,295,742	1,619,884	1,515,876	+ 220,134	- 104,008
Maternal and Child Health					
Maternal and Child Health Block Grant	747,700	953,700	951,700	+ 204,000	- 2,000
Sickle Cell Disease Treatment Program	7,205	7,205	8,205	+ 1,000	+ 1,000

Autism and Other Developmental Disabilities	54,344	57,344	57,344	+ 3,000	.....	.....
Heritable Disorders in Newborns and Children	19,883	18,883	19,883	.....	.....	+ 1,000
Healthy Start	131,840	145,000	145,000	+ 13,160	.....	.....
Early Hearing Detection and Intervention	17,818	17,818	18,818	+ 1,000	.....	+ 1,000
Emergency Medical Services for Children	22,334	28,134	27,334	+ 5,000	.....	- 800
Screening and Treatment for Maternal Depression	6,500	10,000	12,000	+ 5,500	.....	+ 2,000
Pediatric Mental Health Care Access	11,000	10,000	11,000	.....	.....	+ 1,000
Poison Control Centers	(25,846)	24,846	.....	(- 25,846)	.....	- 24,846
Administrative Transfer from Health Systems	.....	.....	.....	.....	.....	.....
Subtotal, Poison Control Centers	25,846	24,846	.....	- 25,846	.....	- 24,846
Total, Maternal and Child Health	1,018,624	1,272,930	1,251,284	+ 232,660	.....	- 21,646
Total, Maternal and Child Health, with transfers	1,044,470	1,272,930	1,251,284	+ 206,814	.....	- 21,646
Ryan White HIV/AIDS Program							
Emergency Assistance (Part A)	670,458	665,876	670,458	.....	.....	+ 4,582
Comprehensive Care Programs (Part B)	1,344,240	1,345,005	1,344,240	.....	.....	- 765
AIDS Drug Assistance Program (ADAP) (NA)	(900,313)	(900,313)	(900,313)	.....	.....	.....
Early Intervention Program (Part C)	205,549	207,079	206,079	+ 530	.....	- 1,000
Children, Youth, Women, and Families (Part D)	76,757	75,088	76,757	.....	.....	+ 1,669
AIDS Dental Services (Part F)	13,414	13,122	13,414	.....	.....	+ 292
Education and Training Centers (Part F)	34,358	33,611	34,358	.....	.....	+ 747
Special Projects of Regional and National Significance	25,000	25,000	25,000	.....	.....	.....
Ending the HIV/AIDS Epidemic Initiative	125,000	290,000	260,000	+ 135,000	.....	- 30,000
Total, Ryan White HIV/AIDS program	2,494,776	2,654,781	2,630,306	+ 135,530	.....	- 24,475
Health Systems							
Organ Transplantation	30,049	29,049	31,049	+ 1,000	.....	+ 2,000
Cell Transplantation Program and Cord Blood Stem Cell Bank	.....	49,275	.....	.....	.....	- 49,275
National Cord Blood Inventory	18,266	.....	19,266	+ 1,000	.....	+ 19,266
CW Bill Young Cell Transplantation	32,009	.....	33,009	+ 1,000	.....	+ 33,009
Office of Pharmacy Affairs	11,238	.....	12,238	+ 1,000	.....	+ 1,000
Administrative Transfer to HRSA-Wide Activities & Program Support	(- 11,238)	.....	.....	(+ 11,238)	.....	+ 12,238
Subtotal, Office of Pharmacy Affairs with transfer	.....	.....	12,238	+ 12,238	.....	+ 12,238

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2022 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2023—Continued
[In thousands of dollars]

Item	2022 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2022 appropriation	Budget estimate
Poison Control Centers	25,846	.....	27,846	+ 2,000	+ 27,846
Administrative Transfer to Maternal and Child Health	(- 25,846)	.....	.....	( + 25,846)	.....
Subtotal, Poison Control Centers with transfer .....	.....	.....	27,846	+ 27,846	+ 27,846
Hansen's Disease Program	13,706	13,706	13,706	.....	.....
Hansen's Disease Program—Buildings and Facilities	122	122	122	.....	.....
Payment to Hawaii, Treatment of Hansen's	1,857	1,857	1,857	.....	.....
Total, Health Systems	133,093	94,009	139,093	+ 6,000	+ 45,084
Total, Health Systems, with transfers	96,009	94,009	139,093	+ 43,084	+ 45,084
Rural Health					
Rural Outreach Grants	85,975	90,000	90,000	+ 4,025	.....
Rural Health Research/Policy Development	11,076	11,076	11,076	.....	.....
Rural Hospital Flexibility Grants	62,277	57,509	62,277	.....	+ 4,768
State Offices of Rural Health	12,500	12,500	12,500	.....	.....
Black Lung Clinics	11,845	12,190	11,845	.....	- 345
Radiation Exposure Screening and Education Program	1,889	2,734	1,889	.....	- 845
Telehealth	35,050	.....	40,050	+ 5,000	+ 40,050
Administrative Transfer to HRSA-Wide Activities & Support	(- 35,050)	.....	.....	( + 35,050)	.....
Subtotal, Telehealth with transfer .....	.....	.....	40,050	+ 40,050	+ 40,050
Rural Communities Opioid Response	135,000	165,000	145,000	+ 10,000	- 20,000
Rural Residency Program	10,500	12,700	12,500	+ 2,000	- 200
Rural Health Clinic Behavioral Health Initiative .....	.....	10,000	5,000	+ 5,000	- 5,000

Total, Rural Health	366,112	373,709	392,137	+ 26,025	+ 18,428
Family Planning	286,479	400,000	512,000	+ 225,521	+ 112,000
HRSA-Wide Activities and Program Support					
Program Management	155,300	168,971	168,971	+ 13,671	.....
Congressionally Directed Spending Items	1,057,896	.....	860,181	- 197,715	+ 860,181
340B Drug Pricing/Office of Pharmacy Affairs .....	.....	17,238	.....	.....	- 17,238
Administrative Transfer from Health Systems	(11,238)	.....	.....	(- 11,238)	.....
Subtotal, 340B Drug Pricing Prog/Office of Pharmacy Affairs (with transfers)	11,238	17,238	.....	- 11,238	- 17,238
Telehealth .....	.....	44,500	.....	.....	- 44,500
Administrative Transfer from Rural Health	(35,050)	.....	.....	(- 35,050)	.....
Subtotal, Telehealth with transfers	35,050	44,500	.....	- 35,050	- 44,500
Total, HRSA-Wide Activities and Program Support	1,213,196	230,709	1,029,152	- 184,044	+ 798,443
Total, HRSA-Wide Activities and Program Support, with transfers	1,259,484	230,709	1,029,152	- 230,332	+ 798,443
Total, Health resources and services (HRS)	8,556,794	8,485,044	9,388,620	+ 831,826	+ 903,576
Vaccine Injury Compensation Program Trust Fund					
Post-fiscal Year 1988 Claims	316,778	256,370	256,370	- 60,408	.....
HRSA Administrative expenses	13,200	26,200	20,200	+ 7,000	- 6,000
Total, Vaccine Injury Compensation Trust Fund	329,978	282,570	276,570	- 53,408	- 6,000
Countermeasures Injury Compensation Trust Fund	5,000	15,000	7,000	+ 2,000	- 8,000
Total, Health Resources and Services Administration	8,891,772	8,782,614	9,672,190	+ 780,418	+ 889,576
CENTERS FOR DISEASE CONTROL AND PREVENTION					
Immunization and Respiratory Diseases	448,805	831,580	698,780	+ 249,975	- 132,800
Prevention and Public Health Fund 1	(419,350)	(419,350)	(419,350)	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2022 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2023—Continued
[In thousands of dollars]

Item	2022 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2022 appropriation	Budget estimate
Subtotal	868,155	1,250,930	1,118,130	+ 249,975	- 132,800
HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention	1,345,056	1,470,556	1,461,556	+ 116,500	- 9,000
Emerging and Zoonotic Infectious Diseases	641,272	651,272	741,772	+ 100,500	+ 90,500
Prevention and Public Health Fund ¹	(52,000)	(52,000)	(52,000)	.....	.....
Subtotal (including transfers)	(693,272)	(703,272)	(793,772)	(+ 100,500)	(+ 90,500)
Chronic Disease Prevention and Health Promotion	1,083,714	1,357,314	1,340,464	+ 256,750	- 16,850
Prevention and Public Health Fund ¹	(254,950)	(254,950)	(254,950)	.....	.....
Subtotal	(1,338,664)	(1,612,264)	(1,595,414)	(+ 256,750)	(- 16,850)
Birth Defects, Developmental Disabilities: Disabilities and Health	177,060	195,310	231,060	+ 54,000	+ 35,750
Public Health Scientific Services	651,997	654,997	797,997	+ 146,000	+ 143,000
Evaluation Tap Funding .....	.....	(143,540)	.....	.....	(- 143,540)
Subtotal (including transfers)	(651,997)	(798,537)	(797,997)	(+ 146,000)	(- 540)
Environmental Health	209,850	377,850	376,850	+ 167,000	- 1,000
Prevention and Public Health Fund ¹	(17,000)	(17,000)	(17,000)	.....	.....
Evaluation Tap Funding .....	.....	(7,000)	.....	.....	(- 7,000)
CR Funding—PUBLIC LAW 117-43 Vessel Sanitation Program (Sec 138)	1,500	.....	.....	- 1,500	.....
Subtotal	(228,350)	(401,850)	(393,850)	(+ 165,500)	(- 8,000)
Injury Prevention and Control	714,879	1,283,169	1,025,279	+ 310,400	- 257,890
National Institute for Occupational Safety and Health	351,800	345,300	367,300	+ 15,500	+ 22,000
Energy Employees Occupational Illness: Compensation Program	55,358	55,358	55,358	.....	.....
Global Health	646,843	747,843	760,843	+ 114,000	+ 13,000
Public Health Preparedness and Response	862,200	842,200	888,200	+ 26,000	+ 46,000

Buildings and Facilities	30,000	55,000	35,000	+ 5,000	- 20,000
CDC-Wide Activities and Program Support:					
Prevention and Public Health Fund ¹	(160,000)	(160,000)	(160,000)		
Office of the Director	113,570	123,570	132,070	+ 18,500	+ 8,500
Infectious Diseases Rapid Response Reserve Fund	20,000	35,000	35,000	+ 15,000	
Public Health Infrastructure and Capacity	200,000	600,000	600,000	+ 400,000	
Center for Forecasting and Outbreak Analytics		50,000	50,000	+ 50,000	
Subtotal	493,570	968,570	977,070	+ 483,500	+ 8,500
Total, Centers for Disease Control and Prevention	7,553,904	9,676,319	9,597,529	+ 2,043,625	- 78,790
Discretionary	7,498,546	9,620,961	9,542,171	+ 2,043,625	- 78,790
Evaluation Tap Funding (NA)		(150,540)			(- 150,540)
Prevention and Public Health Fund ¹	903,300	903,300	903,300		
Total, Centers for Disease Control Program Level	(8,457,204)	(10,730,159)	(10,500,829)	(+ 2,043,625)	(- 229,330)
NATIONAL INSTITUTES OF HEALTH					
National Cancer Institute (NCI)	6,718,522	6,497,851	6,987,064	+ 268,542	+ 489,213
NIH Innovation Account, CURES Act ²	194,000	216,000	216,000	+ 22,000	
Subtotal, NCI	6,912,522	6,713,851	7,203,064	+ 290,542	+ 489,213
National Heart, Lung, and Blood Institute (NHLBI)	3,808,494	3,822,961	3,946,557	+ 138,063	+ 123,596
National Institute of Dental and Craniofacial Research (NIDCR)	501,231	513,191	526,769	+ 25,538	+ 13,578
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)	2,203,926	2,206,080	2,290,798	+ 86,872	+ 84,718
Juvenile Diabetes (mandatory)	(150,000)	(141,450)	(141,450)	(- 8,550)	
Subtotal, NIDDK	2,353,926	2,347,530	2,432,248	+ 78,322	+ 84,718
National Institute of Neurological Disorders and Stroke (NINDS)	2,535,370	2,543,043	2,540,918	+ 5,548	- 2,125
NIH Innovation Account, CURES Act ²	76,000	225,000	225,000	+ 149,000	
Subtotal, NINDS	2,611,370	2,768,043	2,765,918	+ 154,548	- 2,125
National Institute of Allergy and Infectious Diseases (NIAID)	6,322,728	6,268,313	6,449,804	+ 127,076	+ 181,491
National Institute of General Medical Sciences (NIGMS)	1,783,060	1,826,052	1,788,924	+ 5,864	- 37,128
Evaluation Tap Funding	(1,309,313)	(1,271,505)	(1,429,313)	(+ 120,000)	(+ 157,808)
Subtotal, NIGMS	3,092,373	3,097,557	3,218,237	+ 125,864	+ 120,680

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2022 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2023—Continued
(In thousands of dollars)

Item	2022 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2022 appropriation	Budget estimate
Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)	1,683,009	1,674,941	1,745,682	+ 62,673	+ 70,741
National Eye Institute (NEI)	863,918	853,355	890,700	+ 26,782	+ 37,345
National Institute of Environmental Health Sciences (NIEHS)	842,169	932,056	918,276	+ 76,107	- 13,780
National Institute on Aging (NIA)	4,219,936	4,011,413	4,343,005	+123,069	+331,592
National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)	655,699	676,254	686,025	+ 30,326	+ 9,771
National Institute on Deafness and Other Communication Disorders (NIDCD)	514,885	508,704	530,847	+ 15,962	+ 22,143
National Institute of Nursing Research (NINR)	180,862	198,670	196,468	+ 15,606	- 2,202
National Institute on Alcohol Effects and Alcohol-Related Disorders (NIAAA)	573,651	566,725	591,434	+ 17,783	+ 24,709
National Institute on Drugs and Addiction (NIDA)	1,595,474	1,843,326	1,684,230	+ 88,756	- 159,096
National Institute of Mental Health (NIMH)	2,140,976	1,985,828	2,107,672	- 33,304	+ 121,844
NIH Innovation Account, CURES Act ²	76,000	225,000	225,000	+ 149,000	.....
Subtotal, NIMH	2,216,976	2,210,828	2,332,672	+ 115,696	+ 121,844
National Human Genome Research Institute (NHGRI)	639,062	629,154	658,873	+ 19,811	+ 29,719
National Institute of Biomedical Imaging and Bioengineering (NIBIB)	424,590	419,493	437,752	+ 13,162	+ 18,259
National Center for Complementary and Integrative Health (NCCIH)	159,365	183,368	174,305	+ 14,940	- 9,063
National Institute on Minority Health and Health Disparities (NIMHD)	459,056	659,817	534,287	+ 75,231	- 125,530
John E. Fogarty International Center (FIC)	86,880	95,801	89,574	+ 2,694	- 6,227
National Library of Medicine (NLM)	479,439	471,998	494,302	+ 14,863	+ 22,304
National Center for Advancing Translational Sciences (NCATS)	882,265	873,654	907,756	+ 25,491	+ 34,102
Office of the Director	2,616,520	2,302,065	2,560,065	- 56,455	+ 258,000
Common Fund (non-add)	(657,401)	(645,939)	(707,401)	(+ 50,000)	(+ 61,462)
Office for Research on Women's Health (non-add)	(59,480)	(52,600)	(52,600)	.....	.....
Gabriella Miller Kids First Research Act (Common Fund add)	12,600	12,600	12,600	.....	.....
NIH Innovation Account, CURES Act ²	150,000	419,000	419,000	+269,000	.....
Advance Research Projects Agency for Health (ARPA-H) .....	.....	5,000,000	1,000,000	+ 1,000,000	-4,000,000
Buildings and Facilities	250,000	300,000	350,000	+ 100,000	+ 50,000

Total, National Institutes of Health (NIH)	43,649,687	48,961,713	46,529,687	+ 2,880,000	- 2,432,026
(Evaluation Tap Funding)	(1,309,313)	(1,271,505)	(1,429,313)	(+ 120,000)	(+ 157,808)
Total, NIH Program Level	44,959,000	50,233,218	47,959,000	+ 3,000,000	- 2,274,218
SUBSTANCE USE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)					
Mental Health					
Programs of Regional and National Significance Prevention and Public Health Fund 1	587,036 (12,000)	1,517,874 (12,000)	1,383,036 (12,000)	+ 796,000	- 134,838
Subtotal	599,036	1,529,874	1,395,036	+ 796,000	- 134,838
Community Mental Health Services Block Grant (MHBG) Evaluation Tap Funding	836,532 (21,039)	1,631,532 (21,039)	1,400,532 (21,039)	+ 564,000	- 231,000
Subtotal	857,571	1,652,571	1,421,571	+ 564,000	- 231,000
Certified Community Behavioral Health Clinics	315,000	552,500	385,000	+ 70,000	- 167,500
National Child Traumatic Stress Initiative	81,887	150,000	111,887	+ 30,000	- 38,113
Children's Mental Health Services	125,000	225,000	200,000	+ 75,000	- 25,000
Projects for Assistance in Transition from Homelessness (PATH)	64,635	69,635	69,635	+ 5,000	.....
Protection and Advocacy for Individuals with Mental Illness (PAIMI)	38,000	36,146	40,000	+ 2,000	+ 3,854
Subtotal, Mental Health	2,048,090	4,182,687	3,590,090	+ 1,542,000	- 592,597
(Evaluation Tap Funding)	21,039	21,039	21,039	.....	.....
Subtotal, Mental Health program level	2,081,129	4,215,726	3,623,129	+ 1,542,000	- 592,597
Substance Use Services					
Programs of Regional and National Significance Evaluation Tap Funding	519,517 (2,000)	564,364 (2,000)	610,010 (2,000)	+ 90,493	+ 45,646
Subtotal	521,517	566,364	612,010	+ 90,493	+ 45,646
Substance Use Prevention and Treatment Block Grant Evaluation Tap Funding	1,828,879 (79,200)	2,928,879 (79,200)	2,328,879 (79,200)	+ 500,000	- 600,000
Subtotal Substance Use Prevention and Treatment Block Grant, program level	1,908,079	3,008,079	2,408,079	+ 500,000	- 600,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2022 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2023—Continued
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Item	2022 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2022 appropriation	Budget estimate
State Opioid Response grants	1,525,000	2,000,000	2,025,000	+500,000	+25,000
Subtotal, Substance Use Services, appropriation	3,873,396	5,493,243	4,963,889	+1,090,493	-529,354
(Evaluation Tap Funding)	81,200	81,200	81,200	.....	.....
Subtotal, Program level	3,954,596	5,574,443	5,045,089	+1,090,493	-529,354
Substance Use Prevention Services					
Programs of Regional and National Significance	218,219	311,912	248,219	+30,000	-63,693
Total, Substance Use Prevention Services, appropriation	218,219	311,912	248,219	+30,000	-63,693
Health Surveillance and Program Support					
Health Surveillance and Program Support	260,230	149,645	200,636	-59,594	+50,991
Congressionally Directed Spending Items (non-add)	(127,535)	.....	(60,466)	(-67,069)	(+60,466)
Evaluation Tap Funding (NA)	(31,428)	(31,428)	(31,428)	.....	.....
Subtotal	291,658	181,073	232,064	-59,594	+50,991
Total, SAMHSA	6,399,935	10,137,487	9,002,834	+2,602,899	-1,134,653
(Evaluation Tap Funding)	(133,667)	(133,667)	(133,667)	.....	.....
(Prevention and Public Health Fund 1)	12,000	12,000	12,000	.....	.....
Total, SAMHSA Program Level	(6,545,602)	(10,283,154)	(9,148,501)	(+2,602,899)	(-1,134,653)

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)					
Healthcare Research and Quality					
Research on Health Costs, Quality, and Outcomes:					
Federal Funds	Evaluation Tap funding				
205,509	228,909	239,509	+ 34,000	+ 10,600	(- 39,800)
(205,509)	(268,709)	(239,509)	(+ 34,000)	(- 29,200)	
Subtotal, Health Costs, Quality, and Outcomes					
Medical Expenditures Panel Surveys:					
Federal Funds	71,791	71,791			
Program Support:	73,100	74,100	+ 1,000	- 1,291	
Evaluation Tap Funding (NA)	73,100	74,100	+ 1,000	- 1,291	
Subtotal, Research on Health Costs, Quality, and Outcomes	(350,400)	(385,400)	(+ 35,000)	(- 30,491)	
Total, AHRQ Program Level	(350,400)	(385,400)	(+ 35,000)	(- 30,491)	
Federal funds	(376,091)	(385,400)	(+ 35,000)	(- 9,309)	
(Evaluation Tap Funding)	(39,800)			(- 39,800)	
Total, Public Health Service (PHS) appropriation	66,832,498	77,908,024	+ 8,334,942	- 2,740,584	
Total, Public Health Service Program Level	(69,203,978)	(77,665,920)	(+ 8,461,942)	(- 2,779,116)	
CENTERS FOR MEDICARE AND MEDICAID SERVICES					
Grants to States for Medicaid					
Medicaid Current Law Benefits	489,968,364	503,821,443	+ 13,853,079		
State and Local Administration	22,290,059	23,649,059	+ 1,359,000		
Vaccines for Children	5,139,998	5,608,606	+ 468,608		
Total, Medicaid Program Level, available this fiscal year	517,398,421	533,079,108	+ 15,680,687		
New advance, 1st quarter, fiscal year 2024	165,722,018	197,580,474	+ 31,858,456		
Less appropriations provided in prior years	- 148,732,315	- 165,722,018	- 16,989,703		
Total, Grants to States for Medicaid, appropriated in this bill	534,388,124	564,937,564	+ 30,549,440		

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2022 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2023—Continued
[In thousands of dollars]

Item	2022 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2022 appropriation	Budget estimate
Payments to Health Care Trust Funds					
Supplemental Medical Insurance	384,646,000	434,349,000	434,349,000	+49,703,000	.....
Federal Uninsured Payment	82,000	52,000	52,000	-30,000	.....
Program Management	929,000	1,000,000	1,000,000	+71,000	.....
General Revenue for Part D Benefit	100,968,883	111,800,000	111,800,000	+10,831,117	.....
General Revenue for Part D Administration	882,000	600,000	600,000	-282,000	.....
HC-FAC Reimbursement	349,117	324,000	324,000	-25,117	.....
State Low-Income Determination for Part D	5,000	5,000	5,000	.....	.....
Total, Payments to Trust Funds	487,862,000	548,130,000	548,130,000	+60,268,000	.....
Program Management					
Research, Demonstration, Evaluation	20,054	.....	20,054	.....	+20,054
Program Operations	2,479,823	2,957,300	2,884,823	+405,000	-72,477
State Survey and Certification	397,334	494,261	473,989	+76,655	-20,272
Federal Administration	772,533	895,424	807,533	+35,000	-87,891
Total, Program Management	3,669,744	4,346,985	4,186,399	+516,655	-160,586
Health Care Fraud and Abuse Control Account					
Centers for Medicare and Medicaid Services	658,648	692,174	668,648	+10,000	-23,526
HHS Office of Inspector General	102,145	109,612	112,145	+10,000	+2,533
Department of Justice	112,207	97,214	112,207	.....	+14,993
Total, Health Care Fraud and Abuse Control (Trust funds)	873,000	899,000	893,000	+20,000	-6,000
Program integrity (cap adjustment)	(556,000)	(576,000)	(576,000)	(+20,000)	.....

Total, Centers for Medicare and Medicaid Services	1,026,792,868	1,118,313,549	1,118,146,963	+ 91,354,095	- 166,586
Federal funds					
Current year	1,022,250,124	1,113,067,564	1,113,067,564	+ 90,817,440	
Fiscal Year 2024 Advance	(856,528,106)	(915,487,090)	(915,487,090)	(+ 58,958,984)	
Trust Funds	(165,722,018)	(197,580,474)	(197,580,474)	(+ 31,858,456)	
	4,542,744	5,245,985	5,079,399	+ 536,655	- 166,586
ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)					
Payments to States for Child Support Enforcement and Family Support Programs					
Payments to Territories	33,000	33,000	33,000		
Repatriation	9,956	10,177	10,177	+ 221	
Subtotal	42,956	43,177	43,177	+ 221	
Child Support Enforcement:					
State and Local Administration	3,524,556	3,474,868	3,474,868	- 49,688	
Federal Incentive Payments	617,488	654,955	654,955	+ 37,467	
Access and Visitation	10,000	10,000	10,000		
Subtotal, Child Support Enforcement	4,152,044	4,139,823	4,139,823	- 12,221	
Total, Family Support Payments Program Level, available this fiscal year	4,195,000	4,183,000	4,183,000	- 12,000	
Less appropriations provided in prior years	- 1,400,000	- 1,300,000	- 1,300,000	+ 100,000	
Total, Family Support Payments, available in this bill	2,795,000	2,883,000	2,883,000	+ 88,000	
New advance, 1st quarter, fiscal year 2024	1,300,000	1,300,000	1,300,000		
Low Income Home Energy Assistance Program (LIHEAP)	3,800,304	3,975,304	4,000,000	+ 199,696	+ 24,696
Formula Grants	3,800,304	3,975,304	4,000,000	+ 199,696	+ 24,696
Total, LIHEAP, Program Level					
Refugee and Entrant Assistance	564,000	860,000	860,000	+ 296,000	
Transitional and Medical Services	307,201	500,000	450,000	+ 142,799	- 50,000
Refugee Support Services	29,755	39,497	32,755	+ 3,000	- 6,742
Victims of Trafficking					

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FOR FISCAL YEAR 2023—Continued
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Item	2022 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2022 appropriation	Budget estimate
Unaccompanied Children:					
Unaccompanied Children, BA	3,906,258	4,901,346	5,506,258	+ 1,600,000	+ 604,912
Unaccompanied Children, BA (emergency) .....	.....	.....	2,500,000	+ 2,500,000	+ 2,500,000
CR Funding—PUBLIC LAW 117-70	1,600,000	.....	.....	- 1,600,000	.....
Subtotal, Unaccompanied Children	5,506,258	4,901,346	8,006,258	+ 2,500,000	+ 3,104,912
CR Funding—PUBLIC LAW 117-43 (emergency)	2,500,000	.....	.....	- 2,500,000	.....
Subtotal, Unaccompanied Children	8,006,258	4,901,346	8,006,258	.....	+ 3,104,912
Survivors of Torture	18,000	27,000	21,000	+ 3,000	- 6,000
Total, Refugee and Entrant Assistance	8,925,214	6,327,843	9,370,013	+ 444,799	+ 3,042,170
Total, Refugee and Entrant Assistance, without emergency	3,925,214	6,327,843	6,870,013	+ 2,944,799	+ 542,170
Subtotal, Sections 414, 501, 462, 235	6,377,459	6,261,346	9,316,258	+ 2,938,799	+ 3,054,912
Payments to States for the Child Care and Development Block Grant	6,165,330	7,562,000	7,165,330	+ 1,000,000	- 396,670
Social Services Block Grant (Title XX)	1,700,000	1,700,000	1,700,000	.....	.....
Children and Families Services Programs					
Programs for Children, Youth and Families:					
Head Start	11,036,820	12,203,454	12,036,820	+ 1,000,000	- 166,634
Preschool Development Grants	290,000	450,000	350,000	+ 60,000	- 100,000
Consolidated Runaway and Homeless Youth Program	120,283	128,840	130,283	+ 10,000	+ 1,443
Prevention Grants to Reduce Abuse of Runaway Youth	20,000	21,209	21,000	+ 1,000	- 209
Child Abuse State Grants	95,091	125,000	110,091	+ 15,000	- 14,909
Child Abuse Discretionary Activities	36,000	42,000	40,000	+ 4,000	- 2,000
Community Based Child Abuse Prevention	65,660	90,000	75,660	+ 10,000	- 14,340
Child Welfare Services	268,735	278,900	272,735	+ 4,000	- 6,165

Child Welfare Training, Research, or Demonstration projects	18,984	121,000	58,984	+ 40,000	- 62,016
Adoption Opportunities	48,000	46,100	49,000	+ 1,000	+ 2,900
Adoption Incentive Grants	75,000	75,000	75,000		
Social Services Research and Demonstration	44,504	68,500	77,992	+ 33,488	+ 9,492
Congressionally Directed Spending Items (non-add)	(26,992)		(40,480)	(+ 13,488)	(+ 40,480)
Native American Programs	58,762	62,499	61,762	+ 3,000	- 737
Community Services:					
Community Services Block Grant programs:					
Grants to States for Community Services	755,000	754,219	770,000	+ 15,000	+ 15,781
Economic Development	21,383	23,615	23,383	+ 2,000	- 232
Rural Community Facilities	11,000	12,000	13,000	+ 2,000	+ 1,000
Subtotal, Community Services	787,383	789,834	806,383	+ 19,000	+ 16,549
Domestic Violence Hotline	15,500	27,360	26,500	+ 11,000	- 860
Family Violence Prevention and Services	200,000	491,869	300,000	+ 100,000	- 191,869
Charter Education and Training Vouchers	43,257	48,257	43,257		- 5,000
Disaster Human Services Case Management	1,864	8,000	3,000	+ 1,136	- 5,000
Program Direction	212,500	234,000	227,500	+ 15,000	- 6,500
Total, Children and Families Services Programs	13,438,343	15,311,822	14,765,967	+ 1,327,624	- 545,855
Promoting Safe and Stable Families					
Discretionary Funds	345,000	345,000	345,000		
Total, Promoting Safe and Stable Families	427,515	451,000	439,515	+ 12,000	- 11,485
Payments for Foster Care and Permanency					
Foster Care	5,830,000	6,190,000	6,190,000	+ 360,000	
Adoption Assistance	3,736,000	4,128,000	4,128,000	+ 392,000	
Guardianship	254,000	345,000	345,000	+ 91,000	
Independent Living	143,000	143,000	143,000		
Total, Payments to States, available this fiscal year	9,963,000	10,806,000	10,806,000	+ 843,000	
Advance appropriations, 1st quarter, fiscal year 2024	3,200,000	3,200,000	3,200,000		
less appropriations provided in prior years	- 3,000,000	- 3,200,000	- 3,200,000	- 200,000	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2022 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2023—Continued
 [In thousands of dollars]

Item	2022 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2022 appropriation	Budget estimate
Total, Payments to State, current year	6,963,000	7,606,000	7,606,000	+ 643,000	.....
Total, Payments to States, available in this bill	10,163,000	10,806,000	10,806,000	+ 643,000	.....
Total, Administration for Children and Families	48,714,706	50,316,969	52,429,825	+ 3,715,119	+ 2,112,856
Current year appropriations	(41,714,706)	(45,816,969)	(45,429,825)	(+ 3,715,119)	(- 387,144)
Current Year (emergency)	(2,500,000)	.....	(2,500,000)	.....	( + 2,500,000)
Advance appropriations	(4,500,000)	(4,500,000)	(4,500,000)	.....	.....
Total, ACF Program Level	48,714,706	50,316,969	52,429,825	+ 3,715,119	+ 2,112,856
ADMINISTRATION FOR COMMUNITY LIVING					
Aging and Disability Services Programs					
Grants to States:					
Home and Community-based Supportive Services	398,574	500,000	430,000	+ 31,426	- 70,000
Preventive Health	24,848	26,339	26,339	+ 1,491	.....
Protection of Vulnerable Older Americans-Title VII	24,658	41,944	40,000	+ 15,342	- 1,944
Subtotal	448,080	568,283	496,339	+ 48,259	- 71,944
Family Caregivers	193,936	249,936	220,000	+ 26,064	- 29,936
Native American Caregivers Support	11,306	15,806	11,306	.....	- 4,500
Subtotal, Caregivers	205,242	265,742	231,306	+ 26,064	- 34,436
Nutrition:					
Congregate Meals	515,342	762,050	550,000	+ 34,658	- 212,050
Home Delivered Meals	291,342	410,335	320,000	+ 28,658	- 90,335

Nutrition Services Incentive Program	160,069	100,000	160,069	.....	+ 60,069
Subtotal	966,753	1,272,385	1,030,069	+ 63,316	- 242,316
Subtotal, Grants to States	1,620,075	2,106,410	1,757,714	+ 137,639	- 348,696
Grants for Native Americans	36,264	70,208	36,264	.....	- 33,944
Aging Network Support Activities	18,461	22,946	22,461	+ 4,000	- 485
Alzheimer's Disease Program:					
Budget Authority	14,800	15,360	15,360	+ 560	.....
Prevention and Public Health Fund 1	(14,700)	(14,700)	(14,700)	.....	.....
Subtotal, Alzheimer's Disease Program	29,500	30,060	30,060	+ 560	.....
Lifespan Respite Care	8,110	14,220	14,000	+ 5,890	- 220
Chronic Disease Self-Management Program, Budget Authority:					
Prevention and Public Health Fund 1	(8,000)	(8,000)	(8,000)	.....	.....
Subtotal, Chronic Disease Self-Management Program	8,000	8,000	8,000	.....	.....
Elder Falls Prevention:					
Budget Authority .....	.....	.....	.....	.....	.....
Prevention and Public Health Fund 1	(5,000)	(5,000)	(5,000)	.....	.....
Subtotal, Elder Falls Prevention, Program	5,000	5,000	5,000	.....	.....
Elder Rights Support Activities	18,874	77,400	25,000	+ 6,126	- 52,400
Aging and Disability Resources	8,119	12,178	8,119	.....	- 4,059
State Health Insurance Program	53,115	55,242	53,115	.....	- 2,127
Paralysis Resource Center:					
Budget Authority	9,700	(10,185)	11,185	+ 1,485	+ 11,185
Evaluation Tap Funding .....	.....	.....	.....	.....	( - 10,185)
Subtotal, Paralysis Resource Center	9,700	10,185	11,185	+ 1,485	+ 1,000
Limb Loss Resource Center:					
Budget Authority	4,000	.....	4,200	+ 200	+ 4,200
Evaluation Tap Funding .....	.....	(4,200)	.....	.....	( - 4,200)
Subtotal, Limb Loss Resource Center	4,000	4,200	4,200	+ 200	.....
Traumatic Brain Injury:					
Budget Authority	11,821	.....	13,000	+ 1,179	+ 13,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2022 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2023—Continued
(In thousands of dollars)

Item	2022 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2022 appropriation	Budget estimate
Evaluation Tap Funding		(13,118)			(- 13,118)
Subtotal, Traumatic Brain Injury	11,821	13,118	13,000	+ 1,179	- 118
Developmental Disabilities Programs:					
State Councils	80,000	88,480	82,000	+ 2,000	- 6,480
Protection and Advocacy	42,784	59,659	45,000	+ 2,216	- 14,659
Voting Access for Individuals with Disabilities	8,463	12,414	12,414	+ 3,951	
Developmental Disabilities Projects of National Significance	12,250	24,600	12,250		- 12,350
University Centers for Excellence in Developmental Disabilities	42,119	47,173	45,000	+ 2,881	- 2,173
Subtotal, Developmental Disabilities Programs	185,616	232,326	196,664	+ 11,048	- 35,662
Workforce Innovation and Opportunity Act:					
Independent Living	118,183	160,208	127,000	+ 8,817	- 33,208
National Institute on Disability, Independent Living, and Rehabilitation Research	116,470	118,619	119,000	+ 2,530	+ 381
Assistive Technology	38,500	44,000	44,000	+ 5,500	
Subtotal, Workforce Innovation and Opportunity Act	273,153	322,827	290,000	+ 16,847	- 32,827
Congressionally Directed Spending Items	13,871		12,006	- 1,865	+ 12,006
Program Administration	42,063	56,616	56,000	+ 13,937	- 616
Total, Administration for Community Living	2,318,042	3,013,236	2,515,088	+ 197,046	- 498,148
Federal funds					
Trust Funds	2,264,927	2,930,491	2,461,973	+ 197,046	- 468,518
(Evaluation Tap Funding)	(53,115)	(55,242)	(53,115)		(- 2,127)
(Prevention and Public Health Fund ¹)	(27,700)	(27,503)	(27,700)		(- 27,503)
Total, ACL program level	2,345,742	3,040,936	2,542,788	+ 197,046	- 498,148

OFFICE OF THE SECRETARY					
General Departmental Management					
General Departmental Management, Federal Funds	209,419	258,464	245,419	+ 36,000	- 13,045
Teen Pregnancy Prevention Community Grants	101,000	111,000	130,000	+ 29,000	+ 19,000
Evaluation Tap Funding	(6,800)	(7,700)	(6,800)		(- 900)
Subtotal, Grants	107,800	118,700	136,800	+ 29,000	+ 18,100
Sexual Risk Avoidance	35,000			- 35,000	
Office of Minority Health	64,835	85,835	80,835	+ 16,000	- 5,000
Office on Women's Health	38,140	42,140	48,140	+ 10,000	+ 6,000
Minority HIV/AIDS Fund	56,900	58,400	60,000	+ 3,100	+ 1,600
Embryo Adoption Awareness Campaign	1,000	1,000	1,000		
Reproductive Healthcare Access Fund			350,000	+ 350,000	+ 350,000
Electric Vehicle Program		5,000			- 5,000
COVID and non-COVID Executive Order Implementation		18,000			- 18,000
Planning and Evaluation, Evaluation Tap Funding	(58,028)	(77,528)	(58,028)		(- 19,500)
Total, General Departmental Management	506,294	579,839	915,394	+ 409,100	+ 335,555
(Evaluation Tap Funding)	(64,828)	(85,228)	(64,828)		(- 20,400)
Total, General Departmental Management program level	571,122	665,067	980,222	+ 409,100	+ 315,155
Medicare Hearings and Appeals	196,000	196,000	196,000		
Office of the National Coordinator for Health Information Technology					
Evaluation Tap Funding	(64,238)	(103,614)	(74,238)	(+ 10,000)	(- 29,376)
Total, Program Level	(64,238)	(103,614)	(74,238)	(+ 10,000)	(- 29,376)
Inspector General Federal Funds	82,400	106,329	87,400	+ 5,000	- 18,929
Office for Civil Rights	39,798	60,250	60,250	+ 20,452	
Retirement Pay and Medical Benefits for Commissioned Officers					
Retirement Payments	550,013	573,327	573,327	+ 23,314	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2022 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2023—Continued
(In thousands of dollars)

Item	2022 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2022 appropriation	Budget estimate
Survivors Benefits	32,909	36,000	36,000	+ 3,091	.....
Dependents' Medical Care	90,356	101,000	101,000	+ 10,644	.....
Total, Benefits for Commissioned Officers	673,278	710,327	710,327	+ 37,049	.....
Public Health and Social Services Emergency Fund (PHSSEF)					
Assistant Secretary for Preparedness and Response					
Operations	30,938	34,376	31,938	+ 1,000	- 2,438
H-CORE .....	.....	132,801	82,801	+ 82,801	- 50,000
Preparedness and Emergency Operations	24,654	28,300	24,654	.....	- 3,646
National Disaster Medical System	75,404	130,030	103,904	+ 28,500	- 26,126
Hospital Preparedness Program:					
Formula Grants	295,555	291,777	325,555	+ 30,000	+ 33,778
Biomedical Advanced Research and Development Authority (BARDA)	745,005	828,380	818,505	+ 73,500	- 9,875
Policy and Planning	14,877	21,417	16,404	+ 1,527	- 5,013
Project BioShield	780,000	770,000	790,000	+ 10,000	+ 20,000
Strategic National Stockpile	845,000	975,000	875,000	+ 30,000	- 100,000
Medical Reserve Corps	6,240	6,240	6,240	.....	.....
Preparedness and Response Innovation	2,080	2,080	2,080	.....	.....
Subtotal, Preparedness and Response	2,819,753	3,220,401	3,077,081	+ 257,328	- 143,320
Assistant Secretary for Administration					
Cybersecurity	71,415	161,326	161,415	+ 90,000	+ 89
Other Cybersecurity: PHSSEF .....	.....	21,900	.....	.....	- 21,900
Office of National Security	8,510	8,983	8,983	+ 473	.....
Office of the Assistant Secretary of Health .....	.....	20,000	10,000	+ 10,000	- 10,000
Pandemic Influenza Preparedness	300,000	382,000	382,000	+ 82,000	.....

Subtotal, Non-pandemic flu/BioShield/SNS	1,274,678	1,687,610	1,592,479	+ 317,801	- 95,131
Total, PHSSSEF	3,199,678	3,814,610	3,639,479	+ 439,801	- 175,131
Advanced Research Projects Agency for Health					
Advanced Research Projects	1,000,000			- 1,000,000	
Total, Office of the Secretary	5,697,448	5,467,355	5,608,850	- 88,598	+ 141,495
Federal Funds	5,501,448	5,271,355	5,412,850	- 88,598	+ 141,495
Trust Funds	196,000	196,000	196,000		
(Evaluation Tap Funding)	(129,066)	(188,842)	(139,066)	(+ 10,000)	(- 49,776)
Total, Office of the Secretary Program Level	5,826,514	5,656,197	5,747,916	- 78,598	+ 91,719
Total, Title II, Department of Health and Human Services	1,150,368,762	1,255,017,830	1,253,888,366	+ 103,519,604	- 1,129,464
Federal Funds	1,145,067,703	1,248,409,403	1,247,454,652	+ 102,386,949	- 954,751
Appropriations	(972,345,689)	(1,046,328,929)	(1,042,874,178)	(+ 70,528,493)	(- 3,454,751)
Emergency appropriations	(2,500,000)		(2,500,000)		(+ 2,500,000)
Advance appropriations	(170,222,018)		(202,080,474)	(+ 31,858,456)	
Trust Funds	(4,805,059)	(5,523,427)	(5,348,714)	(+ 543,655)	
URES Act ²	(496,000)	(1,085,000)	(1,085,000)		
Prevention and Public Health Fund ¹	(943,000)	(943,000)	(943,000)		
TITLE III—DEPARTMENT OF EDUCATION					
EDUCATION FOR THE DISADVANTAGED					
Grants to Local Educational Agencies (LEAs):					
Basic Grants:					
Appropriations from prior year advances	763,776	763,776	763,776		
Forward funded	5,690,625	5,690,625	5,690,625		
Current appropriation	5,000	5,000	5,000		
Subtotal, Basic grants available this fiscal year	5,695,625	5,695,625	5,695,625		
Advance appropriations, fiscal year 2024	763,776	763,776	763,776		
less appropriations available from prior year advances	- 763,776	- 763,776	- 763,776		

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2022 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2023—Continued
 (In thousands of dollars)

Item	2022 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2022 appropriation	Budget estimate
Subtotal, Basic grants, appropriated in this bill	6,459,401	6,459,401	6,459,401		
Concentration Grants:					
Appropriations from prior year advances	1,362,301	1,362,301	1,362,301		
Advance appropriations fiscal year 2024	1,362,301	1,362,301	1,362,301		
less appropriations provided from prior year advances	-1,362,301	-1,362,301	-1,362,301		
Subtotal, Concentration grants, appropriated in this bill	1,362,301	1,362,301	1,362,301		
Targeted Grants:					
Appropriations from prior year advances	4,357,550	4,357,550	4,357,550		
Forward funded	500,000	2,000,000	1,800,000	+ 1,300,000	- 200,000
Advance appropriations fiscal year 2024	4,357,550	4,357,550	4,357,550		
less appropriations provided from prior year advances	-4,357,550	-4,357,550	-4,357,550		
Subtotal, Targeted Grants, appropriated in this bill	4,857,550	6,357,550	6,157,550	+ 1,300,000	- 200,000
Education Finance Incentive Grants:					
Appropriations from prior year advances	4,357,550	4,357,550	4,357,550		
Forward Funded	500,000	2,000,000	1,800,000	+ 1,300,000	- 200,000
Advance appropriations, fiscal year 2024	4,357,550	4,357,550	4,357,550		
less appropriations provided from prior year advances	-4,357,550	-4,357,550	-4,357,550		
Subtotal, Education Finance Incentive Grants, appropriated in this bill	4,857,550	6,357,550	6,157,550	+ 1,300,000	- 200,000
Subtotal, Grants to LEAs, program level appropriated in this bill	17,536,802	20,536,802	20,136,802	+ 2,600,000	- 400,000
Innovative Approaches to Literacy	29,000	28,000	32,000	+ 3,000	+ 4,000
Comprehensive literacy development grants	192,000	192,000	197,000	+ 5,000	+ 5,000
State Agency Programs:					
Migrant	375,626	375,626	375,626		
Neglected and Delinquent/High Risk Youth	48,239	52,000	52,239	+ 4,000	+ 239

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2022 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2023—Continued
[In thousands of dollars]

Item	2022 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2022 appropriation	Budget estimate
School Based Health Professionals		1,000,000			-1,000,000
Total, School Improvement Programs	5,595,835	6,525,982	5,910,843	+315,008	-615,139
Current Year appropriations (Forward Funded)	(3,914,394)	(4,844,541)	(4,229,402)	(+315,008)	(-615,139)
Advance appropriations	(3,757,312)	(3,687,652)	(4,047,513)	(+290,201)	(+359,861)
	(1,681,441)	(1,681,441)			
INDIAN EDUCATION					
Grants to Local Educational Agencies	109,881	110,381	110,381	+500	
Federal Programs:					
Special Programs for Indian Children	70,000	67,993	72,000	+2,000	+4,007
National Activities	9,365	7,865	12,365	+3,000	+4,500
Subtotal, Federal Programs	79,365	75,858	84,365	+5,000	+8,507
Total, Indian Education	189,246	186,239	194,746	+5,500	+8,507
INNOVATION AND IMPROVEMENT					
Education Innovation and Research	234,000	514,000	360,000	+126,000	-154,000
American History and Civics Academies	3,000	4,012	1,750	-1,250	-2,262
American History and Civics National Activities	4,750	6,488	8,750	+4,000	+2,262
School Leader Recruitment and Support		40,000	25,000	+25,000	-15,000
Charter Schools Grants	440,000	440,000	440,000		
Magnet Schools Assistance	124,000	149,000	149,000		
Congressionally Directed Spending Items ¹	140,480		56,264	-84,216	+56,264
Teacher and School Leader Incentive Grants	173,000	150,000	120,000	-53,000	-30,000
Ready-to-Learn Television	30,500	29,500	30,500		+1,000
Supporting Effective Educator Development (SEED)	85,000	80,000	90,000	+5,000	+10,000
Arts in Education	36,500	30,500	39,000	+2,500	+8,500

Javits Gifted and Talented Students	14,500	13,500	16,500	+ 2,000	+ 3,000
Statewide Family Engagement Centers	15,000	15,000	25,000	+ 10,000	+ 10,000
Fostering Diverse Schools .....	.....	100,000	.....	.....	- 100,000
Total, Innovation and Improvement	1,300,730	1,572,000	1,361,764	+ 61,034	- 210,236
SAFE SCHOOLS AND CITIZENSHIP EDUCATION					
Promise Neighborhoods	85,000	96,000	91,000	+ 6,000	- 5,000
School Safety National Activities 2	201,000	129,000	201,000	.....	+ 72,000
Full-Service Community Schools	75,000	468,000	150,000	+ 75,000	- 318,000
Total, Safe Schools and Citizenship Education	361,000	693,000	442,000	+ 81,000	- 251,000
ENGLISH LANGUAGE ACQUISITION					
Current funded	54,041	69,875	62,012	+ 7,971	- 7,863
Forward funded	777,359	1,005,125	892,029	+ 114,670	- 113,096
Total, English Language Acquisition	831,400	1,075,000	954,041	+ 122,641	- 120,959
SPECIAL EDUCATION					
State Grants:					
Grants to States Part B current year	4,060,321	6,975,810	6,035,321	+ 1,975,000	- 940,489
Part B advance from prior year	(9,283,383)	(9,283,383)	(9,283,383)	.....	.....
Grants to States Part B (fiscal year 2024)	9,283,383	9,283,383	9,283,383	.....	.....
Subtotal, program level	13,343,704	16,259,193	15,318,704	+ 1,975,000	- 940,489
Preschool Grants	409,549	502,620	445,000	+ 35,451	- 57,620
Grants for Infants and Families	496,306	932,000	591,306	+ 95,000	- 340,694
Subtotal, program level	14,249,559	17,693,813	16,355,010	+ 2,105,451	- 1,338,803
IDEA National Activities (current funded):					
State Personnel Development	38,630	38,630	38,630	.....	.....
Technical Assistance and Dissemination	44,345	49,345	84,345	+ 40,000	+ 35,000
Special Olympics Education Programs	31,000	23,683	.....	- 31,000	- 23,683
Personnel Preparation	95,000	250,000	190,000	+ 95,000	- 60,000
Parent Information Centers	30,152	45,152	45,152	+ 15,000

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FOR FISCAL YEAR 2023—Continued
(In thousands of dollars)

Item	2022 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2022 appropriation	Budget estimate
Educational Technology, Media, and Materials	30,433	29,547	31,433	+ 1,000	+ 1,886
Subtotal, IDEA National Activities	269,560	436,357	389,560	+ 120,000	- 46,797
Total, Special education	14,519,119	18,130,170	16,744,570	+ 2,225,451	- 1,385,600
Current Year appropriations (Forward Funded)	(5,235,736)	(8,846,787)	(7,461,187)	(+ 2,225,451)	(- 1,385,600)
Advance appropriations	(4,966,176)	(8,410,430)	(7,071,627)	(+ 2,105,451)	(- 1,338,803)
	(9,283,383)	(9,283,383)	(9,283,383)		
REHABILITATION SERVICES					
Vocational Rehabilitation State Grants	3,719,121	3,949,707	3,949,707	+ 230,586	
Client Assistance State grants	13,000	13,000	13,000		
Training	29,388	29,388	29,388		
Demonstration and Training programs	5,796	40,796	5,796		- 35,000
Protection and Advocacy of Individual Rights (PAIR)	19,150	18,150	21,150	+ 2,000	+ 3,000
Supported Employment State grants	22,548	22,548	22,548		
Services for Older Blind Individuals	33,317	33,317	33,317		
Heien Keller National Center for Deaf/Blind Youth and Adults	18,000	18,500	18,500	+ 500	
Temporary Grants to Blind Vendors		500			- 500
Congressionally Directed Spending Items	2,325			- 2,325	
Total, Rehabilitation Services	3,862,645	4,125,906	4,093,406	+ 230,761	- 32,500
(Discretionary)	143,524	176,199	143,699	+ 175	- 32,500
(Mandatory)	3,719,121	3,949,707	3,949,707	+ 230,586	
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES					
American Printing House for the Blind	40,431	37,431	43,431	+ 3,000	+ 6,000
National Technical Institute for the Deaf (NTID):					
Operations	88,500	84,500	92,500	+ 4,000	+ 8,000

Gallaudet University: Operations	146,361	143,361	180,361	+ 34,000	+ 37,000
Total, Special Institutions for Persons with Disabilities	275,292	265,292	316,292	+ 41,000	+ 51,000
CAREER, TECHNICAL, AND ADULT EDUCATION					
Career Education:					
Basic State Grants					
State Grants	588,848	563,848	648,848	+ 60,000	+ 85,000
Appropriations available from prior year advances	791,000	791,000	791,000		
Total, available this fiscal year	1,379,848	1,354,848	1,439,848	+ 60,000	+ 85,000
Advance appropriations, fiscal year 2024	791,000	791,000	791,000		
less appropriations provided in prior years	-791,000	-791,000	-791,000		
Subtotal, Basic State Grants, program level, appropriated in this bill	1,379,848	1,354,848	1,439,848	+ 60,000	+ 85,000
National Programs	7,421	215,421	67,421	+ 60,000	-148,000
Subtotal, Career Education	1,387,269	1,570,269	1,507,269	+ 120,000	- 63,000
Adult Education:					
State Grants/Adult Basic and Literacy Education:					
State Grants, forward funded	690,455	700,000	725,455	+ 35,000	+ 25,455
National Leadership Activities	13,712	38,712	13,712		- 25,000
Subtotal, Adult education	704,167	738,712	739,167	+ 35,000	+ 455
Total, Career, Technical, and Adult Education	2,091,436	2,308,981	2,246,436	+ 155,000	- 62,545
Current Year appropriations	(1,300,436)	(1,517,981)	(1,455,436)	(+ 155,000)	(- 62,545)
(Forward Funded)	(1,300,436)	(1,517,981)	(1,455,436)	(+ 155,000)	(- 62,545)
Advance appropriations	(791,000)	(791,000)	(791,000)		
STUDENT FINANCIAL ASSISTANCE					
Pell Grants—maximum grant (NA)	(5,835)	(6,335)	(6,335)	(+ 500)	
Pell Grants	22,475,352	24,275,352	22,475,352		-1,800,000
Federal Supplemental Educational Opportunity Grants	895,000	880,000	915,000	+ 20,000	+ 35,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2022 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2023—Continued
 (In thousands of dollars)

Item	2022 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2022 appropriation	Budget estimate
Federal Work Study	1,210,000	1,190,000	1,235,000	+ 25,000	+ 45,000
Total, Student Financial Assistance	24,580,352	26,345,352	24,625,352	+ 45,000	- 1,720,000
FEDERAL DIRECT STUDENT LOAN PROGRAM ACCOUNT	25,000	.....	.....	- 25,000	.....
STUDENT AID ADMINISTRATION .....	.....	.....	.....	.....	.....
Salaries and Expenses	1,058,943	1,187,788	1,187,788	+ 128,845	.....
Servicing Activities	975,000	1,466,246	1,406,246	+ 431,246	- 60,000
Total, Student Aid Administration	2,033,943	2,654,034	2,594,034	+ 560,091	- 60,000
HIGHER EDUCATION .....	.....	.....	.....	.....	.....
Aid for Institutional Development:	.....	.....	.....	.....	.....
Strengthening Institutions	110,070	209,007	179,007	+ 68,937	- 30,000
Hispanic Serving Institutions	182,854	236,732	236,732	+ 53,878	.....
Promoting Post-Baccalaureate Opportunities for Hispanic Americans	19,661	28,845	28,845	+ 9,184	.....
Strengthening Historically Black Colleges (HBCUs)	362,823	402,619	402,619	+ 39,796	.....
Strengthening Historically Black Graduate Institutions	93,129	102,313	102,313	+ 9,184	.....
Strengthening Predominantly Black Institutions	17,708	23,218	23,218	+ 5,510	.....
Strengthening Asian American and Native American Pacific Islander-Serving Institutions	10,936	20,120	20,120	+ 9,184	.....
Strengthening Alaska Native and Native Hawaiian-Serving Institutions	21,371	25,044	25,044	+ 3,673	.....
Strengthening Native American-Serving Nontribal Institutions	7,834	12,120	12,120	+ 4,286	.....
Strengthening Tribal Colleges	43,896	53,080	53,080	+ 9,184	.....
Strengthening HBCU Masters programs	14,834	20,956	20,956	+ 6,122	.....
Subtotal, Aid for Institutional Development	885,116	1,134,054	1,104,054	+ 218,938	- 30,000
International Education and Foreign Language:	.....	.....	.....	.....	.....
Domestic Programs	71,853	69,353	76,353	+ 4,500	+ 7,000

	9,811	8,811	10,311	+ 500	+ 1,500
Overseas Programs					
Subtotal, International Education and Foreign Language	81,664	78,164	86,664	+ 5,000	+ 8,500
Postsecondary Program for Students with Intellectual Disabilities	13,800	15,180	14,500	+ 700	- 680
Minority Science and Engineering Improvement	14,539	18,370	18,370	+ 3,831	
Tribally Controlled Postsec Voc/Tech Institutions	10,953	10,634	10,953		+ 319
Federal TRIO Programs	1,137,000	1,297,761	1,275,000	+ 138,000	- 22,761
GEAR UP	378,000	408,000	400,000	+ 22,000	- 8,000
Graduate Assistance in Areas of National Need	23,547	23,547			
Teacher Quality Partnerships	59,092	132,092	75,000	+ 15,908	- 57,092
Child Care Access Means Parents in School	65,000	95,000	95,000	+ 30,000	
Fund for the Improvement of Postsecondary Ed (FIPSE)	68,000	560,000	214,000	+ 146,000	- 346,000
Congressionally Directed Spending Items	249,400		218,593	- 30,807	+ 218,593
Hawkins Centers of Excellence ³	8,000	20,000	12,000	+ 4,000	- 8,000
Total, Higher Education	2,994,111	3,792,802	3,547,681	+ 553,570	- 245,121
HOWARD UNIVERSITY					
Academic Program	213,288	223,288	218,288	+ 5,000	- 5,000
Endowment Program	3,405	3,405	3,405		
Howard University Hospital	127,325	84,325	137,325	+ 10,000	+ 53,000
Total, Howard University	344,018	311,018	359,018	+ 15,000	+ 48,000
COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM					
HISTORICALLY BLACK COLLEGE AND UNIVERSITY (HBCU)					
CAPITAL FINANCING PROGRAM ACCOUNT					
HBCU Federal Administration	435	298	298	- 137	
HBCU Loan Subsidies	334	528	528	+ 194	
Total, HBCU Capital Financing Program	20,150	20,150	20,150		
Total, HBCU Capital Financing Program	20,484	20,678	20,678	+ 194	
INSTITUTE OF EDUCATION SCIENCES (IES)					
Research, Development and Dissemination	204,877	197,877	245,000	+ 40,123	+ 47,123
Statistics	111,500	111,500	121,000	+ 9,500	+ 9,500
Regional Educational Laboratories	58,733	57,022	63,733	+ 5,000	+ 6,711

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2022 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2023—Continued
 [In thousands of dollars]

Item	2022 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2022 appropriation	Budget estimate
Research in Special Education	60,255	58,500	72,000	+ 11,745	+ 13,500
Special Education Studies and Evaluations	13,318	11,318	13,318	.....	+ 2,000
Statewide Data Systems	33,500	33,500	50,000	+ 16,500	+ 16,500
Assessment:					
National Assessment	180,000	185,000	185,000	+ 5,000	.....
National Assessment Governing Board	7,745	7,799	7,799	+ 54	.....
Subtotal, Assessment	187,745	192,799	192,799	+ 5,054	.....
Program Administration	67,093	.....	73,545	+ 6,452	+ 73,545
Total, Institute of Education Sciences	737,021	662,516	831,395	+ 94,374	+ 168,879
DEPARTMENTAL MANAGEMENT					
Program Administration:					
Salaries and Expenses	387,907	530,500	440,000	+ 52,093	- 90,500
Building Modernization	7,000	17,500	8,000	+ 1,000	- 9,500
Total, Program administration	394,907	548,000	448,000	+ 53,093	- 100,000
Office for Civil Rights	135,500	161,300	161,300	+ 25,800	.....
Office of Inspector General	64,000	76,452	77,000	+ 13,000	+ 548
Total, Departmental management	594,407	785,752	686,300	+ 91,893	- 99,452
Total, Title III, Department of Education	80,143,376	92,276,683	87,391,633	+ 7,248,257	- 4,885,050
Current Year appropriations	(57,546,375)	(69,679,682)	(64,794,632)	(+ 7,248,257)	(- 4,885,050)
Advance appropriations	(22,597,001)	(22,597,001)	(22,597,001)	.....	.....

TITLE IV—RELATED AGENCIES						
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED						
Office of Inspector General		11,000 (2,650)	13,124 (3,124)	13,124 (3,124)	+ 2,124 (+ 474)	
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE						
Operating Expenses						
Domestic Volunteer Service Programs:						
Volunteers in Service to America (VISTA)		100,285	106,264	105,285	+ 5,000	— 979
National Senior Volunteer Corps:						
Foster Grandparents Program		122,363	131,335	128,363	+ 6,000	— 2,972
Senior Companion Program		54,449	58,705	56,449	+ 2,000	— 2,256
Retired Senior Volunteer Program		53,956	55,105	55,105	+ 1,149	
Subtotal, Senior Volunteer Corps		230,768	245,145	239,917	+ 9,149	— 5,228
Subtotal, Domestic Volunteer Service		331,053	351,409	345,202	+ 14,149	— 6,207
National and Community Service Programs:						
AmeriCorps State and National Grants		466,749	557,094	491,749	+ 25,000	— 65,345
Innovation, Assistance, and Other Activities		9,888	10,100	14,706	+ 4,818	+ 4,606
Evaluation		4,120	6,250	5,120	+ 1,000	— 1,130
National Civilian Community Corps (subtitle E)		34,505	37,735	36,375	+ 1,870	— 1,360
State Commission Support Grants		19,094	19,538	19,538	+ 444	
Subtotal, National and Community Service		534,356	630,717	567,488	+ 33,132	— 63,229
Total, Operating expenses		865,409	982,126	912,690	+ 47,281	— 69,436
National Service Trust		190,550	235,000	210,550	+ 20,000	— 24,450
Salaries and Expenses		88,082	114,686	95,082	+ 7,000	— 19,604
Office of Inspector General		6,595	8,121	7,000	+ 405	— 1,121
Total, Corporation for National and Community Service		1,150,636	1,339,933	1,225,322	+ 74,686	— 114,611
CORPORATION FOR PUBLIC BROADCASTING:						
Appropriation available from fiscal year 2021 advance		(465,000)	(475,000)	(475,000)	(+ 10,000)	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2022 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2023—Continued
[In thousands of dollars]

Item	2022 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2022 appropriation	Budget estimate
Total, available this fiscal year	465,000	475,000	475,000	+ 10,000	.....
Advance appropriation, fiscal year 2025	525,000	565,000	565,000	+ 40,000	.....
Public television interconnection system	20,000	60,000	60,000	+ 40,000	.....
Total CPB, appropriated in this bill	545,000	625,000	625,000	+ 80,000	.....
FEDERAL MEDIATION AND CONCILIATION SERVICE	50,058	53,705	53,705	+ 3,647	.....
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION	17,539	18,012	18,012	+ 473	.....
INSTITUTE OF MUSEUM AND LIBRARY SERVICES	268,000	276,800	301,800	+ 33,800	+ 25,000
MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION	9,043	9,727	9,727	+ 684	.....
MEDICARE PAYMENT ADVISORY COMMISSION (TRUST FUND)	13,292	13,440	13,440	+ 148	.....
NATIONAL COUNCIL ON DISABILITY	3,500	3,850	3,850	+ 350	.....
NATIONAL LABOR RELATIONS BOARD	274,224	319,424	319,424	+ 45,200	.....
NATIONAL MEDIATION BOARD	14,729	15,113	15,113	+ 384	.....
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION	13,622	15,449	15,449	+ 1,827	.....
RAILROAD RETIREMENT BOARD					
Dual Benefits Payments Account	11,000	9,000	9,000	- 2,000	.....
Less Income Tax Receipts on Dual Benefits	- 1,000	- 1,000	- 1,000	.....	.....
Subtotal, Dual Benefits	10,000	8,000	8,000	- 2,000	.....
Federal Payments to the Railroad Retirement Accounts	150	150	150	.....	.....
Limitation on administrative expenses	124,000	131,666	135,400	+ 11,400	+ 3,734
Limitation on the Office of Inspector General	12,650	13,269	13,269	+ 619	.....
SOCIAL SECURITY ADMINISTRATION					
Payments to Social Security Trust Funds	11,000	11,000	11,000	.....	.....

Supplemental Security Income Program					
Federal Benefit Payments	60,691,142	59,225,000	59,225,000	-1,466,142	.....
Beneficiary Services	205,000	124,000	124,000	-81,000	.....
Research and Demonstration	86,000	86,000	86,000	.....	.....
Administration	4,531,681	4,993,722	4,796,462	+264,781	-197,260
Subtotal, available this fiscal year	65,513,823	64,428,722	64,231,462	-1,282,361	-197,260
Less appropriations provided from prior year advances					
Subtotal, current year appropriation	45,913,823	48,828,722	48,631,462	+2,717,639	-197,260
Subtotal, Mandatory	41,382,142	43,835,000	43,835,000	+2,452,858	.....
Advance appropriations, 1st quarter, fiscal year 2024	15,600,000	15,800,000	15,800,000	+200,000	.....
Total, SSI program appropriated in this bill	61,513,823	64,628,722	64,431,462	+2,917,639	-197,260
Limitation on Administrative Expenses					
OAS/DI Trust Funds	5,352,156	6,127,571	5,900,120	+547,964	-227,451
HI/SMI Trust Funds	2,835,163	3,213,193	3,098,073	+262,910	-115,120
Social Security Advisory Board	2,600	2,750	2,700	+100	-50
SSI	3,305,026	3,489,786	3,318,121	+13,095	-171,665
Subtotal	11,494,945	12,833,300	12,319,014	+824,069	-514,286
User Fees:					
SSI User Fee activities	138,000	140,000	140,000	+2,000	.....
SSPA User Fee Activities	1,000	1,000	1,000	.....	.....
CBO adjustment	-1,000	-1,000	-1,000	.....	.....
Subtotal, User fees	138,000	140,000	140,000	+2,000	.....
Subtotal, Limitation on administrative expenses	11,632,945	12,973,300	12,459,014	+826,069	-514,286
Program Integrity:					
OASDI Trust Funds	481,345	295,064	292,326	-189,019	-2,738
SSI	1,226,655	1,503,936	1,491,674	+265,019	-12,262
Subtotal, Program integrity funding	1,708,000	1,799,000	1,784,000	+76,000	-15,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2022 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2023—Continued
(In thousands of dollars)

Item	2022 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2022 appropriation	Budget estimate
Base Program Integrity	(273,000)	(288,000)	(273,000)	.....	(- 15,000)
Program Integrity (cap adjustment)	(1,435,000)	(1,511,000)	(1,511,000)	(+ 76,000)	.....
Total, Limitation on Administrative Expenses	13,340,945	14,772,300	14,243,014	+ 902,069	- 529,286
Total, Limitation on Administrative Expenses (less user fees)	13,202,945	14,632,300	14,103,014	+ 900,069	- 529,286
Special Benefits for WW II Veterans	1,000	.....	.....	- 1,000	.....
Office of Inspector General .....	.....	.....	.....	.....	.....
Federal Funds	30,900	33,000	32,000	+ 1,100	- 1,000
Trust Funds	77,765	84,500	82,665	+ 4,900	- 1,835
Total, Office of Inspector General	108,665	117,500	114,665	+ 6,000	- 2,835
Adjustment: Trust fund transfers from general revenues	- 4,531,681	- 4,993,772	- 4,796,462	- 264,781	+ 197,260
Total, Social Security Administration	70,443,752	74,535,800	74,003,679	+ 3,559,927	- 532,121
Federal funds	61,694,723	64,812,722	64,614,462	+ 2,919,739	- 198,260
Current year	(46,094,723)	(49,012,722)	(48,814,462)	(+ 2,719,739)	(- 198,260)
New advances, 1st quarter, fiscal year 2024	(15,600,000)	(15,800,000)	(15,800,000)	(+ 200,000)	.....
Trust funds	8,749,029	9,723,078	9,389,217	+ 640,188	- 333,861
Total, Title IV, Related Agencies	72,961,195	77,392,462	76,774,464	+ 3,813,269	- 617,998
Federal Funds	64,062,224	67,511,009	67,223,138	+ 3,160,914	- 287,871
Current Year	(47,937,224)	(51,146,009)	(50,858,138)	(+ 2,920,914)	(- 287,871)
Fiscal Year 2023 Advance	(15,600,000)	(15,800,000)	(15,800,000)	(+ 200,000)	.....

Fiscal Year 2024 Advance	(525,000)	(565,000)	(565,000)	(565,000)	(+ 40,000)	
Trust Funds	8,898,971	9,881,453	9,551,326	9,551,326	+ 652,355	- 330,127
TITLE VI—EMERGENCY FUNDING						
(proposed in fiscal year 2023 Senate for fiscal year 2022)						
Department of Health and Human Services						
Office of the Secretary						
Public Health and Social Services Emergency Fund						
Biomedical Advanced Research and Development Authority	9,000,000				- 9,000,000	
Other	7,000,000				- 7,000,000	
Total, Title VI, Emergency Funding	16,000,000				- 16,000,000	
OTHER APPROPRIATIONS						
EXTENDING FUNDING AND EMERGENCY ASSISTANCE ACT, 2022 (P. L. 117-43)						
DIVISION C—AFGHANISTAN SUPPLEMENTAL APPROPRIATIONS ACT, 2022						
DEPARTMENT OF HEALTH AND HUMAN SERVICES						
Centers for Disease Control and Prevention						
CDC-Wide Activities and Program Support (emergency)	21,500				- 21,500	
ADMINISTRATION FOR CHILDREN FAMILIES						
Refugee and Entrant Assistance (emergency)	1,680,000				- 1,680,000	
Children and Families Services Programs (emergency)	7,773				- 7,773	
Total, Administration for Children and Families	1,687,773				- 1,687,773	
Total, Divison C Afghanistan Supplemental Appropriations Act, 2022	1,709,273				- 1,709,273	
Total, Extending Funding and Emergency Assistance Act	1,709,273				- 1,709,273	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2022 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2023—Continued
(In thousands of dollars)

Item	2022 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2022 appropriation	Budget estimate
THE INFRASTRUCTURE INVESTMENT AND JOBS ACT, 2022 (PUBLIC LAW 117-58)					
DIVISION I—OTHER MATTERS					
DEPARTMENT OF EDUCATION					
Office of Elementary and Secondary Education					
Education Stabilization Fund (Sec 90007 (f)) (emergency recission)	-353,400	.....	.....	+353,400	.....
Total, Division I—Education Stabilization Fund	-353,400	.....	.....	+353,400	.....
DIVISION J—APPROPRIATIONS					
DEPARTMENT OF HEALTH AND HUMAN SERVICES					
Administration for Children and Families					
Low Income Home Energy Assistance (emergency)	100,000	.....	.....	-100,000	.....
Appropriations available from prior year (emergency) .....	.....	.....	100,000	+100,000	.....
Advance appropriations fiscal year 2023 (emergency)	100,000	.....	.....	-100,000	.....
Advance appropriations fiscal year 2024 (emergency)	100,000	.....	.....	-100,000	.....
Advance appropriations fiscal year 2025 (emergency)	100,000	.....	.....	-100,000	.....
Advance appropriations fiscal year 2026 (emergency)	100,000	.....	.....	-100,000	.....
Less prior year appropriations (emergency) .....	.....	-100,000	-100,000	-100,000	.....
Total, Low Income Home Energy Assistance	500,000	.....	.....	-500,000	.....
Total, Infrastructure Investment and Jobs Act	146,600	.....	.....	-146,600	.....

<p>FURTHER EXTENDING GOVERNMENT FUNDING ACT, 2022 (PUBLIC LAW 117-70) DIVISION B—ADDITIONAL AFGHANISTAN SUPPLEMENTAL APPROPRIATIONS ACT, 2022 DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>								
<p>Centers for Disease Control and Prevention</p>								
<p>CDC-Wide Activities and Program Support (emergency)</p>				8,000				- 8,000
<p>Administration for Children and Families</p>								
<p>Refugee and Entrant Assistance (emergency)</p>				1,263,728				- 1,263,728
<p>Total, Further Extending Government Funding Act</p>				1,271,728				- 1,271,728
<p>BIPARTISAN SAFER COMMUNITIES ACT, 2022 (PUBLIC LAW 117-159) DIVISION B—APPROPRIATIONS DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>								
<p>Health Workforce (transferred from PHSSEF) (emergency)</p>				12,000				- 12,000
<p>Appropriations available from prior year advances (emergency)</p>					12,000			+ 12,000
<p>Advance appropriations fiscal year 2023 (emergency)</p>				12,000				- 12,000
<p>Advance appropriations fiscal year 24-26 (emergency)</p>				36,000				- 36,000
<p>Maternal and Child Health (transferred from PHSSEF) (emergency)</p>				20,000				- 20,000
<p>Appropriations available from prior year advances (emergency)</p>					20,000			+ 20,000
<p>Advance appropriations fiscal year 2023 (emergency)</p>				20,000				- 20,000
<p>Advance appropriations fiscal years 24-26 (emergency)</p>				40,000				- 40,000
<p>Grants to States for Medicaid (CHIMP; transferred from PHSSEF) (emergency)</p>				50,000				- 50,000
<p>Appropriations available from prior year advances (emergency)</p>								
<p>Advance appropriations fiscal year 2023 (emergency)</p>								
<p>Advance appropriations fiscal years 24-26 (emergency)</p>								
<p>SAMSHA, Health Surveillance and Program Support (CHIMP; transferred from PHSSEF) (emergency)</p>				312,500				- 312,500
<p>Appropriations available from prior year advances (emergency)</p>					162,500			+ 162,500
<p>Advance appropriations fiscal year 2023 (emergency)</p>				162,500				- 162,500
<p>Advance appropriations fiscal years 24-26 (emergency)</p>				325,000				- 325,000
<p>DEPARTMENT OF EDUCATION</p>								
<p>School Improvement Program</p>				1,050,000				- 1,050,000
<p>Appropriations available from prior year advances (emergency)</p>								
<p>Advance appropriations fiscal year 2023 (emergency)</p>								

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2022 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2023—Continued
[In thousands of dollars]

Item	2022 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2022 appropriation	Budget estimate
Advance appropriations fiscal years 24–26 (emergency)					
Safe Schools and Citizenship Education	200,000			-200,000	
Appropriations available from prior year advances (emergency)			200,000		+200,000
Advance appropriations fiscal year 2023 (emergency)	200,000			-200,000	
Advance appropriations fiscal years 24–26 (emergency)	600,000			-600,000	
Less prior year appropriations (emergency)			-394,500		-394,500
Total, Bipartisan Safer Communities Act	3,040,000			-3,040,000	
ADDITIONAL UKRAINE SUPPLEMENTAL APPROPRIATIONS ACT, 2022 (PUBLIC LAW 117-128)					
DIVISION N					
DEPARTMENT OF HEALTH AND HUMAN SERVICES					
Grants to States for Medicaid (emergency)	4,000		158,000	+154,000	+158,000
CDC-Wide Activities and Program Support (emergency)	54,000			-54,000	
Administration for Children and Families					
Refugee and Entrant Assistance (emergency)	900,000			-900,000	
Total, Division N—Additional Ukraine Supplemental Appropriations Act, 2022	958,000		158,000	-800,000	+158,000
Total, Other Appropriations	7,125,601		158,000	-6,967,601	+158,000
Grand Total	1,341,011,055	1,440,837,479	1,433,563,617	+92,552,562	-7,273,862
Appropriations	(1,086,438,645)	(1,176,958,105)	(1,167,693,626)	(+81,254,981)	(-9,264,479)
Emergency appropriations	(24,183,501)		(2,658,000)	(-21,525,501)	(+2,658,000)

Trust funds									
21st Century CURES Act funding	(17,723,790)	(19,969,649)	(19,302,266)	(+ 1,578,476)	(- 667,383)				
Advance Appropriations, fiscal year 23	(496,000)	(1,085,000)	(1,085,000)	(+ 589,000)					
Advance Appropriations, fiscal year 24	(210,202,019)	(242,259,725)	(242,259,725)	(+ 32,057,706)					
(Advance appropriations, fiscal year 23)(emergency)	(525,000)	(565,000)	(565,000)	(+ 40,000)					
(Advance appropriations, fiscal years 24-26)(emergency)	(494,500)			(- 494,500)					
(Recission of emergency funding)	(1,301,000)			(- 1,301,000)					
	(- 353,400)			(+ 353,400)					

Title II Footnotes:

- ¹ Sec 4002 of Public Law 111-148.
- ² 21st Century CURES Act (Public Law 114-255).

Title III Footnotes:

- ¹ Funds displayed in this line are made available in the bill in Section 312.
- ² The fiscal year 2023 Request for School-Based Health Professionals is included in School Safety National Activities.
- ³ Funds displayed in this line under fiscal year 2022 enacted were provided in FFSE.