

EXPLANATORY STATEMENT FOR DEPARTMENTS OF LABOR,  
HEALTH AND HUMAN SERVICES, AND EDUCATION, AND  
RELATED AGENCIES APPROPRIATIONS BILL, 2022

SUMMARY OF BUDGET ESTIMATES AND COMMITTEE  
RECOMMENDATIONS

For fiscal year 2022, the Committee recommends total budget authority of \$1,352,922,397,000 for the Departments of Labor, Health and Human Services, and Education, and Related Agencies. This amount includes \$220,757,000,000 in current year discretionary funding consistent with the subcommittee's allocation, and \$2,124,000,000 in allocation adjustments for healthcare fraud and abuse control, Unemployment Insurance Trust Fund program integrity, and for program integrity at the Social Security Administration, in accordance with the allocation for this bill. Fiscal year 2021 levels cited in this explanatory statement reflect the enacted amounts in Public Law 116-260, the Consolidated Appropriations Act, 2021, adjusted for comparability where noted, and do not include fiscal year 2021 supplemental appropriations.

OVERVIEW

The Labor, Health and Human Services, and Education, and Related Agencies [Labor-HHS-Education] appropriations bill constitutes the largest share of non-defense discretionary spending, 30.6 percent of the total in fiscal year 2022. The subcommittee's effective allocation, which includes discretionary funding offset by savings in changes in mandatory programs, is \$48,948,000,000 more than the comparable fiscal year 2021 level.

The Labor-HHS-Education bill provides critical investments that impact countless lives across the country. The programs it supports range from cutting-edge biomedical research that develop life-saving cures for disease to financial resources that help millions of students succeed in postsecondary education. Many of the bills' programs have been severely strained during the COVID-19 pandemic, which has exacerbated health disparities and crippled the economy and labor market. The Committee recognizes the need to invest significant resources in these programs to boost public health and provide much-needed help to struggling families. This bill makes historic investments that pave the way to recovery from the worst pandemic in a century. It expands opportunities for working families, improves access to childcare and early learning, includes significant investments in education, and increases access to affordable healthcare.

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

## OVERCOMING THE COVID-19 PANDEMIC AND PREPARING FOR THE NEXT PUBLIC HEALTH CRISIS

As a nation, our lack of preparedness for the COVID-19 pandemic was catastrophic. The SARS-CoV-2 virus has altered life as we know it, changing the way we approach healthcare, education, the workforce, and the economy. According to the CDC, between February 29, 2020 and October 15, 2021, the United States recorded nearly 45 million confirmed cases of COVID-19 and more than 720,000 deaths due to the virus. The early stages of the COVID-19 response in the United States were marred by testing failures, which delayed our ability to detect and track the virus, ultimately allowing it to escape containment and spread rampantly across the country. In 18 months, the Nation has suffered four waves of COVID-19; the deadliest peak in January 2021 killed 4,000 Americans a day and infected a quarter-million. The introduction of three widely available, highly effective vaccines against COVID-19 in April 2021 brought new hope that the pandemic was drawing to a close. As more than 188 million people got vaccinated, new cases and deaths declined dramatically in spring and early summer. However, as the more contagious Delta variant of the virus took hold in July, case rates, hospitalizations, and deaths began surging again, particularly in States with low vaccination rates. Currently, nearly 70,000 Americans are hospitalized and more than 1,800 people continue to die from COVID-19 every day. Data indicate that the overwhelming majority of hospitalizations and deaths are among the unvaccinated. In addition to fighting the virus, our public health system must grapple with pervasive disinformation and misinformation that feeds vaccine opposition in some communities. As the resurgence of the virus has demonstrated, COVID-19 is on track to become a pandemic of the unvaccinated, and an endemic, seasonal pathogen that will likely circulate for years to come. With 57 percent of the U.S. population vaccinated, the Delta variant continues to overwhelm hospitals, sickening alarming numbers of children, many of whom remain unable to get vaccinated as they return to in-person learning for the first time in three academic years.

While no community has gone untouched by the pandemic, Black, Latinx, Native, and other people of color continue to suffer disproportionate levels of illness and death from COVID-19. Black and Latinx youth are more likely to have lost a family member to COVID-19, fallen further behind in school and have higher unemployment rates. Although White individuals account for the largest share of unvaccinated adults, Black and Latinx people are less likely to get a COVID-19 vaccine. The pandemic has served as a stark reminder of the deep inequities and systemic racism entrenched within our healthcare and economic systems, and highlighted the critical need to address these issues through strategic, long-term investments. Thanks to funding provided in the American Rescue Plan (Public Law 117-2) to support vaccine confidence, CDC and its partners have started to make inroads in these communities; vaccination rates among American Indian or Alaska Native people are the highest among racial and ethnic minority groups. While this progress is promising, there is still much work to be done.

CDC must redouble its efforts to build trust, increase collaboration, and create tools and resources responsive to the concerns and feedback from communities disproportionately affected by COVID-19 and other health disparities.

The Biden Administration's 200-page COVID-19 strategy, released on January 21, 2021, offered a radical shift and new hope for our nation's ability to crush the pandemic. Smarter testing, faster vaccinations, and health equity were cornerstones of the plan that pledged to "listen to science" and enhance data analysis to support officials making evidence-based decisions. The "National Strategy for the COVID-19 Response and Pandemic Preparedness" outlined a centralized response, instructed Federal agencies to invoke the Defense Production Act to expand supplies, created a "pandemic testing board" to expand access to testing, ordered the Occupational Safety and Health Administration to immediately begin considering issuing enforceable requirements to protect workers, called for new guidelines on reopening schools and businesses, and made it clear that the government would begin fully reimbursing States for the cost of using the National Guard to accelerate the pace of vaccinations. In March, Congress passed the \$1.9 trillion American Rescue Plan Act of 2021 (Public Law 117-2), which provided badly needed unemployment assistance, and support for education, childcare, vaccines and testing. COVID-19 vaccines have been phenomenally effective and delivered in record time. According to CDC data, as of October 15, 2021, more than 406 million doses of COVID-19 vaccines have been administered in the United States. However, the dire circumstances for the unvaccinated brought on by the Delta variant demonstrates how the Federal Government must continue to lead with science-based public health efforts to support economic recovery for all and the full re-opening of society.

Even as the Nation struggles to recover from the COVID-19 pandemic, we must take stock of the lessons learned from the worst public health crisis in a century. From testing failures to the lack of a centralized response strategy, a comprehensive retrospective assessment must be completed to understand why the United States failed and help ensure we are better prepared for the next outbreak. We must also recognize and address the long-term impacts of the pandemic on biomedical research, public health, behavioral health, and our education systems.

#### PUBLIC HEALTH PREPAREDNESS AND RESPONSE

The COVID-19 pandemic showed how unprepared we were as a nation for anticipating, preparing for, and responding to a global pandemic. Despite our considerable advantages, including immense resources, biomedical advances, and scientific expertise—the U.S. response floundered. Going into the pandemic, funding for the CDC was 10 percent lower than a decade ago, adjusted for inflation. Our public health workforce was depleted. Since 2009, local health departments have lost 55,000 jobs—a quarter of their workforce. Our public health emergency preparedness plans were designed for geographically discrete disasters like hurricanes or mass shootings, not a national catastrophe that would drag on for more than a year. In addition, our dependence on foreign suppliers for certain

types of personal protective equipment [PPE] like nitrile gloves and gowns caused medical supply shortages at a time when hospitals and frontline healthcare workers needed them most. For months, the U.S. government was unable to provide adequate testing supplies, medical equipment, or basic PPE to States to support their pandemic response. Alarming reports show that the Strategic National Stockpile [SNS] had not replenished some of its inventories since the H1N1 pandemic in 2009–2010, and many of its supplies, including N–95 respirators, were expired. Despite establishing the Public Health Emergency Medical Countermeasures Enterprise [PHEMCE] in 2006 to ensure SNS supply and coordination of response capabilities were in place to protect Americans during public health emergencies, our nation’s ability to secure and distribute supplies failed miserably. There was no clear national leadership in the initial pandemic response; instead Federal authorities punted problems to the States, leaving States to fight each other over limited resources. The Nation has yet to successfully manage its COVID–19 testing arsenal, let alone deploy it in the type of systemic way needed to crush outbreaks in schools, workplaces and communities. Today, as COVID–19 cases continue to surge in many States, hospitals are overrun with patients and healthcare workers are forced to activate crisis standards of care.

In order to address these shortcomings, the Committee recommendation includes the largest budget authority increase for the CDC in nearly two decades. To restore capacity at the world’s pre-eminent public health agency, the bill includes \$600,000,000 in new flexible funding to rebuild public health infrastructure and \$106,000,000, a \$50,000,000 increase, to rebuild the public health workforce following its decades-long erosion. It also includes more than \$715,000,000, a \$20,000,000 increase, for State and local public health emergency preparedness. Within the HHS Assistant Secretary for Preparedness and Response, the bill includes \$905,000,000, a \$200,000,000 increase, for the SNS to maintain and replenish critical medical supplies that were depleted by the pandemic. The Committee directs the Secretary to develop plans for re-envisioning the PHEMCE and SNS to ensure a transparent and deliberative decision-making process for procurement that is scientifically justified, meets healthcare and national security needs, and engages interagency partners in the full range of PHEMCE outlined in the Pandemic All-Hazards Preparedness and Advancing Innovation Act of 2019 (Public Law 116–22).

*Biomedical Advanced Research and Development Authority [BARDA].*—The Committee provides \$823,380,000, an increase of \$226,680,000, to continue investments in BARDA to develop late stage medical countermeasures.

*Hospital Preparedness Program.*—The Committee provides \$296,777,000, an increase of \$16,222,000, for hospitals to improve upon planning and care during emergencies and disasters.

*Pandemic Influenza.*—The Committee provides \$335,000,000 within the Office of the Secretary, an increase of \$48,000,000, to improve the effectiveness of the flu vaccine and better respond to late changes to flu strains.

*Project BioShield.*—The Committee includes \$770,000,000, the same level as fiscal year 2021, to purchase critical medical countermeasures, such as vaccines, therapeutics, and diagnostics.

*Public Health Emergency and Hospital Preparedness.*—The Committee provides \$715,000,000, an increase of \$20,000,000, for CDC's Public Health Emergency Preparedness program to continue preparing communities and hospitals to respond to public health emergencies.

*Universal Flu Vaccine.*—The Committee includes \$260,000,000 in the National Institute of Allergy and Infectious Diseases, an increase of \$40,000,000, to support efforts to develop a universal influenza vaccine that provides long-lasting protection against numerous flu strains, rather than a select few.

## SOLVING URGENT HEALTH CHALLENGES

### INVESTING IN BIOMEDICAL RESEARCH

For a seventh straight year, the Committee has provided a substantial increase for the National Institutes of Health [NIH]. The fiscal year 2022 recommendation for NIH is \$47,922,891,000, an increase of \$4,988,891,000 or twelve percent. With this investment, the Committee will have provided a 58 percent increase over the past 7 years.

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:

*Advanced Research Projects Agency for Health [ARPA-H].*—The bill includes \$2,400,000,000 for 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.

*Alzheimer's Disease and Related Dementias Research [AD/ADRD].*—The Committee maintains its commitment to finding a treatment and a cure for Alzheimer's disease, increasing funding for AD/ADRD research supported by the National Institute on Aging by \$235,000,000. Since fiscal year 2015, Congress has increased research funding for AD/ADRD by more than 500 percent, making it the largest expenditure of its kind in NIH.

*Opioids, Stimulants and Pain Management.*—The Committee increases support for the Helping to End Addiction Long-term or HEAL initiative by \$270,296,000 and other research related to opioids, pain, and pain management by \$345,359,000.

*Health Disparities Research.*—The bill provides \$330,000,000 to expand research to better understand the root causes and effects of health disparities and how to reduce them.

*COVID-19.*—The Committee includes \$77,500,000 for targeted research related to the impact of COVID-19 on mental health, children who develop multisystem inflammatory syndrome, and to connect researchers with community organizations to increase participation of people from underrepresented communities in clinical trials for COVID-19 treatments and vaccines.

*Brain Research through Advancing Innovative Neurotechnologies [BRAIN] Initiative.*—The Committee continues to strongly support the BRAIN Initiative and provides \$640,000,000 in fiscal year 2022, an increase of \$80,000,000. The BRAIN Initiative is developing a more complete understanding of brain function and has the potential to help millions of people who suffer from a wide variety of neurological and psychiatric disorders such as Parkinson’s disease, schizophrenia, Alzheimer’s disease and dementia, depression, and traumatic brain injury.

*Maternal Mortality.*—The Committee includes an increase of \$30,000,000 for research to improve pregnancy outcomes and reduce maternal mortality.

*Combating Antimicrobial Resistance [AMR].*—The Committee provides no less than \$550,000,000, 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, and to support the training of new investigators to improve AMR research capacity.

*Regional Biocontainment Laboratories [RBL].*—The Committee provides a further installment of \$50,000,000 in funding for the RBLs that assist national, State, and local public health efforts in the event of a bioterrorism or infectious disease emergency.

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 each at a minimum an inflation adjustment of 2.4 percent.

#### INCREASING ACCESS AND EQUITY IN HEALTH CARE

Many populations across the country, whether defined by race, ethnicity, or geography, experience higher rates of certain diseases and lack the same access to health services as their peers. Addressing these disparities remains one of our nations’ central challenges. Accordingly, the Committee increases its efforts to expand access and equity in healthcare through a number of programs, including: community health centers and consumer assistance programs to increase access to high quality healthcare; health professions training to ensure a diverse medical provider community; research initiatives focused on underserved communities; and programs that target health disparities like the maternal mortality crisis and social determinants of health. The bill includes:

*Community Health Centers.*—\$1,793,772,000, an increase of \$110,000,000, to expand access to primary care in underserved areas of the country, including urban, rural, and frontier areas.

*Consumer Assistance, Outreach and Enrollment.*—An increase of \$276,099,000 for the Centers for Medicare and Medicaid Services [CMS] to improve the administration of Medicare, Medicaid, the Affordable Care Act [ACA] and oversight of nursing homes. This includes no less than \$50,000,000 to support Consumer Assistance Programs in both the Federal and State-based healthcare exchanges to help consumers understand and access affordable health coverage options. It also supports robust investments in the Navigator Program and other ACA outreach efforts.

*Health Disparities Research.*—An increase of \$330,000,000 across multiple NIH Institutes and Centers, to expand efforts to identify

and reduce health disparities. The recommendation also includes \$30,000,000 for the new Community Engagement Alliance Against COVID-19 Disparities [CEAL] Initiative to connect researchers with community organizations to conduct research and increase participation from underrepresented communities in clinical trials for COVID-19 treatments and vaccines.

*Health Professions and Diversity Programs.*—The bill supports initiatives aimed at increasing the diversity of the healthcare workforce and access to quality healthcare in underserved areas, including:

- National Health Service Corps.*—\$150,000,000, an increase of \$30,000,000, to expand access to quality opioid and substance use disorder [SUD] treatment in rural and underserved areas nationwide;
- Health Careers Opportunity Program.*—\$18,500,000, an increase of \$3,500,000, to assist students from minority and economically disadvantaged backgrounds navigate careers into the health professions; and
- Nursing Workforce Diversity.*—\$23,343,000 an increase of \$3,500,000, for increasing nursing education opportunities for underrepresented populations, including racial and ethnic minorities, among registered nurses.

*Institutional Development Award [IDeA].*—\$410,453,000, an increase of \$13,880,000, to broaden the geographic distribution of NIH funding. In addition to enhancing the competitiveness of investigators and the research capabilities in these States, the program serves their unique populations, such as rural and medically underserved communities.

*Maternal Mortality.*—Each year, approximately 700 women in the United States die from conditions related to or associated with pregnancy or childbirth. To address the unacceptably high levels of maternal mortality, which disproportionately impact women of color, the bill proposes a total of \$237,000,000, an increase of \$170,000,000, for the initiative, including:

- Early Childhood Development Expert Grants.*—\$25,000,000 for a new HRSA program to help cities place early childhood development experts in pediatric offices with a high percentage of Medicaid and Children’s Health Insurance Program patients.
- Implicit Bias Training Grants for Health Providers.*—\$7,000,000 to support new HRSA grants to train healthcare providers on implicit bias with the goal of reducing racial disparities;
- Improving Maternal Outcomes.*—\$30,000,000, for the NIH new Implementing a Maternal Health and PRenancy Outcomes Vision for Everyone (IMPROVE) initiative to expand research to reduce preventable causes of maternal death and improve the health of pregnant and postpartum women;
- Pregnancy Medical Home Demonstration.*—\$25,000,000 for a new HRSA program to incentivize maternal healthcare providers to provide integral healthcare services to pregnant women and new mothers;

—*Safe Motherhood and Infant Health*.—\$43,000,000, an increase of \$26,000,000, for CDC to expand support for State Maternal Mortality Review Committees; and

—*State Maternal Health Innovation Grants*.—\$55,000,000, an increase of \$32,000,000, to expand HRSA grants for maternal care services, workforce needs, and postpartum and inter-conception care services.

*Rural Health*.—The Committee includes \$402,709,000 to support HRSA’s rural health programs, an increase of \$73,190,000, for underserved rural communities to better address their healthcare needs and help small rural hospitals improve their financial and operational performance.

*Social Determinants of Health*.—\$153,000,000, a \$150,000,000 increase, to expand and improve CDC’s health equity programs in all States and Territories. This funding will improve health outcomes among persons experiencing health disparities and inequities by expanding and implementing SDOH accelerator plans, launching an implementation program, and providing technical assistance to communities that are building the evidence base through improved data collection to better understand health disparities.

*Women’s Health*.—The Committee includes \$500,000,000 for the Title X–Family Planning program, a vital component of the healthcare safety net that is essential to addressing health inequities. This is an increase of \$213,521,000 to expand 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. The bill also includes:

—\$136,800,000 for the Teen Pregnancy Prevention Program, an increase of \$29,000,000, to expand evidenced-based prevention approaches to prevent teen pregnancy and Sexually Transmitted Infections among adolescents;

—\$43,140,000 for the HHS Office of Women’s Health, an increase of \$8,000,000, to enhance crosscutting initiatives and public-private partnerships to address the disparities in women’s health. This includes \$8,100,000 to help victims of violence and improve prevention programs and \$5,000,000 to integrate high-quality contraceptive care into State primary healthcare and safety net systems; and

—\$57,385,000 for NIH’s Office of Research on Women’s Health, an increase of \$5,905,000 above the fiscal year 2021 enacted level and \$5,082,000 above the budget request. This office ensures women’s health research and research on the biological and sociocultural influence of sex and gender are included within the larger NIH scientific framework.

#### ENDING THE HIV EPIDEMIC

An estimated 38,000 Americans are newly diagnosed with HIV every year and, since 1981, more than 700,000 Americans have lost their lives to the disease. The Ending the HIV Epidemic Initiative [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. The bill includes



\$643,000,000, an increase of \$245,000,000, to focus on these high-risk areas by expanding HIV outreach, diagnoses, treatment, prevention, research, and response activities. This includes:

*HRSA Community Health Centers.*—\$152,250,000, an increase of, \$50,000,000, to support 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 to expand its geographic scope to include 140 new health centers, resulting in the total participation of approximately 440 health centers across the country.

*HRSA Ryan White Program.*—\$190,000,000, an increase of \$85,000,000, to 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.

*Prevention Programs.*—\$275,000,000, an increase of \$100,000,000, for CDC activities to leverage HIV prevention infrastructure to conduct strategic testing linked to immediate treatment and engagement with the clinical care system. This effort will expand the use of PrEP and develop approaches to better detect and respond to clusters of HIV cases. In addition, CDC will use resources to invest in core HIV prevention programs at State and local health departments to provide the foundation for ensuring the success of new activities.

*NIH Centers for AIDS Research [CFAR].*—\$71,000,000, an increase of \$10,000,000, for CFAR dissemination of best practices based on state-of-the-art biomedical research findings, and by collecting and disseminating data on the effectiveness of approaches used in EHE.

#### COMBATING OPIOID AND SUBSTANCE USE

The instability and isolation caused by the coronavirus pandemic led to increased substance use as an increasing number of Americans turned to substances to cope with the stress of the pandemic. Drug overdose deaths are predicted to reach the highest level ever recorded last year, with provisional data from the CDC showing 93,300 Americans died from drug overdoses in 2020, representing a nearly 30 percent increase over 2019. More than 69,000 of those deaths were caused by opioids, up from approximately 51,000 in 2019. Deaths caused by stimulants also increased during this period. Between 1999 and 2019, nearly 850,000 people in the United States died from a drug overdose, over 70 percent of which in 2019 were overdoses caused by opioid misuse. The Committee continues to regard the opioid epidemic as one of the foremost public health issues facing the Nation.

In order to address the opioid and substance use crisis, the Committee recommends \$9,602,461,000 within HHS, an increase of \$2,913,471,000 from fiscal year 2021.

*Agency for Healthcare Research and Quality.*—The Committee includes \$7,000,000 for research related to opioid use and misuse, an increase of \$4,000,000.

*Centers for Disease Control and Prevention.*—The Committee includes \$663,369,000, a \$187,790,000 increase, 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 \$30,000,000 a \$17,000,000 increase, to address the alarming trend of increased infectious diseases associated with the opioid epidemic.

*Certified Community Behavioral Health Clinics.*—The bill includes \$350,000,000, an increase of \$100,000,000, to provide grants to clinics certified by their State to provide treatment for those with mental health illness. The Committee expects SAMHSA will continue to provide competitive grants to those areas also impacted by the opioid crisis.

*HRSA Behavioral and Mental Health Workforce Training.*—The bill provides \$215,000,000 to support and expand the behavioral and mental health workforce, including increases for the Loan Repayment for Substance Use Disorder Treatment Workforce program and the Mental and Substance Use Disorder Workforce Training Demonstration.

*National Institutes of Health.*—The Committee includes \$810,886,000 for the Helping to End Addiction Long-term or HEAL initiative, an increase of \$270,296,000 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 \$345,359,000 across multiple Institutes and Centers to broadly support research related to opioids, pain and pain management.

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

*Preventive Services for Children At-Risk of Entering Foster Care.*—The Committee provides \$30,000,000, an increase of \$10,000,000, for Kinship Navigator Programs. This program improves services available to grandparents and other relatives taking primary responsibility for children because the child's parent is struggling with opioid addiction or substance use disorder. In addition, the bill also includes \$7,000,000 for Regional Partnership Grants and family-focused residential treatment programs, to improve the coordination of services for children and families affected by opioid and other substance use disorders and help families remain together during treatment.

*Rural Communities Opioid Response Program.*—The Committee provides \$165,000,000 for the Rural Communities Opioid Response Program, which provides funding and technical assistance to local, regional, and State-level partners to address opioid use prevention, treatment, and recovery needs in high-risk rural communities.

*SAMHSA Programs of Regional and National Significance [PRNS].*—The Committee provides \$643,364,000, an increase of \$146,687,000, for PRNS treatment programs, including: alternatives to opioids for pain management in emergency department settings; recovery and workforce assistance; comprehensive opioid

recovery centers; first responder training; medication-assisted treatment; and pregnant and postpartum women.

*Substance Abuse Prevention and Treatment Block Grant.*—The Committee includes \$3,008,079,000 an increase of \$1,150,000,000 for the Substance Abuse Prevention and Treatment Block Grant and includes a new, 10 percent set aside for recovery programs.

*State Opioid Response Grants.*—The Committee provides \$2,000,000,000 for flexible grants dedicated to State responses to opioid abuse, an increase of \$500,000,000 over the fiscal year 2021 enacted level. The bill continues the 15 percent set-aside for States with the highest age-adjusted mortality rate related to opioid use disorders.

#### EXPANDING ACCESS TO MENTAL HEALTH CARE

The COVID–19 pandemic worsened the mental health challenges that a growing number of Americans face. Approximately one in five adults in the United States experience mental illness in a given year and one in five youth aged 13–18 experiences a severe mental health disorder. Over the past year, rates of anxiety and depression in adults have roughly tripled, with more than one in four adults in the United States reporting symptoms, up from one in ten in 2019. Additionally, more adults are reporting new or increased substance use as a way to manage stress during the pandemic.

To improve access to mental health services, the Committee includes \$2,970,528,000, an increase of \$1,178,253,000. The Committee's recommended investments include:

*Community Mental Health Block Grant [MHBG].*—The recommendation includes \$1,582,571,000, an increase of \$825,000,000 for the MHBG. The recommendation includes a 10 percent set aside for early intervention and prevention efforts for children and adults and continues the set aside for crisis services from the fiscal year 2021 bill.

*Suicide Prevention.*—The Committee provides \$207,821,000, an increase of \$105,706,000, to address the alarming trend of rising suicide rates in the United States since 1999. The Committee includes investments in a variety of suicide prevention programs, including the Zero Suicide initiative, and \$24,000,000, a \$12,000,000 increase, in CDC's suicide prevention program. The Committee also recommends \$108,821,000, an increase of \$84,821,000, for the Suicide Prevention Lifeline, to build the infrastructure necessary to transition to a three digit number in July 2022.

*Certified Community Behavioral Health Clinics.*—The Committee includes \$350,000,000, an increase of \$100,000,000, to support comprehensive mental health services for youth and adults.

*Mental Health Research.*—The Committee includes \$2,218,900,000, an increase of \$112,998,000 above fiscal year 2021, for the National Institute of Mental Health for continued NIH research on mental health disorders, including \$25,000,000 to expand research on the impact of the COVID–19 pandemic on mental health.

## COMBATTING GUN VIOLENCE AND COMMUNITY VIOLENCE

In July, the Government Accountability Office [GAO] reported that gun violence accounts for about 30,000 hospital stays and about 50,000 emergency room visits annually. More than 15 percent of firearm injury survivors are readmitted at least once after initial treatment, costing an additional \$8,000 to \$11,000 per patient. Because most of the victims are low-income, the burden falls on safety-net programs like Medicaid, generating healthcare costs that far exceed \$1,000,000,000 annually. GAO's findings come on the heels of reports that 2020 was the deadliest year for gun violence in decades, with nearly 20,000 deaths due to homicides and unintentional injuries, and 24,000 deaths by suicide with a gun. To understand how society can better prevent gun-related injuries and deaths, the Committee provides \$50,000,000, an increase of \$25,000,000 divided evenly between the CDC and NIH for research on firearm injury and mortality prevention. Given violence and suicide have a number of causes, the recommendation expects CDC and NIH to take a comprehensive approach to studying these underlying causes and evidence-based methods of prevention of injury, including crime prevention.

The recommendation includes a historic investment, \$115,000,000, a \$100,000,000 increase, in a new community violence initiative at CDC. This funding will support community-based violence interventions that focus on those most at risk of being victims or perpetrators of violence. Building off of the work of its five National Centers of Excellence in Youth Violence Prevention, CDC will fund additional awards and further build the evidence-base for preventing violence in communities experiencing the greatest burden, and reduce the racial, ethnic and economic inequities that characterize such violence across the country.

The bill also provides \$18,750,000, an increase of \$6,250,000 within SAMHSA 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.

## INVESTING IN CHILDREN, FAMILIES, STUDENTS AND WORKERS

### INCREASING ACCESS TO HIGH-QUALITY EARLY CHILDHOOD CARE AND EDUCATION

The Committee makes historic investments in high-quality child care and early education programs by including \$19,693,000,000, an increase of \$2,759,000,000, over fiscal year 2021 levels.

*Child Care and Development Block Grants [CCDBG].*—The Committee recommendation includes \$7,311,000,000, an increase of \$1,400,000,000, to support high-quality child care for working families. The COVID-19 pandemic exposed the fragility of our child care system. The lack of available and affordable child care options meant that millions of Americans—mainly women and women of color—were forced to take unpaid leave to care for their children. The ability for families to find child care is critically important for working parents with young children and access to high-quality

programs is essential to building our economy. This investment in CCDBG will serve over 2 million children in fiscal year 2022. This builds upon the \$3,500,000,000 in the Coronavirus Aid, Relief, and Economic Security [CARES] Act (Public Law 116–136), \$10,000,000,000 through the Coronavirus Response and Relief Supplemental Appropriations Act of 2021 (Public Law 116–260), and \$39,000,000,000 in the American Rescue Plan Act (Public Law 117–2).

*Head Start.*—The Committee recommendation includes \$11,932,095,000, an increase of \$1,184,000,000, to help all Head Start programs continue to provide high-quality early childhood education for children and families beginning before birth through age five. The bill includes \$234,000,000 in cost-of-living adjustments for Head Start teachers and staff, \$250,000,000 in quality improvement funding to help programs offer trauma and mental health services to Head Start families, and \$500,000,000 to expand Early Head Start and Early Head Start Partnership Programs.

*Preschool Development Grants.*—The Committee includes \$450,000,000, an increase of \$175,000,000, for Preschool Development Grants. The additional funding will allow States to build capacity to offer preschool and early childhood education programs to children birth-age five from low to moderate income families.

#### INCREASING ACCESS TO HIGH-QUALITY EDUCATION FOR ALL STUDENTS

*Title I–A Grants to LEAs.*—The Committee includes \$33,086,802,000, an increase of \$16,550,000,000, for Title I–A grants to school districts, to provide additional support to schools with a significant number of students living in poverty and help address the educational needs of low-income students. The Committee recommendation would be the largest increase in the program’s history and is equally split between targeted grants and education finance incentive grants. These additional funds could allow grants to be made to 11,000 public schools eligible for a Title I–A grant in 2019–2020 that did not receive one and increase the size of Title I–A grants to the approximately 60,000 public schools, or roughly 60 percent of all public schools nationwide, that received a grant in 2019–2020.

*School Support and Improvement.*—The Title I–A grant program authorizes the majority of the Federal 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. At the funding level recommended in the bill, the set-aside for school improvement activities will approximately double to an estimated \$2,300,000,000. According to a recent GAO report on school improvement, the average grant award in 2019–2020 ranged from a minimum of \$31,000 to a maximum of \$444,000. Additional resources provided in this bill would support more robust award amounts to help schools implement evidence-based interventions needed to better meet the needs of their students. GAO also 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 additional resources provided in this bill, including additional administrative resources available to all States, and Department technical assistance and support could help address these challenges and support improved student outcomes.

*IDEA Special Education.*—The Committee recommendation includes \$15,537,429,000, an increase of \$2,599,972,000, for IDEA Part B State Grants. These funds would support services to an estimated 7.6 million students with disabilities. If enacted, it would raise the Federal contribution by two percentage points to 15 percent of average per pupil expenditures, the largest increase in two decades. State and local taxpayers must cover the shortfall in the promised 40 percent Federal share of average per pupil expenditures. The bill also includes \$502,620,000, an increase of \$105,000,000, for Preschool Grants and \$731,850,000, an increase of \$250,000,000, for Grants for Infants and Families, to support the educational and developmental needs of children with disabilities ages 3–5 and birth to 2, respectively.

*English Language Learners.*—The Committee recommends an appropriation of \$917,400,000, an increase of \$120,000,000, for the English Language Acquisition [ELA] program. If enacted, this would be the largest increase in the program in 20 years. Roughly 10 percent or five million public school students were English Language Learners in the fall of 2018. Increased appropriations are critical for meeting the needs of students throughout the United States, where the percentage of public school students who were ELLs was higher in fall 2018 than in fall 2010 in 42 States and the District of Columbia.

*Impact Aid.*—The Committee recommendation includes \$1,565,838,000, an increase of \$64,726,000, 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. These districts face unique challenges that include educating children living on federally owned land, such as military bases, which is exempt from local taxes, a primary source of revenue for LEAs.

*School-Based Health Professionals.*—The Committee recommendation includes \$800,000,000 within the Safe Schools National Activities Program for new awards under 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. 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 school nurses.

*Full Service Community Schools.*—The Committee recommendation includes \$400,000,000, an increase of \$370,000,000, 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.

*Improved Assessments.*—The Committee recommendation includes \$58,811,000, an increase of \$50,000,000, for competitive grants to SEAs or consortia of SEAs to carry out activities designed to improve the quality, validity, and reliability of State academic assessments. These grants could help measure student academic achievement of all ESEA subgroups of students through the use of multiple measures from multiple sources or evaluate achievement through the development of comprehensive instruments that emphasize mastery of academic standards and aligned competencies in a competency-based education model.

*Student Support and Academic Enrichment Grants.*—The Committee includes \$1,320,000,000, an increase of \$100,000,000, 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 \$179,000,000, an increase of \$70,000,000, 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. At this level, Education would be able to make approximately 50 new awards for the creation and expansion of magnet school programs.

*Rural Education.*—The Committee recommendation includes \$200,000,000, an increase of \$12,160,000, in additional resources for rural school districts and schools that may be used for a range of uses to help them overcome unique resource and capacity issues.

*Education for Homeless Children and Youth.*—The Committee recommends \$146,500,000, an increase of \$40,000,000, 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. Additional assistance is needed as the number of identified, enrolled students reported as experiencing homelessness was nearly 1.4 million students in academic year 2018–19, significantly increased from 1.1 million students in 2010–11, yet insufficient funding resulted in just one-quarter of the nation’s LEAs receiving subgrants needed to serve children and youth through this program.

*Education Research.*—The Committee recommends \$267,880,000 for education research, development, evaluation, and national dissemination activities. If enacted, this would be the largest increase in the agency’s history and support more than \$70,000,000 in new awards, including for research on understanding and addressing the impact of lost instructional time due to the COVID–19 pandemic. 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. The Committee recommendation also includes \$65,000,000, an increase of \$6,500,000, for the National Center for Special Education Research.

*Office for Civil Rights.*—The Committee recommends \$144,000,000 for the Office for Civil Rights [OCR]. OCR is respon-

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

#### IMPROVING POSTSECONDARY EDUCATION OPPORTUNITIES FOR ALL STUDENTS

*Pell Grants.*—The Committee recommendation includes the largest increase in the discretionary portion of the maximum Pell grant since fiscal year 2009. Consistent with the administration’s budget request, the Committee recommendation includes a \$400 increase in the discretionary portion of the maximum Pell grant award that when combined with mandatory funding under current law would provide a total maximum award of \$6,895. The Committee recommendation also includes a \$1,808,608,000 increase in discretionary funding for the Pell grant program, the first increase in annual discretionary funding for the program since fiscal year 2011. While significant unobligated balances remain available, this puts the program on sounder footing for future years, including supporting recent program expansions that will be implemented in coming years and the increase in the maximum award provided in this bill.

*Federal TRIO Program.*—The Committee recommendation includes \$1,282,761,000 for Federal TRIO programs, an increase of \$185,761,000. The Committee recommendation will support increases for each of the TRIO programs, including funding down the slate of high-quality applications from previous competitions.

*Strengthening Historically Black Colleges [HBCUs] and Minority Serving Institutions.*—The Committee provides \$1,084,054,000, an increase of \$295,000,000 for Aid for Institutional Development programs. This funding helps address historical inequities in higher education and strengthen HBCUs and other minority serving institutions. In addition, the Committee recommendation includes \$311,018,000, an increase of \$60,000,000, for Howard University.

*Child Care Access Means Parents in School.*—The Committee recommendation includes \$110,000,000 for the CCAMPIS programs, doubling funding for the program. The Committee recommendation also lifts the current caps on grants that will allow current and new grantees to be eligible for increased funding to support convenient, high-quality child care options for more students.

*Adult Education.*—The Committee recommendation includes \$723,000,000, an increase of \$34,333,000 for Adult Education programs.

*Career and Technical Education [CTE].*—The Committee recommendation includes \$1,409,848,000, an increase of \$67,579,000, for CTE State grants. This funding helps States develop, expand,



and improve their CTE programs in high school and post-secondary settings, and create pathways beginning in high-school to in-demand jobs and careers. This includes up to \$15,000,000 for innovative middle and high school CTE projects aimed at advancing equity and building the evidence-base for what works in CTE, particularly for underserved students, which may include expanding career pathways opportunities for middle and high school students.

SUPPORTING WORKERS AND WORKFORCE DEVELOPMENT IN A  
CHANGING ECONOMY

*Workforce Development State Grants.*—The Committee recommendation includes \$2,938,102,000, an increase of \$92,770,000, for Workforce Innovation and Opportunity Act [WIOA] State grants. These grants, which support adults, youth, and dislocated workers, provide flexibility to State and local governments to meet their own unique job training needs, and form the bedrock of the Federal workforce development effort. In addition, the Committee recommendation includes \$684,862,000, an increase of \$14,810,000 for Employment Service State Grants under the Wagner-Peyser Act.

*Apprenticeship Grants.*—The Committee recommendation includes \$245,000,000, an increase of \$60,000,000 for Registered Apprenticeship Grants. This increase will help expand Registered Apprenticeships to new sectors and new occupations, and increase access for historically underrepresented groups.

*Youth Programs.*—The Committee recommendation includes \$120,000,000, an increase of \$23,466,000, for Youthbuild, and \$25,000,000 for a new National Youth Employment Program, to provide disconnected and at-risk youth employment opportunities.

*Reentry Employment Opportunities [REO].*—The Committee recommendation includes \$125,000,000, an increase of \$24,921,000, for the REO program. This will provide adults and youth involved in the criminal justice system with training that leads to industry-recognized credentials and apprenticeships.

*Veterans' Employment and Training Service.*—The Committee recommendation includes \$325,331,000, an increase of \$8,990,000, for programs targeted towards employment needs of separating service members and veterans.

*Unemployment Insurance [UI].*—The Committee recommendation includes \$2,816,214,000, an increase of \$509,398,000 for State Unemployment Insurance Operations, to support the state administration of unemployment insurance programs. This increase will support the first update in decades to the factors used to estimate state UI costs. In addition, the Committee recommendation includes \$68,000,000, an increase of \$50,000,000, to support the development of information technology solutions that can be deployed in States to ensure timely and equitable access to UI benefits.

PREVENTING DOMESTIC AND GENDER-BASED VIOLENCE AND  
PROMOTING CHILD WELFARE

The bill includes \$453,450,000, a \$270,950,000 increase in funding over fiscal year 2021 levels to help survivors and their families access supportive services such as healthcare, housing, early child-

hood education, and child support. The bill allows grantees to offer cash assistance for domestic violence survivors and their families. The Committee's recommendation includes \$23,000,000 for the Domestic Violence Hotline, which provides assistance and information to adult and youth survivors of family violence, domestic violence or dating violence.

The bill also includes increases in programs that prevent child abuse and neglect including \$125,000,000, an increase of \$34,909,000 for Child Abuse and Prevention grants to States and \$85,000,000, an increase of \$24,340,000 for Community Based Child Abuse Prevention programs. The bill also supports the President's budget request for new child welfare research funding to address the overrepresentation of children of color in the child welfare system.

#### ENSURE WORKERS' HEALTH, SAFETY, AND RIGHTS ARE PROTECTED

*Wage and Hour Division [WHD].*—The Committee recommends \$278,700,000, an increase of \$32,700,000, for WHD to administer and enforce laws covering more than 148 million workers. These laws include the Federal minimum wage, overtime pay, record-keeping, and child labor requirements of the Fair Labor Standards Act. WHD recovers an average of \$1,120 in back wages for each employee as a result of its investigations into employer wage theft and illegal compensation practices, so enacting this recommendation will mean more workers will be able to keep the pay they've earned and access the rights afforded to them under the nation's labor laws.

*Occupational Safety and Health Administration [OSHA].*—The Committee recommends \$665,924,000, an increase of \$74,137,000, for OSHA, which is responsible for enforcing the Occupational Safety and Health Act of 1970 in the Nation's workplaces. The recommendation will strengthen OSHA's capacity to ensure employers provide safe and healthful workplaces. The recommendation includes an increase of \$19,881,000 for approximately 200 additional staff for OSHA's enforcement program. The recommendation also includes \$118,875,000, an increase of \$8,800,000, for States that have chosen to administer their own safety and health program as protective as OSHA. Finally, the recommendation includes \$28,450,000, an increase of \$10,450,000, to implement a strong regulatory agenda, including standards on infectious diseases, workplace violence prevention, and heat stress.

*Office of Federal Contract Compliance Programs [OFCCP].*—The Committee recommendation includes \$135,732,000, an increase of \$29,756,000, to rebuild the lost capacity of OFCCP, which has experienced a 40 percent reduction in its staffing level as compared to a decade ago. OFCCP administers and enforces three equal employment opportunity laws that make it unlawful for contractors and subcontractors doing business with the Federal Government to discriminate in employment because of race, color, religion, sex (including sexual orientation and gender identity), national origin, disability, or status as a protected veteran.

*Employee Benefits Security Administration [EBSA].*—The Committee recommendation includes \$222,475,000, an increase of \$41,475,000, for EBSA. This includes \$27,083,000 to restore en-

forcement capacity lost in the past 5 years when EBSA investigative staff decreased by 22 percent. EBSA is responsible 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 recommendation includes \$402,209,000, an increase of \$22,393,000, for MSHA.

*Bureau of International Labor Affairs [ILAB].*—The Committee recommendation includes \$125,751,000, an increase of \$29,626,000, for ILAB to ensure workers and businesses in the United States are not put at a competitive disadvantage by trading partner countries failing to abide by labor provisions of 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 the worst forms of child labor, with no less than \$30,175,000, an increase of \$16,675,000 more than last year's bill, available for worker rights programs and no less than the fiscal year 2020 level of spending for combatting international child labor. The Committee recommendation also includes \$7,000,000 for ILAB to investigate and report on global supply chains that provide inputs produced by forced or child labor to final products.

*Office of Disability Employment Policy.*—The Committee recommends \$42,711,000, an increase of \$4,211,000, 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, including the transition to competitive, integrated employment for youth and adults with disabilities.

#### FOLLOWING THROUGH ON OUR HUMANITARIAN COMMITMENTS

*Refugee Programs.*—The Committee recommendation supports an estimated 125,000 refugee arrivals in fiscal year 2022. After a significant decrease in refugee admissions in recent years, the Committee recommendation reflects our re-commitment to the world's most vulnerable populations. The Committee recommendation includes \$605,000,000, an increase of \$251,000,000 for the Transitional and Medical Services program, which provides short-term financial and medical assistance to newly arrived refugees; and \$450,000,000, an increase of \$242,799,000 for Refugee Support Services, to provide a variety of social services to refugees, including job training and placement, case management, and emergency assistance. The Committee recommendation also includes \$39,480,000, an increase of \$10,725,000 for the Victims of Trafficking program; and \$27,000,000, an increase of \$10,000,000 for the Victims of Torture program.

*Unaccompanied Children.*—The Committee recommendation includes \$4,900,000,000, an increase of \$3,596,755,000, over the fiscal year 2021 enacted level, and \$1,616,533,000 more than the budget request. Combined with \$2,500,000,000 in emergency funding provided in the Continuing Appropriations Act 2022 (Public Law 117-43), this would support a fiscal year 2021 program level of

\$7,400,000,000. The Committee recommendation represents a responsible approach to budgeting and funding the UC program. In recent years annual funding for the program has been significantly less than actual funding needs. Further, the COVID-19 pandemic has created unprecedented challenges for the UC program and has significantly decreased HHS' capacity in State-licensed shelters and its ability to quickly respond to changing needs. The Committee recommendation will provide certainty in funding so that HHS can invest in long-term solutions and improvements so that the UC program is more resilient and better-prepared for future challenges. In addition, the Committee recommendation includes dedicated funding to improve services for children. This includes \$300,000,000 for legal services, including \$200,000,000 to expand access to legal counsel with the goal of all children having access to counsel during their immigration proceedings. It also includes \$250,000,000 for post-release services, which will increase the number of children receiving such services, and expand the types of services available, to ensure children are placed in safe and appropriate environments and have access to the trauma-informed care they need.

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 \$873,000,000 for the Health Care Fraud and Abuse Control program 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 \$387,123,000, an increase of \$29,776,000, 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 \$1,708,000,000 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 as many as 325 areas of potential duplication and overlap. GAO has identified over 1,000 actions to reduce, eliminate, or better manage fragmentation, overlap, or duplication; achieve costs savings; or enhance revenue. The Committee directs each agency funded in the fiscal year 2022 bill to report to the Committee, within 1 year of enactment, on all efforts made to address the duplication identified by the annual GAO reports along with identifying substantive challenges and legal barriers to implementing GAO's recommendations, as well as suggested legislative recommendations that could help the agency to further reduce duplication. The Committee looks forward to receiving the reports.

*Unemployment Insurance Trust Fund Integrity.*—The Committee provides \$250,000,000, an increase of \$50,000,000, 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.

#### BILL-WIDE DIRECTIVES

*Congressional Budget Justifications.*—Congressional justifications [CJs] are the primary tool used for the Committee to evaluate budget requests, agency performance, and resource requirements. The Committee expects the fiscal year 2023 CJs to include sufficient detail to justify all programs, projects, and activities contained in each department, agency, board, corporation, or commission's budget request. The justifications shall include a sufficient level of detailed data, exhibits, and explanatory statements to support the appropriations requests, including tables that outline each agency's programs, projects, and activities for fiscal years 2022 and 2023. Specifically, every bill and report number included in either the House of Representatives or Senate Appropriations bill, report, or explanatory statement, or the final appropriations bill or explanatory statement of the fiscal year should be reflected within these justifications. If a program is recommended for elimination, the justification should include information about fiscal year 2022 activities.

The Committee directs the chief financial officer of each department, agency, board, corporation, or commission funded in this act's jurisdiction to ensure that adequate justification is given to support each increase, decrease, and staffing change proposed in the fiscal year 2023 budget. When requesting additional resources, reduced funding, or eliminations of programs, changes should be outlined with an adequate justification. Should the final fiscal year 2022 appropriations bill be enacted within a timeframe that does not allow it to be reflected within the congressional justifications for fiscal year 2023, the Committee directs each department, agency, board, corporation, or commission funded in this act to submit

within 30 days of enactment updated information to the Committee on funding comparisons to fiscal year 2022.

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

#### OTHER HIGHLIGHTS OF THE BILL

*Administration on Community Living [ACL].*—The Committee includes \$285,599,200, an increase of \$570,177,000, to expand support for older Americans and Individuals with Disabilities. This includes \$576,000,000 for home delivered meals, an increase of \$299,658,000, and \$500,000,000 for Home and Community Based Services, an increase of approximately \$107,426,000. It will also include approximately \$14,220,000 for the Lifespan Respite program, an increase of \$7,110,000.

*Climate Change.*—As the effects of climate change become increasingly unavoidable, the Committee includes \$100,000,000 for the National Institute of Environmental Health Sciences to support research on its impact on human health. It also includes \$110,000,000, a \$100,000,000 increase for CDC’s climate and health program to identify potential health effects associated with climate change and implement health adaption plans.

*Corporation for National and Community Service.*—The Committee includes \$1,185,266,000, an increase of \$64,164,000, for national and community service programs

*Community Services Block Grant [CSBG].*—The Committee recommendation includes \$800,106,000 for CSBG programs, which is an increase of \$24,723,000.

*Corporation for Public Broadcasting.*—The bill includes the largest increase in nearly 40 years for the Corporation for Public Broadcasting. The Committee bill provides advance funding for fiscal year 2024 of \$565,000,000, an increase of \$90,000,000, and \$20,000,000 for fiscal year 2022 for the public broadcasting inter-connection system which will support investments in system-wide infrastructure and services that benefit the American people.

*Institute of Museum and Library Services [IMLS].*—The Committee recommendation includes \$282,000,000 for IMLS, an increase of \$25,000,000 above fiscal year 2021. This funding supports over 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 recommendation includes \$3,925,304,000, an increase of \$175,000,000 over the fiscal year 2021 enacted level.

*National Labor Relations Board [NLRB].*—The bill includes \$301,925,000 for the NLRB, an increase of \$27,701,000 over the fiscal year 2021 enacted level. The NLRB protects the rights of workers to self-organize and bargain collectively.

## LIST OF ABBREVIATIONS

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

NIDCD—National Institute on Deafness and Other Communication Disorders  
 NIDCR—National Institute of Dental and Craniofacial Research  
 NIDDK—National Institute of Diabetes and Digestive and Kidney Disease  
 NIDRR—National Institute on Disability and Rehabilitation Research  
 NIEHS—National Institute of Environmental Health Sciences  
 NIGMS—National Institute of General Medical Sciences  
 NIH—National Institutes of Health  
 NIMH—National Institute of Mental Health  
 NIMHD—National Institute on Minority Health and Health Disparities  
 NINDS—National Institute of Neurological Disorders and Stroke  
 NINR—National Institute of Nursing Research  
 NLM—National Library of Medicine  
 NLRB—National Labor Relations Board  
 NSF—National Science Foundation  
 NTID—National Technical Institute for the Deaf  
 OAR—Office of AIDS Research  
 OCR—Office for Civil Rights  
 ODEP—Office of Disability Employment Policy  
 OFCCP—Office of Federal Contract Compliance Programs  
 OIG—Office of the Inspector General  
 OLMS—Office of Labor-Management Standards  
 OMB—Office of Management and Budget  
 OMH—Office of Minority Health  
 OMHA—Office of Medicare Hearings and Appeals  
 ONC—Office of the National Coordinator for Health Information Technology  
 ORWH—Office of Research on Women’s Health  
 OSHA—Occupational Safety and Health Administration  
 OWCP—Office of Workers’ Compensation Programs  
 OWH—Office of Women’s Health  
 PBGC—Pension Benefit Guaranty Corporation  
 PHS—Public Health Service  
 PPH Fund—Prevention and Public Health Fund  
 PRNS—Programs of Regional and National Significance  
 RSA—Rehabilitation Services Administration  
 SAMHSA—Substance Abuse and Mental Health Services Administration  
 SEA—State educational agency  
 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, 2021 .....	\$3,663,200,000
Budget estimate, 2022 .....	4,210,672,000
Committee recommendation .....	4,023,731,000

The Training and Employment Services account provides funding primarily for activities under the Workforce Innovation and Opportunity Act [WIOA] (Public Law 113–128), and is a decentralized, integrated system of skill training and related services designed to enhance the employment and earnings of economically disadvantaged and dislocated workers. Funds provided for many training programs for fiscal year 2022 will support the program from July 1, 2022, through June 30, 2023. A portion of this account’s funding, \$1,772,000,000, becomes available on October 1, 2022, for the 2022 program year.

*Grants to States*

The Committee recommends \$2,938,102,000 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 \$882,987,000.

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 2022, which occurs from July 1, 2022, through June 30, 2023. The bill provides that \$170,987,000 is available for obligation on July 1, 2022, and that \$712,000,000 is available on October 1, 2022. Both categories of funding are available for obligation through June 30, 2023.

*Youth Training.*—For youth training activities, the Committee recommends \$944,837,000. 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 econ-

omy. Funds are made available for youth training activities in program year 2022, which occurs from April 1, 2022, through June 30, 2023.

*Dislocated Worker Assistance.*—For dislocated worker assistance, the Committee recommends \$1,110,278,000. 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 2022, which occurs from July 1, 2022, through June 30, 2023. The bill provides that \$250,278,000 is available for obligation on July 1, 2022, and that \$860,000,000 is available on October 1, 2022. Both categories of funding are available for obligation through June 30, 2023.

#### *National Programs*

*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.

*Higher Education Workforce Development Innovation.*—The Committee strongly encourages the Department to ensure that programs and initiatives under the National Programs account support innovative workforce development efforts at four-year institutions of higher education. This should include, where appropriate, expanded skills instruction, apprenticeships, and other work-based learning opportunities, including cooperative education and upskilling and reskilling efforts, that bridge secondary and postsecondary institutions and provide a career pathway for new entrants to the labor force and for those underemployed seeking new skills and credentials. Institutions of higher education are uniquely suited to address local and regional labor market demands and the needs of unemployed and underemployed workers, including providing innovative training and educational programming to workers in in-demand industries, such as manufacturing, information technology, healthcare, and energy, among others.

*Persistent Poverty.*—The Committee strongly encourages the Department to develop and implement measures to increase the share of funding going to persistent and high-poverty areas. The Committee requests a briefing within 90 days of enactment on estimated funding, to the extent practicable, allocated to such areas by program, and how the Department prioritizes funding for such areas. This should also include a discussion of any data limitations,

and how the Department could better prioritize funding in persistent and high-poverty areas, and assess the economic impact of such investments.

*Public Libraries.*—The Committee continues to encourage ETA to expand its collaborative work with the Institute of 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. As the nation continues to recover from the COVID-19 emergency, libraries will play a critical role in helping people access benefits and get back to work. The Committee directs ETA to develop a plan to build and strengthen partnerships between the one-stop system and public libraries and ensure that public libraries have the resources necessary to provide these workforce development services. The Committee requests a briefing on ETA's work with IMLS and public libraries within 120 days of the date of enactment.

*Occupational Licensing.*—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. As this initiative concludes, the Committee directs the Department to provide a report, within 180 days of enactment of this act, on best practices learned and a breakdown of future resources needed for continued implementation of such initiative.

*Water and Wastewater Operators.*—The Committee continues to be concerned by the nationwide shortage of water and wastewater operators, particularly in rural areas, and 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.

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

#### *Dislocated Worker Assistance National Reserve*

The Committee recommends \$315,859,000 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 2022. The bill provides that \$115,859,000 is available for obligation on July 1, 2022, and that \$200,000,000 is available on October 1, 2022. Both categories of funding are available for obligation through September 30, 2023.

*Automation Impacted Industries.*—The Committee recognizes the displacing effect that automation is having on the American worker and includes \$5,000,000 to establish an Automation Impacted Industries Pilot Program to award competitive grants to industry or

sector partnerships to address the training needs of workers who are, or are likely to become, dislocated workers as a result of automation. Funds could support a variety of activities, including training services that prepare workers for in-demand industry sectors or occupations; purchasing equipment or technology necessary for training services; providing job search and other transitional assistance to workers in industries with high rates of job loss; providing a training stipend to workers for training services; and providing integrated education and training. Priority should be given to eligible partnerships that (1) are located in an area with a high concentration of industries with a higher likelihood of being impacted by automation; (2) are part of in-demand industries and have a plan to provide incumbent worker training and avert layoffs; (3) will provide workers with a transportation stipend, paid sick leave, paid family and medical leave, access to child care services, or other employment benefits; and (4) have a plan to develop a shared training curriculum that can be used across local and regional networks of employers and training providers.

*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 \$15,000,000 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.

*Disconnected Youth.*—The Committee encourages the Department to prioritize activities that support 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 help them participate in the workforce.

*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 supports the budget request and includes up to \$30,000,000 for a new initiative to support community-led workforce transition, layoff aversion, job creation and other strategic initiatives designed to ensure economic prosperity for workers and job seekers in the coal, oil, and gas, industries. Within this amount the Committee recommendation includes \$12,000,000 for services for dislocated workers and their families affected by coal plant closures or substantial layoffs at coal mine operations in the Appalachia region.

*Substance Use Disorders.*—The Committee recommendation includes funding for grants to serve or retrain workers in communities impacted by the health and economic effects of high rates of

substance use disorders, including methamphetamine and opioid use.

*Supporting State-Wide, Regional Workforce Development.*—The Committee notes that the recent National Science Board Science and Engineering indicators report indicated that urgent action was needed to expand efforts to develop a STEM-capable workforce. Accordingly, the Committee strongly encourages the Department to utilize the demonstration grant authority under the dislocated worker national reserve to support collaborative efforts linking institutions of higher education, as defined in section 101(a) of the Higher Education Act, with community colleges, employers, and workforce development boards to support State-wide or regional workforce development. Such support may include competitive grants, cooperative agreements, contracts, and other funding opportunities. Funding should support short-term credential and accelerated degree programs in fields of high employer demand, career pathways for underemployed, and diverse talent via accelerated credential programs in high-demand, new economy job fields, paired with on-ramp support structure, and other uses. Potential fields include artificial intelligence, data science, cyber security, entrepreneurship, and more.

*Workforce Opportunity for Rural Communities.*—The Committee recommendation includes \$45,000,000 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], and each award shall not exceed \$1,500,000. Within the total, the recommendation includes \$20,000,000 for grants in areas served by the ARC; \$20,000,000 for areas served by the DRA, and \$5,000,000 for areas served by the NBRC.

#### *Indian and Native American Programs*

The Committee recommends \$58,000,000 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 \$6,429,000 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 \$967,000 to be used for section 167 training, technical assistance, and related activities, including funds for migrant rest center activities.

#### *YouthBuild*

The Committee recommendation includes \$120,000,000 for YouthBuild, which helps provide disconnected youth with work readiness and industry-driven credential attainment opportunities.

The Committee is concerned that the needs and challenges of at-risk youth in rural areas are not adequately addressed and encourages the Department to ensure YouthBuild grants serve 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 \$245,000,000 for Apprenticeship Grants.

The Committee supports 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 encour-

age 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 underutilizing this system, deliver transferable, and 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.

Within the total, the Committee recommendation includes \$4,000,000 to collaborate with the Northern Border Regional Commission to develop a targeted apprenticeship program to meet the needs of the rural communities in the region.

*Registered Apprenticeships.*—The Committee emphasizes the long history of the U.S. Registered Apprenticeship System authorized by the National Apprenticeship Act of 1937 (29 USC 50 et seq.) and notes the quality and labor standards that distinguish the registered apprenticeship system from industry-recognized apprenticeship program proposals, including adequate worker protections. The Committee directs the Department to only support registered apprenticeship programs, and policies that continue to ensure registered apprenticeship programs lead to good outcomes for workers under the National Apprenticeship Act.

*Sector Partnerships.*—The Committee recognizes the role sector partnerships play in organizing key stakeholders in an industry cluster to address the shared goals and human resources needs of the industry cluster. The Committee supports the funding and development of industry or sector partnerships as a means of closing the skills gap and expanding registered apprenticeships in in-demand industries.

*Submarine Construction.*—The Committee directs the Department of Labor to collaborate with the Department of Defense to develop a targeted apprenticeship and job training program to meet the critical national defense need for new submarine construction.

#### *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.

#### *National Youth Employment Program*

The Committee recommendation includes \$25,000,000 for a new National Youth Employment Program to serve disadvantaged youth through summer and year-round youth employment programs.

*Work-Based Learning Coordinators.*—Within this amount the Committee recommendation includes \$5,000,000 to support work-based learning coordinators in underserved communities. Research shows that participation in work-based learning during high school



has a positive impact on students, including making it more likely that they complete high school and secure higher-quality jobs, boosting equity and economic opportunity. Work-based learning coordinators work with local educational agencies, workforce development boards, employers, and other organizations to expand work-based learning opportunities, including but not limited to paid internships or pre-apprenticeships for high school students. Further, the Committee encourages the Department to work with states and workforce development boards to encourage them to include entities with experience in work-based learning as part of the required education and training organization representatives on local Workforce Development Boards.

*Veterans Clean Energy Training*

The Committee recommendation includes \$10,000,000 for a new Veterans Clean Energy Training program that will provide veterans, transitioning service members, and their spouses with education, training, and credentials necessary for good, well-paying jobs in various clean energy sectors.

*Congressionally Directed Spending*

The Committee recommendation includes \$84,059,000 for the projects, and in the amounts, specified in the table at the end of this explanatory statement.

JOB CORPS

Appropriations, 2021 .....	\$1,748,655,000
Budget estimate, 2022 .....	1,754,759,000
Committee recommendation .....	1,754,759,000

The recommendation for operations of Job Corps centers is \$1,607,325,000.

The Committee recommendation for administrative costs is \$34,434,000.

The Committee recommends a total of \$113,000,000 in construction, renovation, and acquisition [CRA] funds. This amount is available from July 1, 2022, to June 30, 2025. 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 recognizes the efforts that Job Corps Center operators and staff made to provide a continuity of services for students during the pandemic. As millions of disconnected youth struggle with housing, food insecurity, and unemployment, the Committee supports the efforts to resume operations at Job Corps centers as safely and rapidly as possible consistent with public health guidance. The Committee requests a briefing within 90 days of enactment on the requirements and measures the Department will utilize to approve Job Corps centers resuming operations at full capacity, and on the effect COVID-19 and the move to remote learning has had on program expenditures and needs.

The Committee acknowledges that the Department's priority is supporting Job Corps centers as they return to their pre-COVID-19 on-board strength. At the same time, and as the Department makes progress towards that goal, the Committee strongly encourages the Department to support and incentivize center operators that wish to expand Job Corps opportunities for students in underserved rural or remote communities as well as in urban settings by developing partnerships with other training sites and local communities to offer Job Corps programs at satellite locations. The Committee is encouraged by discussions between the City of Pawtucket and the Exeter, RI Job Corps Center about increasing the offering of training services through a satellite center. The Committee requests a briefing within 120 days of enactment of this act detailing the progress of the discussions and any plans for implementation.

The Committee has previously expressed its concern that the transition to fixed price Job Corps contracts may negatively impact students and staff by prioritizing reducing costs over improving student outcomes. The Committee expects that the Department will ensure that Job Corps contracts offer competitive wages and benefits. The Committee requests a briefing within 90 days of enactment on the process by which the Department evaluates cost-realism in bid evaluations, particularly with respect to budgeting to pay prevailing wages.

The Committee remains concerned that the deactivation of the Gainesville Job Corp Center has significantly reduced training opportunities for disadvantaged youth in the area and encourages the Department to identify alternative methods to increase the capacity for Job Corps services or job training opportunities in North Central Florida.

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.

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

The Committee encourages the Department to develop and approve additional conservation and natural resource focused trades for Civilian Conservation Centers.

## COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriations, 2021 .....	\$405,000,000
Budget estimate, 2022 .....	405,000,000
Committee recommendation .....	410,000,000

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 \$410,000,000 for CSEOA.

## FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriations, 2021 .....	\$633,600,000
Budget estimate, 2022 .....	540,000,000
Committee recommendation .....	540,000,000

The Committee recommendation includes mandatory funds for the Federal unemployment benefits and allowances program that assists trade-impacted workers with benefits and services to upgrade skills and retrain in new careers. These benefits and services are designed to help participants find a path back into middle-class jobs, improve earnings, and increase credential and education rates. The Committee recommendation provides for the full operation of the Trade Adjustment Act (Public Law 114–27) program in fiscal year 2022 consistent with current law.

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

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE  
OPERATIONS

Appropriations, 2021 .....	\$3,416,649,000
Budget estimate, 2022 .....	4,126,230,000
Committee recommendation .....	4,003,857,000

The Committee recommendation includes \$3,914,791,000 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.

The Committee recommends a total of \$3,075,214,000 for Unemployment Insurance [UI] activities. For UI State operations, the Committee recommends \$2,816,214,000. Additionally, the Committee includes \$250,000,000 to expand intensive, individualized reemployment assistance and to help address and prevent long-term unemployment and reduce improper payments through the Reemployment Services and Eligibility Assessments [RESEA] initiative. This includes \$117,000,000 in base funding and \$133,000,000 in allocation adjustment funding. Finally, the recommendation includes \$9,000,000 for the UI Integrity Center of Excellence, including supporting an integrated data hub, training modules, and data analytics capacity to help States reduce fraud.

The Committee recommends \$68,000,000 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.

For the Employment Service allotments to States, the Committee recommends \$684,862,000. This amount includes \$21,413,000 in general funds together with an authorization to spend \$663,449,000 from the Employment Security Administration account of the Unemployment Trust Fund.

The Committee also recommends \$22,318,000 for Employment Service national activities. The Committee 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.

For carrying out the Department’s responsibilities related to foreign labor certification activities, the Committee recommends \$62,528,000. 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 \$23,282,000 is available for related State grants.

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

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, 2021 .....	\$158,656,000
Budget estimate, 2022 .....	211,503,000
Committee recommendation .....	186,436,000

The Committee recommendation of \$186,436,000 for program administration includes \$127,505,000 in general funds and \$58,931,000 from the Employment Security Administration account of the Unemployment Trust Fund.

General funds in this account pay for the Federal staff needed to administer employment and training programs under WIOA, Older Americans Act [OAA] (Public Law 116-131), the Trade Act of 1974 (Public Law 93-618), and the National Apprenticeship Act (Public Law 308). Trust funds provide for the Federal administration of employment security, training and employment, and executive direction functions.

The public workforce system plays a critical role in ensuring an equitable recovery by helping an increasing number of workers transition to suitable, safe, good paying work, and helping revitalized businesses find workers. The Committee supports the Department’s efforts to address inequities in employment opportunities and outcomes through the workforce development system. This

should include directing funding for local workforce development boards to develop workforce equity metrics and assess whether workforce funding has reduced disparities in employment outcomes across levels of education and training and improved income earnings across race, gender, disability, and other priority populations.

#### EMPLOYEE BENEFITS SECURITY ADMINISTRATION

##### SALARIES AND EXPENSES

Appropriations, 2021 .....	\$181,000,000
Budget estimate, 2022 .....	218,475,000
Committee recommendation .....	222,475,000

The Committee recommends \$222,475,000 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 up to \$3,000,000, to remain available until expended, for this program. The authority is needed for services on cases extending beyond fiscal year limitation.

The Committee recommendation also adopts the request to consolidate budget activities into a single program. The Committee requests that DOL's required operating plan and future CJs continue to include budget activity detail provided in prior years.

The Committee recognizes that employee-owned businesses are uniquely structured and provide wide-ranging economic benefits. Pending enactment of legislation authorizing an employee ownership and participation initiative, the Committee recommendation includes \$4,000,000 for this purpose in fiscal year 2022. Such legislation could authorize grants within States for support of new or existing programs designed to promote employee ownership and employee participation in business decision-making. Such grants may be made directly to a State, or for a State-sponsored application from any local entity consisting of a unit of State or local government, State-supported institution of higher education, or non-profit organization. The Department should also support technical assistance and information related to employee business ownership and employee participation in business decision-making.

*Electronic Delivery Rule.*—The Committee understands that EBSA plans to submit the report directed by the explanatory statement accompanying last year's appropriation containing an assessment of the electronic delivery rule promulgated by the prior administration on individuals residing in rural and remote areas, seniors, and other populations that either lack access to web-based communications or who may only have access through public means. The Committee looks forward to reviewing the report which is expected to be provided later this year.

*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. Additional funding is available for EBSA to fully implement section 203 of Division BB of the Consolidated Appropriations Act, 2021 (Public Law 116-68) in order to improve enforcement of the Mental Health Parity and Addiction Equity Act of 2008 (Public Law 110-343). The Committee looks forward to reviewing the first annual report to Congress on implementation of these new requirements by December 27, 2021.

PENSION BENEFIT GUARANTY CORPORATION

Appropriations, 2021 .....	\$465,289,000
Budget estimate, 2022 .....	472,955,000
Committee recommendation .....	472,955,000

The Pension Benefit Guaranty Corporation’s [PBGC] estimated obligations for fiscal year 2022 include single-employer benefit payments of \$7,311,000,000, multi-employer financial assistance of \$399,000,000, and consolidated administrative expenses of \$472,955,000. Administrative expenses are comprised of three activities: pension insurance activities, pension plan termination expenses, and operational support. These expenditures are financed by permanent authority. Previously, the Committee accepted the PBGC’s proposal to reform the previous administrative apportionment classifications from three budget activities to one budget activity to make operations more efficient and improve stewardship of resources. That consolidated approach for the three activities is continued, but PBGC is directed to continue providing detail every year on the three activities in its annual CJ.

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

The bill continues authority for a contingency fund for the PBGC that provides additional administrative resources when the number of participants in terminated plans exceeds 100,000. When that threshold is reached, an additional \$9,200,000 becomes available through September 30, 2026, 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, 2026.

## WAGE AND HOUR DIVISION

## SALARIES AND EXPENSES

Appropriations, 2021 .....	\$246,000,000
Budget estimate, 2022 .....	276,500,000
Committee recommendation .....	278,700,000

The Committee recommends \$278,700,000 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 concerned that WHD staff supported by this appropriation has declined 5 percent since fiscal year 2017. This decline, combined with the number of workers covered by laws enforced by WHD and employer misclassification of workers, 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 \$32,700,000 more than the fiscal year 2021 enacted level.

The Committee appreciates WHD’s plans to increase investments in educating larger numbers of workers and employers through developing well-designed, effective resources, including those available online, in multiple languages, and specific to targeted industries. The Committee also supports WHD’s plans to reestablish strategic partnerships with local and state governments, industry and diverse stakeholders who can further the agency’s efforts to deter violations and address compliance more broadly. WHD should also focus on employing and retaining a greater number of multilingual investigators in making its offices more accessible and carrying out its responsibilities. The Committee requests an update on actions taken and future plans for each of these important investments in the fiscal year 2023 and subsequent year CJs.

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, 2021 .....	\$44,437,000
Budget estimate, 2022 .....	51,554,000
Committee recommendation .....	47,437,000

The Committee recommends \$47,437,000 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, 2021 .....	\$105,976,000
Budget estimate, 2022 .....	140,732,000
Committee recommendation .....	135,732,000

The Committee recommends \$135,732,000 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 (including sexual orientation and gender identity), national origin, disability, or status as a protected veteran.

The Committee recommendation includes \$135,732,000, an increase of \$29,756,000, to rebuild the lost capacity of OFCCP which has experienced a 40 percent reduction in its staffing level as com-



pared to a decade ago. The recommendation also supports a racial equity initiative that would identify promising practices, evidence-based research, and innovative initiatives that can lead to more diverse, equitable, and inclusive workplaces that increase racial equity in employment opportunities.

OFFICE OF WORKERS' COMPENSATION PROGRAMS  
SALARIES AND EXPENSES

Appropriations, 2021 .....	\$117,601,000
Budget estimate, 2022 .....	140,809,000
Committee recommendation .....	140,809,000

The Committee recommends \$140,809,000 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.

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, 2021 .....	\$239,000,000
Budget estimate, 2022 .....	244,000,000
Committee recommendation .....	244,000,000

The Committee recommends \$244,000,000 for this account. This mandatory appropriation, which is administered by OWCP, primarily provides benefits under FECA.

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

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

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

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

Finally, the Committee maintains language consistent with long-standing interpretations and implementation of this appropriation

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

SPECIAL BENEFITS FOR DISABLED COAL MINERS

Appropriations, 2021 .....	\$40,970,000
Budget estimate, 2022 .....	32,970,000
Committee recommendation .....	32,970,000

The Committee recommends a mandatory appropriation of \$32,970,000 in fiscal year 2022 for special benefits for disabled coal miners. This is in addition to the \$14,000,000 appropriated last year as an advance for the first quarter of fiscal year 2022, for a total program level of \$46,970,000 in fiscal year 2022.

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 \$11,000,000 for the first quarter of fiscal year 2023. 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, 2021 .....	\$62,507,000
Budget estimate, 2022 .....	63,428,000
Committee recommendation .....	63,428,000

The Committee recommends \$63,428,000 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, 2021 .....	\$382,991,000
Budget estimate, 2022 .....	331,505,000
Committee recommendation .....	331,505,000

The bill provides an estimated \$331,505,000 as requested for this mandatory appropriations account. This estimate is comprised of \$79,760,000 for administrative expenses and an estimated \$251,745,000 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 \$41,464,000 for the part C costs of the Division of Coal Mine Workers' Compensation Programs; up to \$37,598,000 for Departmental Management, Salaries and Expenses; and up to \$342,000 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, 2021 .....	\$591,787,000
Budget estimate, 2022 .....	664,624,000
Committee recommendation .....	665,924,000

The Committee recommends \$665,924,000 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 small farms in industry classifications having a lost workday injury rate less than the national average from general schedule safety inspections.

*Heat Stress Standard.*—The Committee recognizes the importance of workplace safety standards, particularly regarding excessive heat. According to Bureau of Labor Statistics data, from 1992 to 2017, exposure to excessive environmental heat killed 815 U.S. workers and seriously injured almost 70,000. The Committee directs OSHA to hire staff and take other necessary actions to develop and promulgate an interim final rule on occupational heat stress protection not later than the end of fiscal year 2022.

*COVID-19 Emergency Temporary Standard [ETS].*—The Committee recognizes the need to improve protections for all workers in light of the ongoing pandemic. The Committee believes OSHA

should take immediate actions to increase protections for workers by expanding the workforce coverage of its June 2021 ETS for Healthcare and Related Industries.

*State Plan States.*—The Committee recommends \$118,875,000 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 \$8,800,000 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.

*Whistleblower Protection.*—OSHA’s Whistleblower Protection Program enforces the whistleblower provisions of 25 whistleblower statutes protecting employees who report violations of various workplace safety and health, airline, commercial motor carrier, consumer product, environmental, financial reform, food safety, securities and other laws. More whistleblower complaints have been filed under Section 11(c) of the Occupational Safety and Health [OSH] Act of 1970 than all other combined whistleblower laws enforced by DOL. However, between fiscal years 2015 and 2020 OSHA found merit on average in just approximately 1 percent of whistleblowers complaints and dismissed roughly half. More must be done to protect workers who report covered violations. The Committee is encouraged by OSHA’s OSHA Information System [OIS] modernization project which will finalize the transition of whistleblower data into OIS through the launch of the OIS Whistleblower Module and other plans to hire additional staff and streamline processes, without compromising the quality of investigations. OSHA should also review the benefits to consolidating whistleblower statutes to reflect the most current rights and provide clarity. The Committee requests updates on these plans and the requested review in the fiscal year 2023 and subsequent year CJs.

*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 \$13,787,000 for the OSHA Susan Harwood Training Grant program, with not more than \$6,500,000 for capacity building development grants.

MINE SAFETY AND HEALTH ADMINISTRATION  
SALARIES AND EXPENSES

Appropriations, 2021 .....	\$379,816,000
Budget estimate, 2022 .....	447,201,000
Committee recommendation .....	402,209,000

The Committee recommendation includes \$402,209,000 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, no funds shall be used to weaken or eliminate the Final Rule Lowering Miners' Exposure to Respirable Coal Mine Dust.

*Mine Worker Emergency Temporary Standard for COVID-19.*—The Committee recognizes the significant public health threat posed by COVID-19 and the necessity of strengthening protections for all workers including miners under section 101(b) of the Federal Mine Safety and Health Act of 1977. In contrast to other occupations where social distancing is feasible, coal mining usually necessitates continual clustering of people working in close proximity to one another. The Department must establish precautions against occupational COVID-19 exposure for mine workers, whose lungs may already be weakened by coal dust and silica exposure. MSHA is instructed to submit to the Committee within 120 days a written report summarizing its proposal to create an emergency temporary standard to protect miners from occupational exposure to COVID-19.

*Respirable Crystalline Silica Standard.*—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 January 2022 Notice of Proposed Rulemaking for miner exposure to respirable crystalline silica in coal and metal/nonmetal mines and provides necessary resources to complete the rulemaking as quickly as possible.

#### BUREAU OF LABOR STATISTICS

##### SALARIES AND EXPENSES

Appropriations, 2021 .....	\$655,000,000
Budget estimate, 2022 .....	700,653,000
Committee recommendation .....	685,183,000

The Committee recommends \$685,183,000 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 \$617,183,000 in Federal funds.

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

The Committee defers action on the \$28,470,000 requested for the BLS headquarters relocation project that was supposed to be completed with the second and final year of funding provided in last year’s bill.

*Contingent and Alternative Work Arrangements Supplement.*—The Committee is aware BLS continues to review the conclusions and recommendations on the Contingent Worker Supplement from the Committee on National Statistics of the National Academy of Sciences, Engineering, and Medicine consensus report issued in July 2020. The Committee strongly urges BLS to accelerate its review and finalize a new supplement to the Current Population Survey to capture and report data on contingent and alternative work arrangements as quickly as possible and 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 recommendation includes sufficient funding for the purposes of continuing to plan and develop the new NLSY cohort established by the Further Consolidated Appropriations Act, 2020 and maintained in the Consolidated Appropriations Act, 2021.

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 2022, of design efforts, including methodological areas such as sampling, survey operations, ques-

tionnaire and materials development, and dissemination planning. The Committee also expects BLS to continue fielding the NLSY79 and NLSY97 cohorts.

OFFICE OF DISABILITY EMPLOYMENT POLICY

Appropriations, 2021 .....	\$38,500,000
Budget estimate, 2022 .....	42,711,000
Committee recommendation .....	42,711,000

The Committee recommends \$42,711,000 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 Committee recommendation includes requested language allowing not less than \$9,000,000 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 supports ODEP’s planned priority across a number of its initiatives and projects advising Federal agencies and assisting states and employers in transitioning from sub-minimum wage employment for individuals with significant disabilities toward competitive integrated employment. The Committee requests an update on actions taken and future plans on this work in the Department’s fiscal year 2023 and subsequent year CJs.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Appropriations, 2021 .....	\$349,364,000
Budget estimate, 2022 .....	439,970,000
Committee recommendation .....	443,970,000

The Committee recommendation includes \$443,970,000 for the Departmental Management account. Of this amount, \$443,662,000 is available from general funds and \$308,000 is available by transfer from the Employment Security account of the Unemployment Trust Fund. In addition, \$37,598,000 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 \$125,751,000 for the Bureau of International Labor Affairs [ILAB] to carry out its statu-

tory responsibilities, of which \$89,947,000 is available for obligation through December 31, 2022. 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, an increase of \$16,675,000 more than last year’s bill, available for worker rights programs and no less than \$43,092,000, the fiscal year 2020 level of spending for combatting child labor. This modification will allow ILAB flexibility 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 2023 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.

*Evaluation, and Evidence-Building and Use.*—The Committee recommendation provides \$10,040,000 for program evaluation and allows these funds to be available for obligation through September 30, 2023. 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.

The Committee is particularly supportive of the additional \$2,000,000 and 2 FTEs requested for the evaluation activity and resources requested elsewhere in this account that will advance evidence-based decision-making. The Committee looks forward to improvements made by this and related investments, including the



further integration of the evaluation function with data governance, performance management, and budget.

*Worker Access to Retirement plans and other Benefits.*—The Committee recognizes that a growing segment of workers do not have access to employer-based retirement plans, and other benefits typically provided through full-time employment. The portability of benefits is an important feature of retirement savings, workers compensation, health insurance, income security and other work-related benefits. The Committee directs the Chief Evaluation Officer of the Department of Labor, in conjunction with Employee Benefits Security Administration and other relevant DOL offices, to submit a report to Congress within 6 months of enactment that provides a detailed and specific analysis of why some workers do not have access to these benefits and evidence-based recommendations for pilot programs or other initiatives to design, implement, and evaluate new and existing models and approaches to providing high-quality benefits to workers who currently do not have access to them. This proposal should ensure that the various models are evaluated for their ability to accommodate contributions from multiple employers for an individual worker, as well as their scalability at the national level.

The recommendation includes \$39,308,000 for the Office of the Assistant Secretary for Administration and Management.

The recommendation includes \$41,013,000 for the Adjudication activity.

The Committee recommendation provides \$22,000,000 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.

*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 or similar provisions. Furthermore, the Committee directs the Department to submit a report 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; promoting the creation of new paid family and medical leave policies among employers; and encouraging employee or employer behavior that might not otherwise have occurred in the absence of a credit or paid leave program.

*Study on the Impacts of Hours Worked.*—The Committee is concerned with recent labor market trends that indicate an increase in the number of hours worked by American workers and the potential impact working long hours and/or multiple jobs has on health outcomes and the ability of workers to engage in education and training that would lead to higher skill and better paying employment. The Committee requests the GAO conduct a study on the

short- and long-term trends in the labor market of the number of hours worked by American workers, and the correlation with these trends.

VETERANS' EMPLOYMENT AND TRAINING

Appropriations, 2021 .....	\$316,341,000
Budget estimate, 2022 .....	324,831,000
Committee recommendation .....	325,331,000

The Committee recommendation of \$325,331,000 for the Veterans' Employment and Training Service [VETS] includes \$60,500,000 in general revenue funding and \$264,831,000 to be expended from the Employment Security Administration account of the Unemployment Trust Fund.

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

The Committee provides \$180,000,000 for the Jobs for Veterans State Grants [JVSG] program. 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 \$48,038,000 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 \$60,500,000 for the Homeless Veterans' Reintegration Program [HVRP] to help homeless veterans attain the skills they need to gain meaningful employment. This funding will allow DOL to provide HVRP services to more than 18,000 homeless veterans nationwide, including homeless women veterans. The bill allows Incarcerated Veterans' Transition funds to be awarded to serve veterans who have recently been released from incarceration but are at risk of homelessness.

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

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

INFORMATION TECHNOLOGY MODERNIZATION

Appropriations, 2021 .....	\$27,269,000
Budget estimate, 2022 .....	37,269,000
Committee recommendation .....	43,269,000

The Committee recommends \$43,269,000 for the Information Technology [IT] Modernization account. Funds available in this account have been used for two primary activities. The first is departmental support systems, for which \$4,889,000 is provided. The second activity, IT Infrastructure Modernization, supports necessary activities associated with the Federal Data Center Consolidation Initiative.

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

The Committee bill also modifies authority for the Department's Working Capital Fund [WCF], in a manner different than the budget request. The bill increases the authority to transfer future unobligated balances of appropriations provided in this and future bills into the WCF, rather than the proposal to allow up to \$36,000,000 in unobligated balances in fiscal year 2022 to be transferred for such a purpose. The Committee expects the Department will continue to comply with the plan requirements established by Public Law 115-245. The bill does not modify the Working Capital Fund for multi-year facility projects.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2021 .....	\$90,847,000
Budget estimate, 2022 .....	95,398,000
Committee recommendation .....	95,398,000

The Committee recommends \$95,398,000 for the DOL Office of the Inspector General. The bill includes \$89,738,000 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 \$342,000 is available by transfer from the Black Lung Disability Trust Fund.

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

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

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

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

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

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

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

Section 113. The bill modifies slightly a recurring 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 includes a new provision increasing the amount of future unobligated balances that may be transferred into the Department’s Working Capital Fund.

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, 2021 .....	\$1,683,772,000
Budget estimate, 2022 .....	1,733,772,000
Committee recommendation .....	1,793,772,000

The Committee recommendation for the activities of the Bureau of Primary Health Care is \$1,793,772,000.

*Community Health Centers*

The Committee provides \$1,793,772,000, an increase of \$110,000,000 above the fiscal year 2021 enacted level and \$60,000,000 above the fiscal year 2022 budget request. 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, an increase of \$500,000. The Committee encourages HRSA to support training, technical assist-

ance, and resource development to assist public health and healthcare professionals to better serve individuals and communities impacted by 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 strongly encourages HRSA to provide funding to Health Centers to support vital mental health services for children.

*Contraceptive Care.*—The Committee is aware that nearly half of all pregnancies in the United States are unintended. Studies show that unplanned pregnancy disproportionately affects poor and low-income people—which, along with other social determinants, can perpetuate negative health, economic and social outcomes. The Committee encourages HRSA to ensure that high-quality contraceptive care is integrated into primary care in the federally qualified health center [FQHC] setting and urges HRSA to encourage health centers to work collaboratively with other safety net providers to expand these services. Collaboration can be an effective means to maximize limited resources and expand access to high quality family planning services. The Committee commends efforts by individual health centers outside the Title X network to improve their contraceptive care and supports the implementation of lessons learned from these health centers across the health center network. The Committee also understands that a program embedding contraceptive care into primary care in Delaware demonstrated strong statewide impact on unplanned pregnancies, which declined 25 percent over 3 years, and abortion rates declined 37 percent over 3 years with no decrease in abortion access.

*Ending the HIV Epidemic.*—The Committee provides \$152,250,000 within the health centers program for the Ending the HIV Epidemic initiative, \$50,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. 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 to expand its geographic scope to include 140 new health centers, resulting in the total participation of approximately 440 health centers across the country.

*Native Hawaiian Health Care.*—The Committee provides no less than \$26,500,000 for the Native Hawaiian Health Care Program. The Native Hawaiian Health Care Systems help improve the health status of Native Hawaiians by making health education, health promotion, disease prevention, and Native Hawaiian traditional healing services available.

*Partnerships with Home-Visiting Programs.*—The Committee supports HRSA's continued promotion of expanded partnerships between health centers and evidence-based home visiting programs to improve maternal and child health outcomes in high-need communities. Home visiting programs can also provide cost-effective benefits such as care coordination and service referrals that help health

centers achieve community health goals. The Committee directs HRSA to provide written guidance to health centers on partnering with home visiting programs.

*School-Based Health Centers [SBHCs] and Health Care Services.*—The Committee includes a total increase of \$60,000,000 within the total for Health Centers to support the delivery of healthcare services at school-based sites. This includes \$30,000,000 to make grants to establish new school-based health centers 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. This funding also includes an increase of \$25,000,000 above the fiscal year 2021 enacted level, and \$30,000,000 in total, for awards to Health Centers funded under section 330 of the Public Health Service Act to establish new school-based service sites and increase capacity at existing ones to meet the increasing demand for health services, including mental healthcare. The Committee requests that HRSA consider using these funds to award grants to applicants that previously submitted fundable applications, but were not selected, under HRSA-21-093.

*Equitable Access in the Delivery of Behavioral and Mental Health Services for Underserved Communities.*—The Committee is aware that a nationally networked health information innovation and research platform that supports a variety of providers in at least 25 States—including federally qualified health centers, public health departments, and school-based health centers—is a highly effective way to provide equitable access to evidence-based care and continuous improvements in quality, efficiency and breadth of services for a large number of such safety net providers. The Committee encourages HRSA to support a national platform and technical assistance to advance the delivery of mental health and substance use disorder services that are coordinated with a patient's medical home, and include remote professional behavioral health consultations and capabilities to serve individuals outside the provider setting. Such a platform could support linkages to public health authorities to share data and coordinate responses to public health events. It could also support historically underserved communities by advancing practice improvement, identifying pathways to alternative payment models, and informing health policy.

*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, 2021 .....	\$1,224,006,000
Budget estimate, 2022 .....	1,380,384,000
Committee recommendation .....	1,409,760,000

The Committee recommendation for the activities of the Bureau of Health Workforce is \$1,409,760,000. The Bureau of Health Workforce provides policy leadership and grant support for health professions workforce development. The mission of the Bureau is to identify shortage areas while working to make them obsolete. Its programs are intended to ensure that the Nation has the right clinicians, with the right skills, working where they are needed.

The Committee eliminates the prohibition of using HRSA funds to support alternative dental providers. Dental therapists are 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. Ending this prohibition will give States the flexibility to further expand access and equity in dental care, particularly in underserved and rural communities.

*National Health Service Corps*

The Committee provides \$150,000,000 for the National Health Service Corps [Corps], an increase of \$30,000,000 above the fiscal year 2021 enacted level, to continue improving access to quality opioid and substance use disorder [SUD] treatment in rural and underserved areas nationwide. The Committee continues language that expands eligibility for loan repayment awards through the Corps to include SUD counselors.

The Committee continues to include section 206 of this act to modify the rules governing the Corps to allow every Corps member 60 days to cancel their contract.

The Committee recognizes the success of the Corps program in building healthy communities in areas with limited access to care. The program has shown increases in retention of healthcare professionals located in underserved areas.

*Maternity Care Target Areas [MCTAs].*—The Committee includes \$5,000,000, an increase of \$5,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request, within NHSC 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 \$26,711,000 for the Centers of Excellence Program, \$3,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. 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 Health Careers Opportunity Program [HCOP], \$3,500,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. The Committee notes that HCOPs assist students from minority and economically disadvantaged backgrounds navigate careers into the health professions. The Committee encourages HRSA to continue its improvement of the diversity and distribution of needed healthcare professionals through the National HCOP Academies.

*Faculty Loan Repayment*

The Committee provides \$2,310,000, an increase of \$1,120,000 above the fiscal year 2021 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 \$52,470,000, an increase of \$1,000,000 above the fiscal year 2021 enacted level, for Scholarships for Disadvantaged Students. This program provides grants to eligible health professions and nursing schools to award scholarships to students from disadvantaged backgrounds who have financial need. Within this total, the Committee includes \$3,500,000, a \$1,000,000 increase over the fiscal year 2021 enacted level, for grants to educate midwives to address the national shortage of maternity care providers, and specifically the lack of adequate diversity in the maternity care workforce.

*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 \$30,000,000, an increase of \$30,000,000, for section 775 of the PHS Act. The Committee understands that high student debt is a significant barrier to providers choosing to complete training that would enable them to provide specialized care to children with special needs.

*Primary Care Training and Enhancement*

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

*Eating Disorders.*—COVID–19 led to an increase in eating disorders across the nation, with one study reporting up to 76 percent of respondents engaging in eating disorder behaviors. Despite the medical and psychiatric acuity associated with eating disorders, they often remain undetected and untreated as only 20 percent of surveyed medical residency programs offer elective training in eating disorders and 6 percent require such training. The Committee directs HRSA, in coordination with SAMHSA, to support training for PCTE grantees and primary care health professionals to screen, briefly intervene, and refer patients to treatment for eating disorders, as authorized under section 13006 of the 21st Century Cures Act (Public Law 114–255).

*Training in Oral Health Care*

The Committee provides \$40,673,000 for Training in Oral Health Care programs, which includes not less than \$12,000,000 each for general and pediatric dentistry. Funds may be used to expand training in general dentistry, pediatric dentistry, public health dentistry, dental hygiene, and other oral health access programs. Funds may also be used to plan and operate training programs, as well as to provide financial assistance to students and residents.

*Medical Student Education*

The Committee continues to provide \$50,000,000 to support colleges of medicine at public universities located in the top quintile of States projected to have a primary care provider shortage in 2025.

*Interdisciplinary, Community-Based Linkages*

*Area Health Education Centers*

The Committee provides \$47,000,000 for Area Health Education Centers [AHECs], an increase of \$3,750,000. 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 \$4,000,000, an increase of \$2,000,000, for 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 and is directed to prioritize projects from

AHEC recipients with a history of successfully graduating and placing graduates in rural, medically underserved communities.

*Behavioral Health Workforce Education and Training Program*

The Committee provides \$171,084,000 for Behavioral Health Workforce Education and Training Program [BHWET], \$59,084,000 above the fiscal year 2021 enacted level. This program establishes and expands internships or field placement programs in behavioral health serving populations in rural and medically underserved areas.

*Mental and Substance Use Disorder Workforce Training.*—Within the total for BHWET, the Committee includes \$34,000,000 for the Mental and Substance Use Disorder Workforce Training Demonstration program, \$4,300,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. This program makes grants to institutions, including but not limited to medical schools and FQHCs, to support training for medical residents and fellows in psychiatry and addiction medicine, as well as nurse practitioners, physician assistants, and others, to provide SUD treatment in underserved communities.

*Peer Support Specialists in the Opioid Use Disorder Workforce.*—Within BHWET, the Committee includes \$15,000,000, an increase of \$2,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request, 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 \$30,000,000 for this program within the total for BHWET, \$14,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. 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.

*Underserved States and Communities.*—The Committee encourages HRSA to conduct outreach, provide technical assistance, and give priority in awarding cooperative agreements and grants to institutions of higher education, health professions schools, academic health centers, and other entities training behavioral health professionals and paraprofessionals that focus on placing graduates in practice settings that serve residents of medically underserved communities. Medically underserved communities disproportionately suffer from a high prevalence of substance use disorders, suicide, and poverty, combined with severe mental health provider shortages. The Committee urges HRSA to work with these institutions to improve training for the mental health workforce. The Committee requests a report, not later than 180 days following enactment of this act, on best practices and strategies to attract mental healthcare practitioners to medically underserved and disproportionately impacted communities.

*Geriatric Workforce Enhancement Program*

The Committee provides \$46,537,000 for Geriatric Workforce Enhancement Program, an increase of \$3,800,000. 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 \$43,916,000 for Mental and Behavioral Health Programs, an increase of \$6,000,000 above the fiscal year 2021 level.

*Graduate Psychology Education [GPE].*—Within the total for Mental and Behavioral Health Programs, the Committee includes \$25,000,000, \$6,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request, 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.

*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 \$20,000,000, an increase of \$3,000,000, for Public Health Workforce Development. This program line, also called Public Health and Preventive Medicine, funds programs that are authorized in titles III and VII of the PHS Act (Public Law 111-148) and support awards to schools of medicine, osteopathic medicine, public health, and integrative medicine programs.

*Nursing Workforce Development Programs*

The Committee provides \$280,972,000, an increase of \$16,500,000, for Nursing Workforce Development programs. These programs provide funding to address all aspects of nursing workforce demand, including education, practice, recruitment, and retention.

*Advanced Education Nursing*

The Committee recommends \$80,581,000, an increase of \$5,000,000, for the Advanced Education Nursing programs, which increases the number of qualified nurses in the workforce by improving nursing education through curriculum and faculty development. The Committee recognizes the importance of strengthening the primary care workforce and training providers to work in com-

munity-based settings, particularly by funding Advanced Nursing Education and Residency Programs.

*Sexual Assault Nurse Examiners Program.*—The Committee provides \$14,000,000, an increase of \$5,000,000, to expand training and certification of Registered Nurses, Advanced Practice Registered Nurses, and Forensic Nurses to practice as sexual assault nurse examiners [SANEs]. The program increases the supply and distribution of qualified SANEs and expands access to sexual assault forensic examinations. By increasing access to SANEs, the program provides better physical and mental healthcare for survivors of sexual assault and domestic violence, and leads to better evidence collection and potentially higher prosecution rates. The program also provides support and resources to help improve the practice and retention of SANEs.

*Nurse Education, Practice, Quality and Retention Program*

The Committee includes \$49,913,000, an increase of \$3,000,000, for competitive grants within the Nurse Education, Practice, Quality and Retention program to enhance nurse education and strengthen the nursing workforce through the expansion of experiential learning opportunities.

The Committee includes \$6,000,000, an increase of \$3,000,000, 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 \$5,000,000 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.

*Nursing Workforce Diversity*

The Committee includes \$23,343,000 for Nursing Workforce Diversity, an increase of \$3,500,000. This program increases 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 \$375,000,000 for the Children's Hospitals Graduate Medical Education [CHGME] program, an increase of \$25,000,000. The Committee strongly supports the CHGME program, which provides support for graduate medical education training programs in both ambulatory and in-patient settings within freestanding children's teaching hospitals. CHGME payments are

determined by a per-resident formula that includes an amount for direct training costs added to a payment for indirect costs. Payments support training of resident physicians as defined by Medicare in both ambulatory and inpatient settings.

*National Practitioner Data Bank*

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

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

MATERNAL AND CHILD HEALTH

Appropriations, 2021 .....	\$975,284,000
Budget estimate, 2022 .....	1,100,084,000
Committee recommendation .....	1,156,084,000

The Committee recommendation for the Maternal and Child Health [MCH] Bureau is \$1,156,084,000, an increase of \$180,800,000 above the fiscal year 2021 level and \$56,000,000 above the fiscal year 2022 budget request. 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 \$857,700,000, an increase of \$145,000,000, 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. 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.

*Special Projects of Regional and National Significance [SPRANS]*

*Alliance for Maternal Health Safety Bundles.*—The Committee includes \$14,300,000, an increase of \$5,300,000, 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.

*Children’s Health and Development.*—There is increasing evidence that experiences in early childhood have long-term health consequences over the course of one’s life. These experiences are

critical in all areas of children's educational, social, and physical development and economic well-being. Children living in persistently high poverty experience more negative health outcomes. The Committee provides \$3,500,000 to continue and to expand upon the work done to address these challenges, and directs HRSA to continue funding these projects to bring systemic change in States with the highest levels of childhood poverty. The end goal of the program should be to produce a comprehensive and integrated model for other States to follow to improve child health and development outcomes.

*Maternal Mortality Data.*—The Committee believes the sharing, coordination and analysis of local, State, tribal and Federal data would help reduce the rate of maternal mortality. These data could include, but are not limited to, women's access to quality healthcare, potential underlying health conditions, age, race, socioeconomic status, cultural beliefs and other important information that could give public health officials a comprehensive understanding of the environment and areas of need. The Committee encourages the exploration and creation of one or more data integration models to provide a comprehensive assessment of key factors contributing to maternal mortality.

*Early Childhood Development Expert Grants.*—The Committee provides \$25,000,000 to help cities place early childhood development experts in pediatrician offices with a high percentage of Medicaid and Children's Health Insurance Program patients.

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

*Sickle Cell.*—The Committee provides \$7,000,000, an increase of \$2,000,000 within SPRANS for research and training, genetics services and newborn screening, and treatments for sickle cell disease.

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

*Infant-Toddler Court Teams.*—The Committee includes \$15,000,000, an increase of \$5,000,000, 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.

*Implicit Bias Training Grants for Health Providers.*—The Committee provides \$7,000,000 to support new grant awards to train healthcare providers on implicit bias with the goal of reducing racial disparities.

*Maternal Mental Health Hotline.*—The Committee provides \$5,000,000, an increase of \$2,000,000, to increase support for a maternal mental health hotline, staffed by qualified counselors 24

hours a day. U.S. maternal mortality has not improved in the past decade. Mental health conditions, including those resulting in suicide and unintentional overdose, are a leading cause of pregnancy-related death during pregnancy and the year following delivery. Nearly 1 in 8 women report experiencing depressive symptoms in the postpartum period.

*NASEM Study on Implicit Bias Recognition.*—The Committee provides \$1,000,000 for a partnership with the National Academy of Medicine 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.

*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.

*State Maternal Health Innovation Grants.*—The Committee provides \$55,000,000 to expand the program. This program supports 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.

*Regional Pediatric Pandemic Network.*—The Committee is concerned about the emerging threat of the COVID-19 Delta variant among pediatric populations resulting in an exponential rise in hospitalizations. A significant portion of this vulnerable age group is not eligible for COVID-19 vaccination. In fiscal year 2021, the Committee established the Regional Pediatric Pandemic Network under SPRANS to expand pediatric pandemic readiness to prepare the pediatric community for and coordinate timely research-informed responses to future pandemics and emerging infectious disease outbreaks. The Committee considers the rapid expansion of this network to be an urgent priority to provide care for this vulnerable and unprotected population for current and future COVID-19 variants and other unknown diseases. Therefore, the Committee includes \$18,000,000 to significantly expand the capacity of the network by increasing the number of grants to award a new meritorious applicant from the original Regional Pediatric Pandemic Network competition to form a coordinated network with the existing grantee. Priority should be given to children's hospitals as defined by section 340E of the Public Health Service Act (42 U.S.C. 256e) and their affiliated university pediatric partners. HRSA shall provide national leadership and coordination across the funded entities to ensure national dissemination of best practices to the broader pediatric care community.

*Sudden Unexpected Infant Death [SUID] and Sudden Death in the Young [SDY] Case Registry and Case Reporting System.*—The Committee is aware that SUID is the leading cause of death among 1-month-to-1-year-old infants. While there is no known way to prevent SUID, there are interagency efforts to help minimize risk by collecting and analyzing data from the SUID and SDY Case Registry at CDC and the Case Reporting System operated through



HRSA. The Committee includes \$3,000,000 within SPRANS to expand the Case Reporting System and supportive services for families who have experienced SUID or SUDC.

*Severe Combined Immunodeficiency [SCID] Newborn Screening.*—The Committee recognizes the progress that has been made in screening for SCID at birth to enable early interventions including bone marrow transplantations and emerging investigational gene therapies. This work has been extremely beneficial to families who will soon have access to additional support with the launch of a virtual, facilitated caregiver support group this year. The Committee directs HRSA to continue supporting this work, including the focus on helping families understand and navigate the process from diagnosis to treatment and beyond, and to expand access to these resources by underserved populations.

#### *Maternal and Child Health Programs*

##### *Sickle Cell Anemia*

The Committee provides \$7,205,000 for grants and contracts to help coordinate service delivery for individuals with sickle cell disease, including genetic counseling and testing, long-term follow-up and care coordination, and training of health professionals.

##### *Autism and Other Developmental Disorders*

The Committee provides \$57,344,000, an increase of \$4,000,000, 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.

##### *Newborn Screening for Heritable Disorders*

The Committee provides \$20,883,000, an increase of \$2,000,000, for the Newborn Heritable Disorders Screening program, as described in section 1109 of the Newborn Screening Saves Lives Act of 2008 (Public Law 113–240). This program provides funding to improve States' ability to provide newborn and child screening for heritable disorders. Newborn screening provides early identification and follow-up for treatment of infants affected by certain genetic, metabolic, hormonal, and/or functional conditions.

*Healthy Start*

The Committee provides \$137,000,000, an increase of \$9,000,000, 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.

*Remote Blood Pressure Monitoring Initiative.*—Preeclampsia/eclampsia is the most dangerous form of hypertension that can develop during pregnancy or the postpartum period, affecting as many as one in twelve pregnancies and accounting for 15 percent of premature infant deaths. While new preeclampsia diagnostics are being evaluated by the FDA, the Committee understands that medical providers continue to rely on regular blood pressure monitoring to identify patients at highest risk of developing preeclampsia. Preeclampsia disproportionately affects racial and ethnic minorities and those living in rural communities. The Committee supports efforts to improve blood pressure monitoring for people lacking access to consistent prenatal care and urges HRSA to work with States, healthcare providers and non-profit patient organizations to design and support an initiative that will strengthen remote blood pressure monitoring programs among high-risk vulnerable populations and communities.

*Universal Newborn Hearing Screening and Early Intervention*

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

*Emergency Medical Services for Children*

The Committee provides \$28,134,000, an increase of \$5,800,000, 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 \$10,000,000, an increase of \$5,000,000, for Screening and Treatment for Maternal Depression. HRSA is directed to make grants to States to establish, improve, or maintain programs to train professionals to screen, assess, and treat for maternal depression in women who are pregnant or who have given birth within the preceding 12 months.

*Pediatric Mental Health Care Access*

The Committee provides \$20,000,000, an increase of \$10,000,000, to expand access to behavioral health services in pediatric primary care by supporting the development of pediatric mental healthcare telehealth access programs.

## HIV/AIDS BUREAU

Appropriations, 2021 .....	\$2,423,781,000
Budget estimate, 2022 .....	2,554,781,000
Committee recommendation .....	2,554,781,000

The Committee recommendation includes \$2,554,781,000 for the HIV/AIDS Bureau, an increase of \$131,000,000. 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 \$190,000,000 for the EHE initiative, an increase of \$85,000,000 above the fiscal year 2021 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 \$665,876,000, an increase of \$10,000,000, 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 \$1,340,005,000, an increase of \$25,000,000, 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 \$207,079,000, an increase of \$6,000,000, for early intervention grants. These funds are awarded competitively to primary healthcare providers to enhance healthcare services available to people at risk of HIV and AIDS. Funds are used

for comprehensive primary care, including counseling, testing, diagnostic, and therapeutic services.

*Children, Youth, Women, and Families*

The Committee provides \$75,088,000 for grants for coordinated services to women, infants, children, and youth.

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

*AIDS Dental Services*

The Committee provides \$13,122,000 for the AIDS Dental Services program. This program provides grants to dental schools, dental hygiene schools, and post-doctoral dental education programs to assist with the cost of providing unreimbursed oral healthcare to patients with HIV.

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

*AIDS Education and Training Centers*

The Committee provides \$38,611,000, an increase of \$5,000,000, for AIDS Education and Training Centers [AETCs]. AETCs train healthcare practitioners, faculty, and students who care for AIDS patients outside of the traditional health professions education venues and support curriculum development on the diagnosis and treatment of HIV infection for health professions schools and training organizations.

The Committee recognizes that there is a growing shortage of health professionals experienced in HIV prevention, care and treatment. The Committee includes increased funding to support core programming within the established network of regional and national AETCs within Part F of the Ryan White HIV/AIDS Program to respond to the growing need for education and training of the workforce.

*Special Projects of National Significance*

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

HEALTH CARE SYSTEMS

Appropriations, 2021 .....	\$129,093,000
Budget estimate, 2022 .....	136,093,000
Committee recommendation .....	137,093,000

The Committee recommendation for the Health Care Systems Bureau is \$137,093,000.

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

*Organ Donation and Transplantation*

The Committee provides \$29,049,000 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 National Organ Procurement and Transplantation Network [OPTN] to match donors and potential recipients of organs. A portion of the appropriated funds may be used to educate the public and health professionals about organ donations and transplants, and to support clearinghouse and technical assistance functions.

*National Living Donor Assistance Center [NLDAC].*—The Committee 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 \$18,266,000 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 \$31,009,000 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, 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 of this act.

*Office of Pharmacy Affairs*

The Committee provides \$17,238,000 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 is also concerned that drug manufacturers may adopt a rebate model that could limit covered entity access to 340B pricing. The Committee is pleased that HRSA sent letters to the six manufacturers in May 2021, outlining each manufacturer's violation of statutory 340B Program requirements by refusing to sell, without restriction, covered outpatient drugs at 340B prices to covered entities that dispense medications through contract pharmacy arrangements. The letters directed each manufacturer to submit a plan to come into compliance with the law. The letters also informed each manufacturer that continued failure to provide the 340B price to covered entities utilizing contract pharmacies could result in civil monetary penalties, as described in the 340B Program Ceiling Price and Civil Monetary Penalties Final Rule. The manufacturers have not complied or provided plans to comply. The Committee is pleased that in light of the manufacturers' refusal to comply, HRSA referred the matter to the HHS Office of the Inspector General in September 2021.

The Committee supports HRSA's continued use of its authorities and any available measures, including the imposition of civil penalties, where 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 \$25,846,000, an increase of \$1,000,000, for poison control activities. The Poison Control Centers [PCCs] program is a national network of 55 PCCs that prevent and treat poison exposures by providing cost effective, quality healthcare advice to the general public and healthcare providers. PCCs serve a critical role in public health and have experienced a dramatic increase in case volume through the National Poison Help Line as a result of the COVID-19 public health emergency, the mental and behavioral health crisis, and cases involving opioids and medications. 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 of this act.

#### *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 2021 enacted levels and the amounts requested in the fiscal year 2022 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, 2021 .....	\$329,519,000
Budget estimate, 2022 .....	400,209,000
Committee recommendation .....	402,709,000

The Committee recommendation for Rural Health programs is \$402,709,000, an increase of \$73,190,000.

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.

*Designation of Rural Areas.*—The Committee recognizes FORHP's use of Rural-Urban Commuting Area and the Frontier and Remote codes, developed to define rural populations. However, neither of these codes are designed to measure rurality in mountainous regions, such as the Appalachian Mountains. The Committee encourages FORHP to conduct research on the feasibility of identifying tracts with difficult and mountainous terrain. Roads shall be deemed to be located in mountainous terrain if such roads are in areas identified as mountains on any official maps or other documents prepared for and issued to the public by the State agency responsible for highways or by the U.S. Geological Survey.

*Rural Communities Opioids Response.*—The Committee includes \$165,000,000 to continue the Rural Communities Opioids Response program [RCORP]. The Committee continues funding to support treatment for and prevention of substance use disorder, focusing on rural communities with the highest risk for substance use disorders. Within the funding provided, the Committee includes \$10,000,000 to continue the three Rural Centers of Excellence [Centers], as established by Public Law 115–245 and continued through Public Law 116–260. In addition to the conditions set forth in Conference Report 115–952, the Centers shall work to develop interdisciplinary, dual-track fellowships to train psychiatrists in rural addiction psychiatry. Within the total provided for RCORP, the Committee also includes \$2,500,000 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 \$5,000,000. 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 \$7,500,000, for the Rural Health Outreach program. This program supports projects that demonstrate new and innovative modes of outreach in rural areas, such as integration and coordination of health services. Outreach grant programs include Outreach Service Grants, Rural Network Development Grants, Delta States Network Grant Program, Network Planning Grants, and Small Health Care Provider Quality Improvement Grants.

*Delta States Rural Development Network Grant Program.*—The Committee provides not less than \$25,000,000 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 2022. The Committee continues to encourage HRSA to align its awards as closely as possible with DRA's strategic vision and with DRA's economic and community development plans. In addition, of the funds provided, the Committee provides not less than \$13,000,000 to support HRSA's collaboration with DRA to continue the Delta Region Community Health Systems Development Program to help underserved rural communities identify and better address their healthcare needs, and to help small rural hospitals improve their financial and operational performance. Within 90 days of enactment of this act, the Committee directs HRSA and DRA to jointly brief the Committee on this program's progress.

*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 \$4,000,000 for HRSA's collaboration with the NBRC to provide direct support to member States to help underserved rural communities identify and better address their healthcare needs and to help small rural hospitals improve their financial and operational performance.

#### *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 \$57,509,000 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 \$12,190,000 for the Black Lung Clinics program. This program funds clinics that treat respiratory and pulmonary diseases of active and retired coal miners, steel mill workers, agricultural workers, and others with occupationally related respiratory and pulmonary impairments. These clinics reduce the incidence of high-cost inpatient treatment for these conditions.

*Radiation and Exposure Screening and Education Program*

The Committee provides \$2,734,000 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 \$39,000,000, 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 [COE].*—The Committee provides \$7,500,000 for the continued development of telehealth COE. The COE promote the adoption of telehealth programs across the country by validating technology, establishing training protocols, and providing a comprehensive template for States to integrate telehealth into their health provider networks. Additional funding for the COE will support the development of models of care and best practices for the expansion of tele-behavioral health.

*Telehealth Flexibilities.*—Telehealth services have been critical in getting patients the care they needed during the COVID–19 public health emergency. The Committee supports the telehealth flexibilities initiated during the pandemic that helped provide access to care, especially to those in rural areas.

*Rural Mental Health Services.*—The Committee recognizes that in rural communities, there are personal, environmental, and systemic challenges to seeking and obtaining adequate care for mental and behavioral health. Rural barriers include not only lack of accessibility and availability of services, but also the acceptability of those services. Further, the COVID–19 pandemic has exposed the need for digital mental health services to address mental and behavioral health needs for rural and tribal communities. The Committee encourages HRSA to provide training programs that prepare clinicians and clinical supervisors and develop contextually relevant web-based programs for the delivery of digital mental health services (interventive and preventative) in rural areas, particularly western mountain States where risk of suicide and suicide rates are higher compared to other States.

*Rural Residency Planning and Development*

The Committee provides \$12,700,000 for the Rural Residency Planning and Development program, an increase of \$2,200,000 above the fiscal year 2021 enacted level. The Committee commends FORHP for efforts to expand the physician workforce in rural areas and supports continuation and expansion of the program to develop new rural residency programs, or Rural Training Tracks [RTTs]. The Committee encourages HRSA to expand the current program to include RTTs in obstetrics and gynecology. Women in rural communities are more likely to begin prenatal care late, and are more likely to experience maternal mortality and severe maternal morbidity. The expansion of this program would align with the agency’s goals of improving maternal health outcomes and eliminating preventable maternal mortality.

The Committee requests a report in the fiscal year 2023 CJ on the progress made to date and efforts to expand RTTs in obstetrics and gynecology.

FAMILY PLANNING

Appropriations, 2021 .....	\$286,479,000
Budget estimate, 2022 .....	340,000,000
Committee recommendation .....	500,000,000

The Committee provides \$500,000,000 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) shall 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 of this act.

*Estimated Need for Services.*—The Committee requests the Secretary conduct a study, within 270 days of enactment of this act, determining the current estimated need for Title X services, updating the 2016 study published in the American Journal of Public Health.

#### PROGRAM MANAGEMENT

Appropriations, 2021 .....	\$155,300,000
Budget estimate, 2022 .....	167,971,000
Committee recommendation .....	893,127,000

The Committee provides \$893,127,000 for program management activities. Within the total, \$165,171,000 is provided for program management, an increase of \$9,871,000 above the fiscal year 2021 level.

*Congressional Directed Spending.*—Within the total for program management, the Committee also includes \$727,956,000 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, 2021 .....	\$11,200,000
Budget estimate, 2022 .....	16,200,000
Committee recommendation .....	16,200,000

The Committee includes \$16,200,000 for administrative costs associated with the Vaccine Injury Compensation Program, an increase of \$5,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. 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 2021 .....	
Budget request, fiscal year 2022 .....	\$5,000,000
Committee Recommendation .....	5,000,000

The Committee includes \$5,000,000 for administrative costs associated with the Countermeasures Injury Compensation Program [CICP], an increase of \$5,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. 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 \$9,734,269,000 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], \$903,300,000 in transfers from the Prevention and Public Health [PPH] Fund and \$139,000,000 in transfers available under section 241 of the PHS Act.

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, 2021 .....	\$821,005,000
Budget estimate, 2022 .....	945,930,000
Committee recommendation .....	945,930,000

The Committee recommendation for the activities of the National Center for Immunization and Respiratory Diseases is \$945,930,000, 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 2021 appropriation	Committee recommendation
Section 317 Immunization Program .....	613,647	713,572
Acute Flaccid Myelitis .....	6,000	6,000
Influenza Planning and Response .....	201,358	226,358

*317 Immunization Program.*—The Committee recognizes that the COVID–19 pandemic has exposed critical gaps in our nation’s immunization infrastructure resulting from years of stagnant funding. The Committee includes an increase of \$99,925,000, consistent with the budget request, to enhance adult immunization and directs CDC to increase base awards. The Committee expects this funding to promote health equity related to protection from vac-

cine-preventable diseases as well as address vaccine hesitancy. Additionally the Committee looks forward to reviewing the fiscal year 2023 report on estimated funding needs of the Section 317 Immunization Program and requests that the report be updated and submitted no later than February 1, 2022. The updated report should include an estimate of optimum State and local operations funding, as well as a discussion of the evolving role of the 317 program as expanded coverage for vaccination becomes available from private and public sources and continues to change. 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 human papillomavirus and flu. The Committee encourages CDC to leverage the Data Modernization Initiative for its Immunization Information Systems.

*Improving Immunization Information System Infrastructure and Data Collection.*—The Committee is concerned about the state of interoperability across Immunization Information Systems [IIS], especially as vaccine administration information remains critical to ending the COVID–19 pandemic, as well as preventing and responding to future public health emergencies. There is wide variability in the implementation of IIS across the United States. CDC and the public health community require 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 recognizes that CDC has developed a national standard for sharing immunization data and a recommended minimum set of data elements and that improvements made through the CDC Data Modernization Initiative [DMI] are benefiting programs, including immunization, across CDC. The Committee encourages CDC to continue to leverage gains made through DMI and work with jurisdictions to promote the adoption and adherence to national standards to support the capture of data for all vaccinations administered across the life course.

*Improving Immunization Rates and Vaccine Confidence.*—The Committee is concerned by recent decreases in pediatric and adult routine vaccination due to the COVID–19 pandemic, vaccine hesitancy, misinformation and disinformation. Data indicate that underserved populations are affected to a greater degree. If not addressed, this trend could expose all Americans, but especially these communities, to vaccine-preventable diseases and exacerbate existing disparities in care. The Committee urges CDC to engage immunization providers, healthcare stakeholders, educators, parents/guardians and local organizations within these communities to encourage individuals and families to visit their trusted healthcare provider to ensure that children, adolescents and adults receive their routinely recommended vaccinations. Immunization reminder recall should be prioritized among all groups, but especially these communities. The Committee requests an update on CDC’s ongoing “Vaccinate with Confidence” campaign activities and outcomes, and its strategy and plan for the public awareness campaign to increase childhood and adult routine vaccination rates and reduce barriers

to routine vaccinations, including but not limited to vaccine hesitancy, no later than 90 days after enactment of this act. This report should include, to the extent practical, information on immunization rates of all age groups and provide disaggregated data on vaccine rates to determine disparities across race, ethnicity, sex, age, and zip code, as available for both routine and COVID-19 vaccinations. In addition, the report shall address actions taken and plans to strengthen awareness, understanding, and trust in vaccines.

*Increasing Adult Hepatitis B Vaccination.*—Given that hepatitis B is preventable through a safe and effective vaccine, the Committee is concerned that fewer than one third of adults age 19 and older are vaccinated. These low rates of vaccine coverage among adults represent a missed opportunity to prevent hepatitis B infection and highlight the need to increase hepatitis B vaccination among adults. The Committee urges CDC to redouble its efforts to address this long-standing problem. The hepatitis B vaccine has been described as the first “anti-cancer” vaccine, since preventing hepatitis B virus infections prevents primary liver cancer. The Committee understands the CDC Advisory Committee on Immunization Practices will be reviewing evidence for a universal adult hepatitis B vaccination recommendation and looks forward to its implementation. The Committee urges CDC to develop a plan to achieve adult hepatitis B vaccination goals.

*Influenza Planning and Response.*—The Committee includes an increase of \$25,000,000 to enhance CDC’s influenza 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 toward key communities.

*Shared Clinical Decision Making.*—The Committee recognizes that the concept of shared clinical decisionmaking is not new in healthcare but has yet to be well defined and the long-term impact on access to vaccines understood. While greater involvement by patients in their care is to be encouraged, physicians, other providers, and public and commercial insurance plans need clarity about how to reconcile this category of recommendation with the long-established “strong recommendation” for vaccination. The Committee encourages CDC to work with health professional organizations to promote recent changes made to the Evaluation and Management office visit Current Procedural Terminology codes, which help provide the basis of payment for vaccination counseling and administration. This will help ensure that medical professionals and patients are informed and have a clear understanding of the immunizations they should receive across the life course.

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

Appropriations, 2021 .....	\$1,314,056,000
Budget estimate, 2022 .....	1,420,556,000
Committee recommendation .....	1,436,056,000

The Committee recommendation for the activities of the National Center for HIV, Viral Hepatitis, Sexually Transmitted Diseases [STDs], and Tuberculosis [TB] Prevention is \$1,436,056,000.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2021 appropriation	Committee recommendation
Domestic HIV/AIDS Prevention and Research .....	964,712	1,064,712
HIV Initiative .....	175,000	275,000
School Health .....	34,081	34,081
Viral Hepatitis .....	39,500	39,500
Sexually Transmitted Infections .....	161,810	166,810
Tuberculosis .....	135,034	135,034
Infectious Diseases and Opioid Epidemic .....	13,000	30,000

*Congenital Syphilis [CS].*—The Committee is troubled by increased rates of CS and the impact the COVID-19 pandemic has had on sexually transmitted infection care and preventative services. According to CDC, cases of CS are at the highest rate in 20 years, with an increase of 71.4 percent in the last 6 years. Deaths associated with CS increased by 36 percent between 2019 and 2020. To address this trend, the Committee encourages CDC to develop a CS prevention initiative giving priority to jurisdictions with the highest prevalence of CS cases and cases of syphilis among women of reproductive age. The Committee urges CDC to work with State and local authorities to design an initiative that will strengthen prenatal outreach programs and to prioritize programming to raise awareness of and prevent CS, and multi-point testing of pregnant women by health departments, community organizations, STD and drug addiction clinics, community health centers, prenatal programs and other priority settings.

*Ending the HIV Epidemic [EHE] Initiative.*—The Committee includes an increase of \$100,000,000 for the third year of the EHE Initiative. The Committee is aware that having a Sexually Transmitted Infection [STI] puts individuals at greater risk of contracting HIV. The Committee commends CDC for including dedicated funding in the EHE initiative for STI clinics to increase prevention services. To stop the spread of HIV and increase capacity at STI clinics, the Committee encourages that part C of the EHE initiative be funded with a minimum of \$20,000,000 of EHE funds dedicated to increasing the number of STI clinics to aid in the diagnosis of HIV infections.

*Hepatitis B.*—The Committee notes that infection with the hepatitis B virus is a serious public health threat. The Committee urges CDC to maintain its investment in hepatitis B grants to support community-based organizations that are vital to serving disproportionately impacted communities to help ensure these groups receive the necessary testing and linkage to care. CDC is also urged to expand States' viral hepatitis disease tracking and surveillance capabilities to permit effective targeting of resources and evaluation of program effectiveness.

*Infectious Diseases and the Opioid Epidemic.*—The Committee provides an increase of \$17,000,000 to CDC to strengthen efforts to address infectious diseases associated with substance use. The Com-

mittee encourages CDC to use this increase to provide additional resources to syringe services programs [SSPs] throughout the United States to help prevent overdose and infection. SSPs are first responders that prevent overdose and infectious diseases transmission and connect individuals to substance use disorder [SUD] treatment and medical care. In 2020, there were more than 90,000 overdose deaths, a figure that shatters the previous record of 70,980 deaths set in 2019. The Committee directs CDC to prioritize jurisdictions with the highest age-adjusted mortality rate related to SUDs and acute hepatitis C infection. CDC is also strongly encouraged to prioritize jurisdictions that are experiencing outbreaks or emerging clusters of infectious diseases associated with drug use, including those not eligible for EHE funding.

*Sexually Transmitted Infections [STIs].*—The Committee continues to be concerned about high STI rates throughout the United States. According to a survey by the National Coalition of STD Directors, 80 percent of sexual health screening clinics were forced to reduce hours or shut down because of understaffing while their contact tracers and disease intervention specialists [DIS] were diverted to address the COVID–19 pandemic. Direct funding to States and local health departments is critical in addressing STIs. The Committee includes an increase of \$5,000,000 to address the high rates of STIs to support the recent investment of more than \$1,000,000,000 from the American Rescue Plan (Public Law 117–2) to strengthen the ability of the DIS workforce nationwide to respond to COVID–19 and other infectious diseases. The Committee encourages CDC to ensure that all STI grantees receive at least the amount of funding they received in fiscal year 2021.

#### EMERGING AND ZOOBOTIC INFECTIOUS DISEASES

Appropriations, 2021 .....	\$648,272,000
Budget estimate, 2022 .....	678,272,000
Committee recommendation .....	726,272,000

The Committee recommendation for the activities of the National Center for Emerging and Zoonotic Diseases is \$726,272,000, which includes \$52,000,000 in transfers from the PPH Fund.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2021 appropriation	Committee recommendation
Antibiotic Resistance Initiative .....	172,000	192,000
Vector-Borne Diseases .....	42,603	52,603
Lyme Disease .....	16,000	18,000
Prion Disease .....	6,500	7,500
Chronic Fatigue Syndrome .....	5,400	5,400
Emerging Infectious Diseases .....	192,997	193,997
Harmful Algal Blooms .....	2,000	2,000
Food Safety .....	65,000	65,000
National Health Care Safety Network .....	21,000	25,000
Quarantine .....	42,772	72,772



[In thousands of dollars]

Budget activity	Fiscal year 2021 appropriation	Committee recommendation
Advanced Molecular Detection .....	30,000	40,000
Epidemiology and Laboratory Capacity .....	40,000	40,000
Healthcare-Associated Infections .....	12,000	12,000

*Advanced Molecular Detection [AMD].*—The Committee recognizes the critical role of CDC’s AMD program to bring 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 COVID–19 pandemic highlighted the importance of laboratory capacity to respond to emerging infections and apply novel technologies like next-generation sequencing. The American Rescue Plan (Public Law 117–2) included \$1,750,000,000 in emergency supplemental funding for genomic surveillance and sequencing of SARS–CoV–2 along with provisions expanding partnerships, bolstering genomics training and funding Centers of Excellence in Genomic Epidemiology. The Committee includes an increase of \$10,000,000 and directs CDC to bolster the transfer of genomic epidemiology expertise and capacity into State and local public health departments. The Committee also requests a status update on the capabilities at public health departments in the fiscal year 2023 CJ.

*Antimicrobial and Antibiotic Resistance.*—The Committee recognizes the crucial role CDC plays in reducing the number of infections and deaths from antibiotic-resistant [AR] pathogens. The COVID–19 pandemic has threatened U.S. and international efforts to curb antimicrobial resistance with the misuse of antimicrobials to treat COVID–19 patients, and the redirection of resources from stewardship programs. The Committee includes an increase of \$20,000,000 and directs CDC 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 national, regional, State, Tribal and local levels to assist with AR response and prevention efforts. CDC is directed to expand laboratory and epidemiological surveillance of bacterial and fungal infections, increase research on infection prevention and the emergence and spread of AR infections—including global surveillance and research activities—and to develop new tools to help prevent healthcare-associated infections. The Committee strongly encourages CDC to develop new or expanded educational training guidelines, outreach and awareness activities to healthcare providers on best practices for using antibiotics responsibly, stopping the spread of AR, and preventing infections to improve national outpatient antibiotic use and the use of antibiotics across healthcare settings and communities. The Committee encourages CDC to competitively award research activities that address aspects of antibiotic resistance related to a “One Health” approach to public academic medical centers including Minority Serving Institutions, veterinary schools, including those with agricultural extension services, and public health departments whose proposals are in line with CDC’s strategy for addressing AR bacteria. The Committee directs the Of-

fice of the Assistant Secretary for Health, CDC, the National Institutes of Health [NIH], the Assistant Secretary for Preparedness and Response/Biomedical Advanced Research and Development Authority and the Agency for Healthcare Research and Quality to jointly brief the Committees on Appropriations of the House of Representatives and the Senate no later than 60 days after the enactment of this act detailing how HHS and its agencies are coordinating their AMR-related efforts. The briefing should include a comparison of actual performance against the national targets for 2020 established in the March 2015 National Action Plan for Combatting Antibiotic-Resistant Bacteria and whether those goals were sustained in 2021. Agencies are directed to outline the focus of their plans for fiscal years 2022–2023 and how these are connected to longer-term objectives included in the follow-on National Action Plan released in October 2020.

*Chronic Fatigue Syndrome [ME/CFS].*—The Committee acknowledges that ME/CFS has been recognized by the CDC as “America’s hidden health crisis.” In the United States, it is estimated that between 836,000 and 2.5 million people suffer from ME/CFS. Since CDC determined that about 90 percent of people with ME/CFS remain undiagnosed, the full impact of the disease is not yet known. The Committee urges CDC to conduct an epidemiological study into the causes, diagnosis, and risk factors of ME/CFS. Additionally, the Committee expects CDC to engage physicians and patients in an effort to increase awareness of ME/CFS and disseminate updated clinical guidance.

*Hansen’s Disease.*—The Committee is aware that over 210,000 new cases of Hansen’s disease, commonly known as leprosy, are reported annually around the world, with about 200 of these cases in the 50 States and approximately 250 more in U.S. territories and freely associated States. While Hansen’s disease is easily treatable using multi-drug therapy, previously there have been no effective interventions to prevent human-to-human transmission. New developments in preventive chemoprophylaxis allow, for the first time, prevention of transmission. Forecasting models indicate that if this approach is implemented, human-to-human transmission in many countries could be completely eliminated within 15–20 years. Therefore, the Committee encourages CDC to explore how Hansen’s diagnosis, treatment, and prevention of transmission efforts could be done cost-effectively by finding efficiencies of scale with other public health programs, building capacity within ministries of health, including in freely associated States and territories, and leveraging public-private partnerships.

*Lyme Disease.*—The Committee recommendation provides an increase of \$2,000,000 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 ac-

curately 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 a report within 180 days 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-Borne Diseases.*—The COVID–19 pandemic response required many State and local health departments to redirect staff from other vital tasks such as mosquito control-related activities, resulting in less capacity to surveil and mitigate potential mosquito-borne public health threats. This has been particularly true in low-income communities whose limited tax base is often challenged by the public health threats associated with mosquito-borne illness. The Committee 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.

*National Healthcare Safety Network [NHSN].*—The Committee recommendation includes a \$4,000,000 increase and commends CDC’s National Healthcare Safety Network [NHSN] as an essential component of the U.S. government response to COVID–19 at the Federal, State, and local levels. NHSN’s data dashboards provided real-time situational awareness to healthcare facilities and State and local health departments and NHSN reports helped States take action to protect nursing home residents and staff. In addition, CDC’s 2019 Antibiotic Resistance Threats Report showed that prevention efforts nationwide have reduced deaths from AR infections by 18 percent overall and by nearly 30 percent in hospitals. The Committee urges CDC to continue to increase NHSN uptake to protect patients and modernize NHSN infrastructure to strengthen the efficiency, effectiveness, and sustainability of this widely used public health platform.

*Mycotic Diseases.*—The Committee provides an increase of \$1,000,000 for mycotic diseases and encourages 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.

*Prion Disease.*—The Committee recommendation includes an increase of \$1,000,000 to advance efforts to investigate and monitor

human prion diseases, which are rapidly progressive and fatal neurodegenerative diseases that occur in both humans and animals. CDC supports national and state monitoring of human prion diseases and the critical work of the National Prion Disease Pathology Surveillance Center on laboratory-based surveillance, research, tissue banking, and technical and supportive assistance to clinicians and families. The increased funds are provided in recognition of CDC's increased workload related to chronic wasting disease in deer and elk populations and to account for increased autopsy costs, which have been exacerbated by COVID-19.

*Quarantine.*—The Committee includes an increase of \$30,000,000, consistent with the budget request, to modernize public health programs that protect the United States 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 modernized and flexible traveler management program, and increase capacity for health screening and traveler education at U.S. airports during emergencies.

*Surveillance Data on the Chronic Effects of COVID-19.*—Public health officials and healthcare providers will be addressing the long-term, chronic effects of COVID-19 infections for years to come. Successfully addressing the healthcare needs of individuals who develop chronic cardiovascular, renal, and neurological effects of COVID-19 will require long-term, population level, public health surveillance that includes granular data related to COVID-19 and any comorbid medical conditions. The Committee directs CDC to provide, within 90 days of enactment of this act, an accounting of the data on the chronic effects of COVID-19 currently being collected, the sources of these data, any existing or anticipated gaps that exist, and to provide a plan for addressing surveillance data gaps as they relate to the chronic effects of COVID-19 infection in both the immediate and long-term.

*Vector-Borne Diseases [VBD].*—The Committee includes an increase of \$10,000,000 to address the increase in the incidence of VBD and sustain the Regional Centers of Excellence program, including State and local-level surveillance and research being conducted by partners. The Committee urges CDC to examine options to provide greater coverage in the Northwest region for VBD resources.

*Wastewater Surveillance.*—The Committee applauds CDC's work implementing the National Wastewater Surveillance System [NWSS] with partners at State health labs and academic institutions to better track COVID-19 and understands the important role wastewater testing plays for our nation's biosecurity. Wastewater testing is critical to both detecting outbreaks of pathogens and contaminants, and understanding trends in disease burden, antibiotic resistance, and environmental hazards. NWSS has the potential to detect the presence of COVID-19 within a watershed earlier than public health case surveillance, and the virus has been detected in wastewater several days prior to reported cases within the community. The Committee directs CDC to report on existing

NWSS grants and contracts within 90 days of enactment of this act.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Appropriations, 2021 .....	\$1,276,664,000
Budget estimate, 2022 .....	1,452,664,000
Committee recommendation .....	1,509,664,000

The Committee recommendation for the activities of the National Center for Chronic Disease Prevention and Health Promotion is \$1,509,664,000, which includes \$254,950,000 in transfers from the PPH Fund.

The mission of the Center is to provide national leadership in promoting health and well-being through prevention and control of chronic diseases. Nearly one-half of all American adults have at least one chronic illness, and such diseases account for 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 2021 appropriation	Committee recommendation
Tobacco .....	237,500	247,500
Nutrition, Physical Activity, and Obesity .....	56,920	56,920
High Obesity Rate Counties .....	15,000	15,000
School Health .....	15,400	15,400
Health Promotion .....	35,600	38,100
Glaucoma .....	4,000	4,000
Vision and Eye Health .....	1,000	2,000
Alzheimer's Disease .....	20,500	20,500
Inflammatory Bowel Disease .....	1,000	1,000
Interstitial Cystitis .....	1,100	1,100
Excessive Alcohol Use .....	4,000	4,000
Chronic Kidney Disease .....	2,500	2,500
Chronic Disease Education and Awareness .....	1,500	3,000
Prevention Research Centers .....	26,961	26,961
Heart Disease and Stroke .....	143,105	148,105
Diabetes .....	148,129	153,129
National Diabetes Prevention Program .....	29,300	34,300
Cancer Prevention and Control .....	385,799	388,799
Breast and Cervical Cancer .....	225,000	225,000
WISEWOMAN .....	28,120	28,120
Breast Cancer Awareness for Young Women .....	4,960	4,960
Cancer Registries .....	51,440	51,440
Colorectal Cancer .....	43,294	43,294
Comprehensive Cancer .....	20,425	20,425
Johanna's Law .....	10,000	10,000
Ovarian Cancer .....	12,000	13,000
Prostate Cancer .....	14,205	16,205
Skin Cancer .....	4,000	4,000

(In thousands of dollars)

Budget activity	Fiscal year 2021 appropriation	Committee recommendation
Cancer Survivorship Resource Center .....	475	475
Oral Health .....	19,500	19,500
Safe Motherhood/Infant Health .....	63,000	103,000
Maternal Mortality Review Committees .....	17,000	43,000
Preterm Birth .....	2,000	2,000
Arthritis .....	11,000	12,000
Epilepsy .....	10,500	13,000
National Lupus Registry .....	9,500	9,500
Racial and Ethnic Approaches to Community Health (REACH) .....	63,950	70,950
Good Health and Wellness in Indian Country .....	22,000	24,000
Social Determinants of Health .....	3,000	153,000
Million Hearts .....	4,000	4,000
National Early Child Care Collaboratives .....	4,000	5,000
Hospitals Promoting Breastfeeding .....	9,500	10,500

*Alzheimer's Disease.*—The Committee provides \$20,500,000, the same level as in fiscal year 2021, and urges CDC to continue to support national organizations to promote implementation of the Road Map Series at the national, State, and local levels. CDC is also encouraged to support States and territories to collect, analyze and disseminate data from CDC's optional Behavioral Risk Factor Surveillance System [BRFSS] cognitive decline and caregiving modules. Additionally, the Committee directs CDC to continue implementation of the Building Our Largest Dementia [BOLD] Infrastructure for Alzheimer's Act (Public Law 115–406), which promotes a public health approach to Alzheimer's disease, cognitive decline, and brain health. The Committee encourages CDC to strengthen the Healthy Brain Initiative, including implementation of the Healthy Brain Initiative Public Health Road Maps.

*National Breast and Cervical Cancer Early Detection Program.*—To continue to strengthen access to preventive screenings for women who are uninsured or underinsured and at high risk for breast and cervical cancer, the Committee provides \$225,000,000 for the Breast and Cervical Cancer program, the same as the fiscal year 2021 enacted level. The Committee notes that millions of women aged 40–64 remain uninsured and eligible for breast and cervical cancer screening services under CDC's Breast and Cervical Cancer program. This program remains a vital lifeline for women across the country and has shown strong success in specifically providing low-income, uninsured, and underinsured women with the lifesaving preventive services they need.

*Chronic Disease Education and Awareness.*—The Committee recognizes CDC's work with stakeholders to expand public health education and awareness activities that help to improve surveillance, diagnosis, and proper treatment for chronic diseases. The Committee includes an increase of \$1,500,000 for the Chronic Disease Education and Awareness competitive grant program to expand and advance CDC's work with stakeholders on education, outreach, and public awareness activities for a variety of chronic diseases for which there is limited public and professional awareness that are not already specified under CDC in this report.

*Chronic Kidney Disease.*—Chronic kidney disease [CKD] affects over 37 million adults in the United States, with an additional 80 million Americans at risk of developing CKD due to diabetes, car-

diovascular disease, or family history. A public health approach would contribute toward earlier detection to allow more time for interventions targeted to improve outcomes. The Committee encourages CDC to continue to educate the public about their risk for kidney disease as well as educate clinical professionals to spur early detection and treatment. By increasing awareness and surveillance, the progression of kidney disease can be slowed and complications can be reduced which will dramatically improve the quality of life of patients.

*Early Detection of Brain Aneurysms.*—The Committee recognizes that detection of brain aneurysms for purposes of prevention or diagnosis and treatment remains challenging, and that brain aneurysms remain common (1 in 50 Americans have a brain aneurysm) and extremely lethal (the mortality rate is approximately 40 percent once an aneurysm ruptures). The Committee encourages CDC to capture and disseminate information about best practices for early detection.

*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 \$2,500,000 for the Epilepsy Program. The Committee recognizes the opportunity to advance public and provider awareness and improve care for the epilepsy community through meaningful timely investment in successful public health activities.

*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.

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

*High Obesity Rate Counties.*—The Committee remains concerned about the growing body of evidence suggesting that obesity is one of the most significant challenges facing the public health system. The Committee continues to support the rural extension and outreach services grants for rural counties with an obesity prevalence over 40 percent. The Committee expects CDC grantees to work with State and local public health departments 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 recognizes the longstanding public health activities of the Center focused on improving health outcomes for people with IBD. The Committee remains concerned about delays from the onset of symptoms to diagnosis and effective treatments, which are associated with worse health outcomes. The Committee encourages CDC to support an initial pilot education and outreach program targeted toward healthcare providers, IBD patients, and people with IBD-type symptoms, including those from minority populations, that is focused on improving remission rates by reducing the time to diagnosis and the start of effective treatments. Additionally, the Committee encourages CDC to collaborate with organizations that serve the IBD patient community in planning and executing this pilot.

*Maternal Mortality.*—The Committee recognizes CDC's ongoing efforts to address the unacceptably high levels of maternal mortality, which disproportionately affects women of color, in the United States. Each year, almost 700 women die during or within a year of the end of their pregnancy because of pregnancy or its complications. State Maternal Mortality Review Committees [MMRCs] are working to collect more complete data on these pregnancy and delivery-related deaths, but more must be done to ensure the accuracy and completeness of the data given to CDC and Congress. The Committee recommendation builds on the commitment made in the fiscal year 2021 bill by providing an increase of \$26,000,000 in the Safe Motherhood and Infant Health Program for CDC to continue its technical assistance to existing MMRCs and support the expansion of this work. The Committee directs CDC to use this funding to expand support for MMRCs and improve data collection at the State level to create consistency in data collection, analysis, and reporting across State MMRCs. The Committee believes this investment is necessary to provide accurate national statistics on U.S. maternal mortality rates and will inform data-driven actions to prevent these deaths. The Committee requests a report within 180 days of enactment of this act on barriers to effective and consistent data collection and opportunities to improve coordination among state MMRCs.

*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 2023 CJ.

*National Early Child Care Collaboratives Program.*—The Committee is aware that COVID-19 has escalated food insecurity for children and families, and believes the early care and education setting is important for promoting healthy habits in young children and ensuring that they have access to nutritious food. The Committee provides \$5,000,000, an increase of \$1,000,000, to support: technical assistance to States for integrating best practices into existing State and local systems for early care and education, as well as direct provider-level training for implementation of comprehensive programming, with a focus on equity, to support healthy eat-



ing and physical activity best practices. The Committee directs the additional \$1,000,000 for the expansion of the core program to at least one new State and to enhance efforts to address food insecurity.

*Office on Smoking and Health [OSH].*—The Committee is deeply troubled by the continued high levels of e-cigarette use among youth. Accordingly, the Committee includes an increase of \$10,000,000 so that CDC and States can more robustly respond to the public health threat caused by youth use of e-cigarettes, enhance efforts to reduce tobacco use among disparate populations and in areas with high tobacco use rates and tobacco-related mortality, and expand the highly effective Tips from Former Smokers media campaign.

*Perinatal Quality Collaboratives [PQCs].*—The Committee commends CDC for funding State-based PQCs that focus on improving maternal and neonatal outcomes using known prevention strategies such as reducing severe pregnancy complications associated with high blood pressure and hemorrhage. The Committee includes an increase within CDC's Safe Motherhood and Infant Health program for CDC to continue support for PQCs to address a range of important health outcomes, including the high incidence of maternal mortality, particularly among women of color, and maternal opioid use disorder and neonatal abstinence syndrome as a result of the opioid crisis, which has been exacerbated by the COVID-19 pandemic. The Committee requests a briefing, within 90 days of enactment of this act, on the expansion of this program beyond the thirteen states in which it was active in fiscal year 2020 as well as any barriers to expansion, including those created by the COVID-19 pandemic.

*Psoriatic Disease.*—The Committee recognizes the significant public health needs associated with psoriasis and psoriatic arthritis and the work done by CDC a decade ago to define these challenges in the Public Health Agenda for Psoriasis and Psoriatic Arthritis. The Committee recognizes the value of that effort and the impact it has had in informing public health and related interventions to address psoriatic disease over the past decade. Despite significant advancements in research, treatment options, and care approaches for this community, the Committee is concerned that many individuals, especially people of color, remain undertreated and are not achieving optimal health outcomes and that psoriatic disease poses a significant public health challenge. The Committee encourages CDC to develop an updated public health agenda and action plan for psoriatic disease to be focused on addressing the systemic nature of the disease, unmet needs, heterogeneity of disease and treatment response, and diversity of diagnosis, care and outcomes.

*Prostate cancer.*—The Committee is concerned about the continued high levels of prostate cancer deaths and strongly supports the CDC's work to increase public awareness of prostate cancer risks, screening, and treatment. Prostate cancer is one of the most common and deadliest cancers in the United States, and Black men are more than two times as likely to die from prostate cancer than white men. The Committee includes an increase of \$2,000,000 to continue those efforts and encourages CDC to prioritize outreach

and education among Black men and others who have a high risk for prostate cancer.

*Social Determinants of Health [SDOH].*—The Committee provides an increase of \$150,000,000, consistent with the budget request, to expand the CDC SDOH program to improve health equity in all States and territories. The Committee encourages CDC to use this funding to improve health outcomes among persons experiencing health disparities and inequities by expanding and implementing accelerator plans, launching an SDOH implementation program, providing technical assistance to communities and continuing to build the evidence base through improved data collection to better understand health disparities. CDC is directed to provide a report to the Committee within 120 days of enactment of this act on how grants will be administered.

*Sudden Unexpected Infant Death [SUID] and Sudden Death in the Young [SDY] Case Registry.*—The Committee is aware that SUID is the leading cause of death of infants 1 month to 1 year of age in the United States. While there is no known way to prevent SUID, there are ways to minimize risk by collecting and analyzing data, such as that available through the SUID and SDY Case Registry. Accordingly, the Committee includes an increase within CDC's Safe Motherhood and Infant Health program for the Registry to expand the number of States and jurisdictions participating in monitoring and surveillance. Furthermore, the Committee includes funding for CDC to award grants or cooperative agreements to States, Tribes, and Tribal organizations for purposes of improving data collection related to SUID and sudden unexpected death in childhood, including by identifying, developing, and implementing best practices to reduce or 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 continues to provide \$4,000,000 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.

*Vision and Eye Health.*—The Committee includes a \$1,000,000 increase for the Vision and Eye Health program. The Committee directs CDC to improve surveillance efforts, which may include updating national prevalence estimates on vision impairment and eye disease through use of the National Health Nutrition Examination Survey [NHANES] and improving existing surveillance of social, economic, and environmental contexts as related to eye healthcare disparities. The Committee is aware that vision impairments and eye disease contribute to or complicate many other serious and costly chronic health conditions, including diabetes, cardiovascular disease, injuries and death related to falling, depression, and cognitive decline. State and community partnerships are essential in promoting early detection and coordinating access to treatment to prevent eye disease from progressing to permanent vision loss.

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

Appropriations, 2021 .....	\$167,810,000
Budget estimate, 2022 .....	172,810,000
Committee recommendation .....	184,560,000

The Committee recommendation for the activities of the National Center on Birth Defects, Developmental Disabilities, Disability and Health [NCBDDD] is \$184,560,000.

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 2021 appropriation	Committee recommendation
Child Health and Development .....	65,800	65,800
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	23,100
Health and Development for People with Disabilities .....	72,660	80,660
Disability and Health .....	36,000	41,000
Tourette Syndrome .....	2,000	2,000
Early Hearing Detection and Intervention .....	10,760	10,760
Muscular Dystrophy .....	6,000	8,000
Attention Deficit Hyperactivity Disorder .....	1,900	1,900
Fragile X .....	2,000	2,000
Spina Bifida .....	7,000	7,000
Congenital Heart .....	7,000	8,000
Public Health Approach to Blood Disorders .....	6,400	8,400
Hemophilia CDC Activities .....	3,500	3,500
Hemophilia Treatment Centers .....	5,100	5,100
Thalassemia .....	2,100	2,100
Neonatal Abstinence Syndrome .....	2,250	4,000
Surveillance for Emerging Threats to Mothers and Babies .....	10,000	15,000

*Blood Disorders.*—The Committee includes an increase of \$2,000,000 to expand sickle cell data collection efforts in multiple States. The Committee urges an expansive sickle cell surveillance program to better identify affected individuals, understand their health outcomes and comorbidities, and evaluate their utilization of the most effective and appropriate treatments to prevent complications and risk factors that affect individuals living with the disease.

*Cerebral Palsy [CP].*—CP is the most common, lifelong motor disability caused by an early developmental brain injury. The mechanism of injury underlying CP is still not well-understood; therefore, the Committee encourages CDC to explore cross-divisional funding opportunities, networks, data sets and systems to accelerate data-driven public health research to improve CP surveillance and develop better understanding of the mechanisms leading to earlier diagnosis and better outcomes to reduce the public health burden of

CP. Private partnerships in select U.S. NICU's representing 10 percent of high-risk infants have reduced age of CP diagnosis from 19.5 months to 9.5 months by creating a rigorous training and systems approach. Additionally, these methodologies have been utilized by CDC in other countries in response to the Zika virus. The Committee also encourages CDC to conduct an updated study from the 2003 report on healthcare and societal costs of CP in the United States.

*Congenital Heart Defects [CHD].*—CHD is the most common and deadliest category of birth defects in the United States. The Committee commends CDC for its leadership in improving understanding of the unique, specialized care needs for the growing CHD population across the lifespan. The Committee includes a \$1,000,000 increase to further implement the surveillance, research, and awareness activities authorized by the Congenital Heart Futures Reauthorization Act (Public Law 115-342), including for 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 Muscular Dystrophy.*—The Committee includes a \$2,000,000 increase to enhance CDC's Muscular Dystrophy Program [MDP] research and disease surveillance initiatives, including the Duchenne Muscular Dystrophy Care Considerations [DMDCC]. The Committee directs CDC to prepare a report describing how the MDP funding is allocated for specific activities in fiscal years 2020 and 2021. The report also should, to the extent practicable, identify program priorities for fiscal years 2022 and 2023, including an evaluation of the impact of the DMDCC across the country on patient outcomes and any remaining gaps, particularly in rural and underserved areas. The Committee encourages CDC to address the following three areas of unmet need: evaluating the differences in care and outcomes between Certified Duchenne Care Centers and non-CDCC MD-STARnet data and outcomes; the availability of consistent and coordinated care for adults with Duchenne as they transition from pediatric care settings to adult care settings; and the impact of progressive disability on the mental health of patients and their caregivers. The Committee encourages the CDC to partner with stakeholder organizations to leverage additional knowledge and resources to advance this work.

*Early Hearing Detection and Intervention [EHDI].*—The Committee is aware of the significant racial and ethnic disparities in care facing children with hearing loss, and the effect unaddressed congenital hearing loss has on communication skills, psychosocial development, educational progress, and language development. The Committee encourages CDC to expand its work to improve surveillance of State and territorial-based EHDI systems to ensure access to timely identification of congenital and acquired hearing loss and develop materials to enhance connection to follow up services among racial and ethnic minorities, and other medically underserved populations.

*Hemophilia Treatment Centers.*—The Committee continues to support CDC's hemophilia programs, which provide grants for the collection of surveillance data by Hemophilia Treatment Centers

[HTCs] and supports public health efforts related to bleeding disorders. The Committee also 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. Data from Community Counts has informed recent reports estimating that there may be over 11,000 males with Hemophilia not receiving care within the HTC network. In addition, 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 increase outreach to these underserved populations and inclusion in Community Counts.

*Maternal Infections.*—Congenital Cytomegalovirus [CMV], the most common viral infection impacting infants born in the United States and the leading non-genetic cause of hearing loss, can cause serious disease and long-term health problems for babies infected before birth. The Committee is concerned that although all pregnant women are at risk of acquiring CMV, only 9 percent of women are aware of the condition. The Committee encourages CDC to continue its activities to prevent CMV infection among women, and directs CDC to provide an update on its efforts to develop, implement and evaluate prevention strategies around CMV in the fiscal year 2023 CJ.

*Neonatal Abstinence Syndrome [NAS] Surveillance.*—The Committee includes \$4,000,000 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 opioid use 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 \$41,000,000, an increase of \$5,000,000, to continue to strengthen existing programs that address healthy athletes and directs CDC to allocate the increase in the same manner as directed in Public Law 115–245. As such, the Committee encourages CDC to work with grant recipients to: (1) ensure that there are systems in place to help athletes and others with intellectual disabilities connect to care in their home communities; and (2) improve integration of best practices to the CDC’s State-based disability and health programs to increase access to these types of health benefits for those with intellectual disabilities.

*Spina Bifida.*—The Committee is aware of a growing incidence of sudden death in the adult Spina Bifida population, and encourages CDC to study this issue and to develop medical interventions leading to best outcomes and to address the transitional and adult care needs of the growing, aging Spina Bifida community. Therefore, the Committee encourages CDC to use funding for the National Spina Bifida Program [NSBP] to support the continuation of the Spina Bifida Clinical Care Monitoring and Tracking Program which works with the National Spina Bifida Registry to guide the healthcare community in best treatment options for people living with Spina Bifida. Further, the Committee commends the NSBP in serving as a model for programs assisting other individuals living

with similar complex conditions and encourages CDC to continue to work with a national patient advocacy organization that disseminates information to clinicians, parents and families living with Spina Bifida.

*Surveillance for Emerging Threats to Mothers and Babies Network.*—The Committee includes an increase of \$5,000,000 to expand CDC’s Surveillance for Emerging Threats to Mother and Babies Network to additional States, the District of Columbia, U.S. territories, and tribal entities. 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 people and infants.

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

*Zika Surveillance.*—The Committee supports CDC’s continued collaboration with State, tribal, territorial, and local health departments to monitor mothers and babies impacted by the Zika virus during pregnancy in the highest risk jurisdictions. 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 2023 CJ on CDC’s findings from this ongoing surveillance.

PUBLIC HEALTH AND SCIENTIFIC SERVICES

Appropriations, 2021 .....	\$591,997,000
Budget estimate, 2022 .....	741,997,000
Committee recommendation .....	741,997,000

The Committee recommendation for Public Health Scientific Services is \$741,997,000, which includes \$132,000,000 in transfers available under section 241 of the PHS Act.

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 2021 appropriation	Committee recommendation
Health Statistics .....	175,379	175,397
Surveillance, Epidemiology, and Informatics .....	360,600	460,600
BioSense .....	23,000	23,000

[In thousands of dollars]

Budget activity	Fiscal year 2021 appropriation	Committee recommendation
Public Health Data Modernization .....	50,000	150,000
Public Health Workforce .....	56,000	106,000

*Bereavement.*—The death of a loved one can lead to poor health, social and economic outcomes for their survivors. The Committee strongly urges CDC to include a new module focused on bereavement to the Behavioral Risk Factor Surveillance Survey to better understand the scope of bereavement exposure in the United States. The Committee also encourages CDC to include a special highlight section on bereavement in its Health U.S. publication.

*Data Modernization Initiative [DMI].*—The Committee recognizes the need for sustained funding for CDC’s DMI and includes an increase of \$100,000,000, consistent with the budget request, to accelerate efforts to rebuild the nation’s public health infrastructure. The Committee notes that Congress has provided significant resources to CDC’s DMI through annual and supplemental appropriations since fiscal year 2020, including \$1,000,000,000 through the CARES Act (Public Law 116–136) and the American Rescue Plan (Public Law 117–2). The Committee directs CDC to create a standards-based, interoperable public health infrastructure featuring near real-time, automated, and aggregated data collection. CDC is urged to consider innovative mechanisms to ensure States and local jurisdictions have access to this funding to modernize their vital records data systems in accordance with DMI goals. The Committee requests a report, within 180 days of enactment of this act, on how CDC is allocating DMI funding to support the five pillars of public health data modernization both internally at CDC and to State and local public health departments.

*Disability Data.*—The Committee strongly encourages CDC to explore methodologies, research and data collection strategies to collect public health data and information regarding people with disabilities that is in compliance with Federal and State privacy and anti-discrimination laws and regulations.

*E-Cigarettes.*—The Committee is concerned that, unlike other forms of tobacco products, healthcare providers did not have an ICD–10–CM code to report patient e-cigarette or electronic nicotine delivery system use. The Committee applauds CDC for its work to implement an ICD–10–CM to report patient e-cigarette use effective in April 2020, and recognizes that use of this code will provide valuable clinical and research information regarding the long-term health effects of e-cigarettes.

*Familial Hypercholesterolemia [FH].*—FH is an inherited genetic disorder that causes early and aggressive heart disease. The Committee is concerned that more than 85 percent of those in the United States who are affected with FH are completely unaware of their condition. The Committee encourages CDC to address FH as a public health concern in order to improve diagnosis and care delivery and prevent heart disease.

*Improving Accuracy of Diagnosis of Rare Diseases.*—There are 7,000 known rare diseases in the United States, but only 500 have a specific diagnostic code. The lack of a specific diagnostic code

makes disease surveillance more difficult and is a barrier to diagnosis and treatment. The Committee encourages the National Center for Health Statistics at CDC to work with Federal agency partners, including the FDA and the NIH, to establish a pathway for pursuing a specific diagnostic code for rare diseases that currently lack one. The Committee requests a report on the feasibility of such a pathway within 180 days of enactment of this act.

*Public Health Workforce.*—The Committee includes an increase of \$50,000,000, consistent with the budget request, to help rebuild the public health workforce following its decades-long erosion. The COVID–19 pandemic exacerbated these workforce deficiencies, and revealed a public health system that did not have the people or resources to meet the demands of a pandemic emergency response. Strategic investments in a diverse, robust, well-trained public health workforce are critical to ensuring the nation is able to respond to the current pandemic and build a stronger, more resilient workforce to safeguard the public’s health. The Committee urges CDC to invest in fellowship and training programs to rebuild the public health workforce of epidemiologists, contact tracers, lab scientists, community health workers, data analysts, behavioral scientists, disease intervention specialists, public health nurses, informaticians, program managers, policy experts, and communicators who can help protect the nation’s communities.

ENVIRONMENTAL HEALTH

Appropriations, 2021 .....	\$222,850,000
Budget estimate, 2022 .....	332,850,000
Committee recommendation .....	333,350,000

The Committee recommendation for the National Center for Environmental Health is \$333,350,000. The Committee recommendation includes \$17,000,000 in transfers from the PPH Fund and \$7,000,000 in transfers available under section 241 of the PHS Act.

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 2021 appropriation	Committee recommendation
Environmental Health Laboratory .....	67,750	67,750
Newborn Screening Quality Assurance Program .....	18,500	18,000
Newborn Screening for SCID .....	1,250	1,250
Other Environmental Health .....	48,500	48,500
Environmental Health Activities .....	47,600	148,600
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	110,000
All Other Environmental Health .....	17,000	17,000
Environmental and Health Outcome Tracking Network .....	34,000	34,000



[In thousands of dollars]

Budget activity	Fiscal year 2021 appropriation	Committee recommendation
Asthma .....	30,000	32,000
Childhood Lead Poisoning .....	39,000	46,000
Lead Exposure Registry .....	4,500	5,000

*ALS Registry.*—The Committee directs CDC to present a plan to the Committee within 180 days of enactment of this act to enhance the oversight and advisory process for the National ALS Registry to increase transparency and better reflect the needs of the ALS community. This plan should consider ways to translate Registry findings to human application that can lower the risks and disease burden of ALS, make disease reporting more representative, more accurate, and inclusive, and include a range of estimates rather than point estimates of ALS prevalence. Equally important are updates to the survey process to ensure the data they collect are impactful and respectful of participant burden. Finally, the plan should ensure that the ALS community can view as much Registry information as possible without compromising the privacy of participants.

*Asthma.*—The Committee includes an increase of \$2,000,000 for the National Asthma Control Program to expand the number of states carrying out programmatic activities and encourages CDC to increase its emphasis on eliminating health disparities.

*Childhood Lead Poisoning.*—The Committee includes an increase of \$7,000,000, consistent with the budget request, 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 mitigate emerging threats in communities with elevated risk of exposure to lead.

*Climate and Health.*—The Committee includes a \$100,000,000 increase, consistent with the budget request, to help prepare our nation to anticipate and adapt to health effects linked to climate change. The Committee recognizes that climate-related health effects can create long-lasting damage on communities unprepared for more frequent high-heat days, wildfires and extreme weather events, and persistent high levels of air pollution. Equipping States, cities, territories, and Tribes with adequate resources to plan for these and other climate-related health threats is a necessary step to protect public health from the climate challenges already impacting communities. The Committee urges CDC to use this historic investment to expand the program to all States and territories to identify potential health effects associated with climate change and implement health adaption plans.

*Lead Exposure Registry.*—The Committee includes an increase of \$500,000 for the Flint, Michigan Lead Exposure Registry.

*Supporting State Biomonitoring Programs.*—The Committee is aware that the CDC's Division of Laboratory Sciences has awarded funding to six grantees to support State-based public health laboratory biomonitoring programs and has turned down several proposals due to a lack of funding. The Committee urges the CDC's Division of Laboratory Sciences to ensure that no less than \$5,000,000 is available to support States' biomonitoring programs.

*Tuberous Sclerosis Complex [TSC].*—The Committee encourages CDC to take into consideration TSC as a possible cause of autism, epilepsy, and cardiac rhabdomyomas in its surveillance network. Because ongoing clinical trials are investigating the impact of preventative therapy in infancy to improve or prevent epilepsy and autism in TSC, the Committee encourages CDC to counsel researchers and other stakeholders to facilitate development of a viable newborn screening assay for TSC.

#### INJURY PREVENTION AND CONTROL

Appropriations, 2021 .....	\$682,879,000
Budget estimate, 2022 .....	1,103,169,000
Committee recommendation .....	1,050,169,000

The Committee recommendation for the National Center for Injury Prevention and Control is \$1,050,169,000.

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 2021 appropriation	Committee recommendation
Intentional Injury .....	123,550	286,550
Domestic Violence and Sexual Violence .....	34,200	35,200
Child Maltreatment .....	7,250	7,250
Child Sexual Abuse Prevention .....	1,500	2,500
Youth Violence Prevention .....	15,100	115,100
Domestic Violence Community Projects .....	5,500	5,500
Rape Prevention .....	51,750	101,750
Suicide Prevention .....	12,000	24,000
Adverse Childhood Experiences .....	5,000	5,000
National Violence Death Reporting System .....	24,500	25,500
Unintentional Injury .....	8,800	11,800
Traumatic Brain Injury .....	6,750	7,750
Elderly Falls .....	2,050	2,050
Drowning Prevention .....		2,000
Other Injury Prevention Activities .....	28,950	28,950
Opioid Overdose Prevention and Surveillance .....	475,579	663,369
Injury Control Research Centers .....	9,000	9,000
Firearm Injury and Mortality Prevention Research .....	12,500	25,000

*Adolescent Mental Health.*—The Committee is aware that over the past decade, even prior to the COVID–19 pandemic, adolescents in the United States experienced growing rates of mental health problems. In 2019, data from the National Survey on Drug Use and Health indicated that 16 percent of youth ages 12–17 reported experiencing a past-year major depressive episode, compared to 8 percent in 2009. COVID–19 worsened this trend, with the CDC reporting that emergency room visits for mental health conditions increased 31 percent for children ages 12 to 17 during 2020, and suspected suicide attempts by adolescent girls increased by 51 percent during February–March 2021 compared with the same quarter in 2019. The Committee urges CDC to establish a program to leverage existing CDC activities dedicated to adolescent

mental health. This program should coordinate the development and implementation of national goals and a national strategy to improve adolescent mental wellbeing and advance equity, with a focus on culturally responsive prevention and early intervention, in collaboration with centers across CDC, other Federal agencies and departments, youth, experts and advocates. CDC should also coordinate across HHS operating divisions and with the Department of Education to improve prevention and early intervention in mental health.

*Adverse Childhood Experiences [ACEs].*—The Committee commends and continues to support CDC’s Injury Prevention Center to provide funding to States and localities, including those with the highest burden of trauma, violence, and overdoses, in order to conduct surveillance on exposure to ACEs and target community-based interventions related to exposure to childhood trauma, ACEs, addiction, and violence. The Committee directs CDC to provide technical assistance to States to support the BRFSS ACEs module and resilience questions that enable them to analyze their BRFSS/PRAMS data, and identify community level burden at a local unit of geography, such as the county, to facilitate identification of communities with high levels of ACEs/trauma and therefore are in the greatest need of assistance. CDC is also directed to assist states in the ability to track trends in ACEs by age groups to determine whether intergenerational changes are occurring in response to intervention or policy shifts. In addition, CDC shall explore and report to the Committee on the viability and utility of a Positive Childhood Experience Surveillance System that measures resilience factors in a State or community.

*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 commends CDC for its work to prevent youth and community violence through technical assistance, research, and partnerships between community organizations, schools, law enforcement, faith-based organizations, and academia to evaluate effective interventions to reduce violence. The Committee provides a \$100,000,000 increase, consistent with the budget request, to support community-based violence interventions that focus on those most at risk of being victims or perpetrators of violence. This increase will allow CDC to continue the successful partnerships that have been supported by this program and demonstrated success in reducing youth violence in high-poverty areas and, in particular, large urban communities that are seeking to address the root causes of community violence, collective trauma, and civil unrest.

*Drowning Prevention.*—The Committee includes \$2,000,000 in new dedicated funding for CDC to enhance its drowning prevention work. The Committee encourages CDC to support organizations working with underserved youth to scale proven drowning preven-

tion programs in communities, States' drowning surveillance efforts, and a national plan on water safety.

*Firearm Injury and Mortality Prevention Research.*—In July, GAO reported that gun violence accounts for about 30,000 hospital stays and about 50,000 emergency room visits annually. More than 15 percent of firearm injury survivors are readmitted at least once after initial treatment, costing an additional \$8,000 to \$11,000 per patient. Because most of the victims are low-income, the burden falls on safety-net programs like Medicaid, generating healthcare costs that far exceed \$1,000,000,000 annually. GAO's findings come on the heels of reports that 2020 was the deadliest year for gun violence in decades, with nearly 20,000 deaths due to homicides and unintentional injuries, and 24,000 deaths by suicide with a gun. To understand how society can better prevent gun-related injuries and deaths, the recommendation includes \$25,000,000, an increase of \$12,500,000 above the fiscal year 2021 enacted level and consistent with the budget request, for research on firearm injury and mortality prevention. The Committee 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 community gun violence disproportionately affects low-income communities of color, and urges CDC to investigate community violence prevention and intervention strategies that have the greatest potential public health impact. Additionally, the Committee urges CDC to support research to identify the most effective ways to prevent firearm related injuries and mortality and to expand the number of states participating in the Firearm Injury Surveillance Through Emergency Rooms [FASTER] initiative, which will broaden the firearm injury data collection. 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, data from hospitals treating victims of nonfatal gunshot wounds, and use of firearms by law enforcement.

*National Violent Death Reporting System.*—The Committee includes a \$1,000,000 increase in recognition of the importance of the National Violent Death Reporting System. The Committee urges CDC to use this additional funding to collect data on underrepresented populations. This data will increase our understanding of violent deaths among disproportionately affected groups and inform efforts towards decreasing the number of deaths across groups.

*Opioid Overdose Prevention.*—The Committee includes an increase of \$187,790,000 to support CDC overdose prevention activities, and encourages CDC to continue to work collaboratively with States to ensure that funding is available to all States for opioid and other overdose prevention and surveillance activities. The Committee supports rigorous monitoring and evaluation, and improvements in data quality and monitoring at a national level, including data collection and analysis on substances driving overdoses. 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 improve utilization of State-based Prescription Drug Monitoring Programs [PDMPs] as a public health tool to assist in clinical decision-making and in conducting surveillance, and to work with States to avoid any reduction in PDMP funding. Further, the Committee expects CDC to continue to expand and evaluate an innovative model to coordinate care for high-risk patients receiving opioid treatment to ensure safer, more effective care. CDC is encouraged to work with the Office of the National Coordinator for Health Information Technology to enhance the integration of PDMPs and electronic health records. Additionally, the Committee appreciates efforts by CDC to ensure that funding reaches local communities as intended by Congress. The Committee directs CDC to report on the results of the investments in local cities, counties and communities in the fiscal year 2023 CJ. To ensure funding from CDC reaches local health departments the Committee requests that the Governor or designee of each State, locality, territory, tribe, or tribal organization receiving funds report to the Secretary on uses of funding, detailing current commitments and obligations.

*Opioid Prescribing Guidelines.*—The Committee applauds CDC’s 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, and directs CDC to continue its works educating patients and providers, and to encourage uptake and use of the Guidelines. Improving the way opioids are prescribed through clinical practice guidelines can ensure patients have access to safer, more effective chronic pain treatment while reducing the number of people who misuse or overdose from these drugs. The Committee urges CDC to continue coordination with other Federal agencies in implementation and related updates in safe prescribing practices to ensure consistent, high-quality care standards across the Federal government.

*Pain Management.*—The Committee understands that an estimated 50 million Americans have chronic pain, making it a highly prevalent, costly, and disabling health condition. 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 BRFSS 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 intra-CDC cooperation and support to ensure the necessary expertise are leveraged. The Committee further 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 directs CDC to report on the status of these activities in the fiscal year 2023 CJ and provide an annual report to the Committee regarding data collection, analysis, and reporting of these data.

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

*Rape Prevention.*—The Committee includes an increase of \$50,000,000, consistent with the budget request, 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 findings from an August 2020 Morbidity and Mortality Weekly Report that showed 40 percent of U.S. adults were struggling with mental health or substance use during the height of the COVID–19 pandemic, with 11 percent seriously considering suicide in the 30 days prior to completing a web-based survey. This report indicated that suicidal ideation was significantly higher among young adults, people of color, unpaid caregivers for adults, and essential workers. Given that approximately twice as many respondents reported serious consideration of suicide in the report compared to adults in 2018, these findings highlight the urgent need to enhance and expand CDC’s suicide prevention efforts. The Committee provides \$24,000,000, an increase of \$12,000,000, and directs CDC to expand its comprehensive suicide prevention program to implement and evaluate an evidence-based public health approach to suicide prevention with attention to high-risk, vulnerable populations, including LGBTQIA+ youth and increase research to understand how certain factors, including access to mental health services, contribute to the risk of or protect against suicidal behaviors in different populations. CDC is also directed to expand and enhance its emergency department syndromic surveillance on suicidal behavior and nonfatal suicide-related outcomes to provide near real-time data on suicidal ideation and attempts, disaggregated by race and ethnicity, age, disability status, and sex, including sexual orientation and gender identity, as available, in order to inform community-based suicide prevention efforts. CDC is strongly encouraged to use this funding to expand research, increase data collection to inform local responses, and support State health departments and other stakeholders as they develop and implement comprehensive suicide prevention plans.

*Traumatic Brain Injury.*—The Committee includes an increase of \$1,000,000 to begin to address concussion surveillance, particularly among children and youth.

OCCUPATIONAL SAFETY AND HEALTH [NIOSH]

Appropriations, 2021 .....	\$345,300,000
Budget estimate, 2022 .....	345,300,000
Committee recommendation .....	347,300,000

The Committee recommendation for the National Institute for Occupational Safety and Health [NIOSH] programs is

\$347,300,000. 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 in the following amounts:

(In thousands of dollars)

Budget activity	Fiscal year 2021 appropriation	Committee recommendation
National Occupational Research Agenda .....	117,000	118,000
Agriculture, Forestry, Fishing (non-add) .....	26,500	27,500
Education and Research Centers .....	30,000	30,000
Personal Protective Technology .....	20,000	20,000
Mining Research .....	61,500	62,500
National Mesothelioma Registry and Tissue Bank .....	1,200	1,200
Firefighter Cancer Registry .....	2,500	2,500
Other Occupational Safety and Health Research .....	113,100	113,100

*Agriculture, Forestry and Fishing Program [AgFF].*—The Committee includes an increase of \$1,000,000 for the AgFF program. AgFF workers experience the highest fatal injury rate at 23.4 deaths per 100,000 full-time workers, compared to a rate of 3.5 deaths per 100,000 workers for all U.S. industries. The AgFF centers conduct research, education, and prevention projects to address the nation’s pressing agriculture, forestry and fishing health and safety problems.

*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. According to NIOSH, one in ten underground coal miners who have worked in mines for at least 25 years were identified as having black lung. Coal miners in central Appalachia are disproportionately affected with as many as 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.

*Firefighter Cancer Registry.*—The Committee continues to support CDC’s Firefighter Cancer Registry. This voluntary, anonymous registry system will enable researchers to better understand why firefighters are at an increased risk of developing certain types of cancer, and identify ways to mitigate firefighters’ risk of cancer through best practices and advanced equipment.

*Robotic and Intelligent Mining Technology and Workplace Safety Research.*—The Committee provides an increase of \$1,000,000 for the NIOSH Mining Program 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 and that can contribute to the goal of completely eliminating mining fatalities within the next two decades.

ENERGY EMPLOYEES OCCUPATIONAL INJURY COMPENSATION ACT

Appropriations, 2021 .....	\$55,358,000
Budget estimate, 2022 .....	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, 2021 .....	\$592,843,000
Budget estimate, 2022 .....	697,843,000
Committee recommendation .....	597,843,000

The Committee recommends \$597,843,000 for global health-related activities at CDC.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2021 appropriation	Committee recommendation
Global HIV/AIDS Program .....	128,421	128,421
Global Tuberculosis .....	9,222	9,222
Global Immunization Program .....	226,000	231,000
Polio Eradication .....	176,000	181,000
Measles and Other Vaccine Preventable Diseases .....	50,000	50,000
Parasitic Diseases and Malaria .....	26,000	26,000
Global Public Health Protection .....	203,200	203,200

*Global Public Health Protection.*—The Committee commends CDC for its continued leadership in global health by working closely with U.S. government agencies, ministries of health, and other partners to stop diseases where they occur around the world, while also protecting the health and livelihoods of the American people at home. The Committee recognizes CDC’s unique role in supporting public health capacity development both domestically and globally, to ensure that disease threats anywhere are prevented if possible, detected early and responded to robustly through a coordinated, multisectoral approach. In fiscal years 2020 and 2021, Con-



gress provided CDC \$1,550,000,000 in supplemental appropriations and the American Rescue Plan (Public Law 117–2) to support global health activities related to COVID–19 and other infectious disease threats. 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. 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 infectious diseases and disease variants at home and abroad, and the agency’s core technical contributions to developing and validating tools for use by U.S. bilateral and multilateral global health programs and laboratory efforts to monitor and combat infectious diseases, including antimicrobial drug and insecticide resistance.

*Global Water Strategy.*—The Committee commends CDC’s work to provide sustainable Water, Sanitation, & Hygiene [WASH] in communities and institutions, with an emphasis on healthcare facilities to support infection prevention and control activities and to help keep patient and healthcare workers safe. The Committee urges CDC to increase its WASH efforts in areas where Neglected Tropical Diseases are endemic. The Committee requests that CDC enhance its efforts to improve the impact of WASH interventions in global low income settings, including in humanitarian emergencies by assisting partners to improve monitoring of WASH interventions, conduct research on innovative WASH interventions, and improve disease surveillance for WASH-related illness among refugees, displaced persons, and emergency affected populations. The Committee further requests that CDC provide clinical and microbiological laboratory support for global WASH activities.

*Polio Eradication.*—The Committee is concerned with ongoing disruptions and diversion of polio eradication resources due to the COVID–19 pandemic. These challenges threaten 30 years of progress which has brought us to the threshold of a polio-free world. The Committee includes \$181,000,000, a \$5,000,000 increase, 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. The Committee directs CDC to provide a briefing on the agency’s polio eradication activities within 90 days of enactment of this act.

*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 reduce STH infection.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Appropriations, 2021 .....	\$842,200,000
Budget estimate, 2022 .....	842,200,000
Committee recommendation .....	862,200,000

The Committee recommendation for the Office of Public Health Preparedness and Response [PHPR] is \$862,200,000.

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

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

(In thousands of dollars)

Budget activity	Fiscal year 2021 appropriation	Committee recommendation
Public Health Emergency Preparedness Cooperative Agreement .....	695,000	715,000
Academic Centers for Public Health Preparedness .....	8,200	8,200
All Other CDC Preparedness .....	139,000	139,000

*Public Health Emergency Preparedness.*—The Committee includes an increase of \$20,000,000 for the Public Health Emergency Preparedness Cooperative Agreement Program. The funding level provided will enable the CDC to continue its investment in local, State, and territorial health departments and ensure they have the tools to quickly detect, monitor, and respond to health threats exposed by the COVID–19 pandemic or other emerging threats. The pandemic has shown that increased funding for preparedness is necessary for a baseline of consistent protection from another pandemic or other threat to our nation, whether terrorist threats, infectious disease outbreaks, natural disasters, and biological, chemical, nuclear, and radiological emergencies. The Committee requests a State distribution table in the fiscal year 2023 CJ which should also include how funding is being allocated to local health departments and how States are determining these allocations.

BUILDINGS AND FACILITIES

Appropriations, 2021 .....	\$30,000,000
Budget estimate, 2022 .....	55,000,000
Committee recommendation .....	50,000,000

The Committee recommendation for Buildings and Facilities is \$50,000,000.

*Atlanta-Based Buildings and Facilities.*—The Committee includes an increase of \$20,000,000 to make significant 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 and recognizes that CDC has over 9,700 employees in Georgia with over 4,000 staff in Atlanta currently working in leased office space. Completion of the Atlanta Masterplan Build Out will enable CDC to vacate leased spaces to owned facilities achieving cost savings through lease avoidance and gain operational efficiencies; improve scientific and laboratory col-

laboration; and enhance teamwork—essential for rapid response during public health emergencies. Additionally, having CDC staff work in CDC owned facilities will also provide enhanced security and resiliency for staff, scientific data and other critical public health resources.

*Mine Safety Research Facility.*—The Committee notes that it provided bill language and funding to support the design and construction for a mine safety research facility to replace the Lake Lynn Experimental Mine and Laboratory in fiscal year 2021. 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.

CDC–WIDE ACTIVITIES

Appropriations, 2021 .....	\$283,570,000
Budget estimate, 2022 .....	708,570,000
Committee recommendation .....	893,570,000

The Committee provides \$893,570,000 for public health leadership and support activities at CDC.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2021 appropriation	Committee recommendation
Preventive Health and Health Services Block Grant .....	160,000	160,000
Public Health Leadership and Support .....	113,570	118,570
Infectious Diseases Rapid Response Reserve Fund .....	10,000	15,000
Public Health Infrastructure and Capacity .....		600,000

*Infectious Diseases Rapid Response Reserve Fund.*—The Committee recognizes that rapid response is essential for emerging public health threats like COVID–19 that endanger American lives, and includes an increase of \$5,000,000. 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.

*Public Health Infrastructure and Capacity.*—Over the last 12 years, the United States has faced four significant emerging infectious disease threats: the H1N1 influenza pandemic, Ebola, Zika, and COVID–19. The Committee is concerned that these public health emergencies have not resulted in sustained improvements that are necessary to ensure that the core components of our nation’s public health infrastructure are capable of responding to the next public health crisis. Instead, the Nation repeatedly finds itself in a cycle of crisis and complacency. The Committee includes \$600,000,000, \$200,000,000 more than the budget request, for CDC to rebuild a robust public health infrastructure and ensure that it: is highly functional; leverages the latest information and technologies; invests in a sustainable, highly-trained workforce ready to support emerging public health threats; and is reliable and resilient in its ability to detect and respond to domestic and emerging

global biological threats. CDC should continue to support State, local, tribal, and territorial health departments in developing their public health infrastructure, capacity, and workforce while advancing health equity in all communities.

*Local Public Health Departments.*—The COVID–19 pandemic has raised awareness about the importance of the role of local health departments in our nation’s governmental public health partnership to protect the public’s health. The Committee recognizes, however, that Federal funding intended for both State and local health departments does not consistently reach local health departments beyond those directly-funded. The Committee urges CDC to require States to fund local health departments when programmatically appropriate. Further, the Committee urges CDC publicly track and report to the Committee how funds provided to State health departments are passed through to local health departments, including amount, per grant award, by local jurisdiction.

*Public Health Scholars Program.*—The Committee commends CDC for its commitment to health equity and workforce development to ensure a future where an increasingly diverse American public benefits from a more diverse and better trained public health workforce. The Committee applauds CDC on the 10th anniversary of the CDC Undergraduate Public Health Scholars [CUPS] Program and provides increased funding of \$5,000,000 to expand the program, including the opportunity for more HBCUs to participate, as well as Tribal Institutes. The CDC CUPS Program is hereby renamed the John R. Lewis CDC Undergraduate Public Health Scholars Program.

*Rural Health.*—The COVID–19 pandemic has further highlighted longstanding disparities in public health infrastructure and outreach to rural America. The Committee requests CDC assess and submit a report within 180 days of enactment of this act on the agency’s rural-focused efforts and how these could be strengthened. The report shall include a review of CDC’s recent work to address public health needs in rural America, a catalogue of CDC staff who have been specifically devoted to these activities, and what additional activities CDC would undertake in this area, given additional resources.

*Study of COVID–19 Testing Failure.*—The Committee is deeply troubled by the laboratory irregularities at CDC which violated the agency’s own Good Manufacturing Practice standards and caused reagent contamination that rendered unusable the nation’s first coronavirus tests sent to nearly 100 state and local public health labs. This failure suspended the nation’s ability to identify COVID–19 cases for nearly six weeks, setting back the early pandemic response. The Committee notes that GAO has examined these laboratory quality control deficiencies in its July 2021 report COVID–19: Continued Attention Needed to Enhance Federal Preparedness, Response, Service Delivery, and Program Integrity (GAO–21–551) and made recommendations that CDC has agreed to pursue. The Committee is concerned that the lack of clearly defined approval criteria and poor communication of test performance problems within CDC illustrates there is still a need for a scientific review and assessment of what happened. The Committee directs CDC to enter into an agreement with the National Academies of Sciences, Engi-

neering, and Medicine to conduct a study that evaluates what contributed to the shortcomings of the first COVID-19 tests, including laboratory irregularities and what policies, practices and systems, including consultation with external subject matter experts, should be put in place to address these issues in the future. The study shall also examine CDC's processes for development and deployment of diagnostics and its ongoing operations (including communications and electronic lab reporting with clinical, commercial, and State and local public health laboratories). Based on the conclusions of this study, CDC shall develop an agency-wide coordination plan for developing and deploying assays during a public health emergency that engages this nationwide system (as appropriate) and leverages the expertise offered by all levels. In addition, the Committee expects CDC to provide an update to the Committees on Appropriations of the House of Representatives and the Senate on the status of the implementation of the recommendations made by GAO-21-551 within 180 days of enactment of this act.

#### NATIONAL INSTITUTES OF HEALTH

The Committee provides \$47,922,891,000, an increase of \$4,988,891,000, for the National Institutes of Health [NIH]. With this investment, the Committee will have provided a 58 percent increase over the past 7 years.

More than 80 percent of the NIH's funding is awarded for extramural research, mostly through almost 50,000 competitive grants to more than 300,000 researchers at more than 2,500 universities, medical schools, and research institutions in every State across the Nation. This 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 \$496,000,000 in budget authority authorized in the 21st Century Cures Act (Public Law 114-255). The total also includes \$1,214,505,000 in transfers available under section 241 of the PHS Act (Public Law 78-410 as amended).

As in previous years, the Committee has targeted NIH funding to areas 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 maintains its commitment to finding a treatment and a cure for Alzheimer's disease, increasing funding by \$235,000,000 in the National Institute on Aging; increases support for the Helping to End Addiction Long-term or HEAL initiative by \$270,296,000 and other research related to opioids, pain, and pain management by \$345,359,000; provides \$330,000,000 for research to reduce health disparities; includes \$77,500,000 to expand research related to COVID-19; provides an increase of \$30,000,000 for research to improve pregnancy outcomes and reduce maternal mortality; and includes \$640,000,000, an increase of \$80,000,000, for the Brain Research through Advancing Innovative Neurotechnologies [BRAIN] Initiative. The Committee provides no less than \$550,000,000, an increase of \$25,000,000 to support NIAID research to combat antimicrobial resistance. The bill also includes an increase of \$100,000,000 to study the impacts of cli-

mate change on human health and \$2,400,000,000 to establish 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.

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

NATIONAL CANCER INSTITUTE

Appropriations, 2021 .....	\$6,559,852,000
Budget estimate, 2022 .....	6,733,302,000
Committee recommendation .....	6,772,469,000

The Committee recommendation includes \$6,772,469,000 for the National Cancer Institute [NCI], including \$194,000,000 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 Data Sharing.*—The Committee applauds the NIH for creating the National COVID Collaborative—a commercial solution leveraged to create a centralized and secure database that researchers in public and private institutions alike can use to study COVID–19 and identify potential treatments as the pandemic continues to evolve. The Committee encourages NIH to continue pursuing similar approaches to other critical areas of research, including cancer, where data sharing continues to be a barrier to progress. The Committee commends NCI’s data sharing efforts through the Cancer Moonshot, the Childhood Cancer Data Initiative, and other programs, and requests an update in the fiscal year 2023 CJ on NCI’s continued progress toward adopting a centralized, secure, national platform to share cancer research data to drive new insights and speed research efforts across the country.

*Cancer Immunotherapy.*—The Committee recognizes that NCI-supported research exploring cancer immunology, cancer immunotherapy and cancer vaccines that started years before the emergence of COVID–19 contributed to the rapid development of COVID–19 treatments and vaccines. Applying lessons learned from COVID–19 therapeutic development to cancer immunotherapy clinical trials has the potential to greatly improve treatment options and outcomes for cancer patients. Therefore, the Committee encourages NCI to accelerate the translation of discoveries in cancer immunotherapy by means of the same innovations used to develop COVID–19 treatments and vaccines. This should include expediting consideration and support for potential high-impact cancer immunotherapy clinical trials, and for correlative science based on planned and ongoing clinical trials.

*Childhood Cancer Data Initiative.*—The Committee includes the full budget request for this fiscal year of \$50,000,000 for the Child-

hood Cancer Data Initiative, the same level as in fiscal year 2021, which will facilitate a connected data infrastructure and integrate multiple data sources to make data work better for patients, clinicians, and researchers.

*Childhood Cancer STAR Act.*—The Committee includes \$30,000,000, the same as the fiscal year 2021 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 developing best practices for the treatment of late effects of childhood cancers, improving 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 STAR Act calls on NCI to ensure that all applicable study sections, committees, advisory groups, and panels at NCI include one or more qualified pediatric oncologists, as appropriate. Therefore, the Committee requests an update on the actions NCI has taken to ensure appropriate pediatric cancer expertise is included on all panels.

*Clinical Trials Reporting of Data.*—The Committee recognizes that children have often been historically underrepresented in clinical trials. However, children with cancer participate in clinical trials at a high rate, thanks in large part to NCI support for clinical trials through the Children’s Oncology Group, the Pediatric Early Phase Clinical Trials Network, the Pediatric Brain Tumor Consortium, and NCI’s Pediatric Oncology Branch at the NIH Clinical Center. The Committee encourages NCI to continue to make information available to the public regarding adult trials that allow enrollment of patients under age 18.

*Deadliest Cancers.*—The Recalcitrant Cancer Research Act [RCRA] of 2012 (Public Law 112–239) focuses on cancers with a five-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 two decades, there has been limited progress reducing mortality for these diseases. For fiscal year 2020, Congress directed NCI to develop a scientific framework using the process outlined in the RCRA for gastric, esophageal, and gastroesophageal junction cancers. In this regard, 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. The Committee directs NIH to provide a status update and timeline for the scientific framework within 60 days of enactment of this Act. Alongside the research and advocacy communities, the Committee also expects to be kept informed of NCI’s efforts on pancreatic, lung, glioblastoma, esophageal and stomach cancers. The Committee urges NCI to consider a similar process for primary liver cancer, including cholangiocarcinoma. Given the toll all recalcitrant cancers exact on society and the lack of diagnostic and treatment resources cur-

rently available to help patients, the Committee also requests NCI to identify in the fiscal year 2023 CJ its research goals to advance progress for the deadliest cancers: brain, esophagus, liver, lung, ovary, pancreas, stomach and mesothelioma.

*Germline RUNX1 Mutations.*—The Committee commends NCI for supporting NHGRI in running a natural history study of patients with germline RUNX1 mutations and their families. These mutations frequently lead to blood cancers, especially acute myeloid leukemia; more research on how this occurs could ultimately lead to treatments that would prevent malignancy. Interest in this field has grown significantly in recent years, and the Committee encourages NCI to support intramural and extramural research in this field. Notable research opportunities include the role of inflammation and the immune system on cancer transformation, pharmacological approaches to regulating RUNX1 activity, gene editing strategies, national patient data collection, specimen storage and analysis to inform collaborative research.

*Glioblastoma [GBM].*—Glioblastomas are recalcitrant cancers with less than a 5 percent 5 year relative survival rate, and the average survival time from diagnosis has improved by only 6 months over the last 30 years. To date, there have only been five drugs and one medical device approved by the FDA for the treatment of GBM. With prior Congressional investment in NCI programs, Glioblastoma is now one of the most molecularly characterized cancers. This investment has resulted in a new and promising understanding of these tumors, including identified clinical strategies and agents, trial designs, and technologies in the imaging and pathology space. The Committee commends NCI for its establishment and initial implementation of the GBM Therapeutics Network [GTN]. The GTN's cross-cutting teams' capability of pre-clinical and early-phase clinical trials necessary to rapidly evaluate potential treatments, including but not limited to 97 drugs, biologics, radiation, and devices, is what is needed to continue to advance toward cures and improved quality of life. Given this initial progress, the Committee urges NCI to continue its implementation of the GTN so that this program is able to rapidly launch clinical trials that speed access to promising qualified treatments to patients consistent with NCI's Glioblastoma Working Group recommendations in 2019.

*Gynecologic Cancers.*—The Committee continues to be concerned about the growing racial, socioeconomic, and geographic disparities in gynecologic cancers. In contrast to most other common cancers in the United States, relative survival for women with newly diagnosed advanced cervical or endometrial cancer has not significantly improved since the 1970s. Furthermore, historical data demonstrates that Black and Latinx women with gynecologic cancers are not as likely to receive standard therapy and/or die more frequently. The current COVID-19 pandemic has only exacerbated the healthcare disparities that were already present in minority and underrepresented communities. For example, in early 2021 CDC published findings that cervix cancer screenings in California decreased by as much as 78 percent during the pandemic—and have not recovered. They specifically noted concern because “cervical cancer incidence and mortality rates are disproportionately



higher in Hispanic women and non-Hispanic Black women.” Therefore, the Committee encourages the NCI to continue to support programs, projects, clinical trials, research grants, and contract opportunities for investigators that focus on discoveries that will positively impact access to prevention, early detection, diagnosis, and treatment for gynecologic cancers and address these now well documented disparities. Accelerated progress in reducing gynecologic cancer mortality has been a need for some time. The Committee requests an update on NCI’s research program for gynecologic cancers in the fiscal year 2023 CJ, including specific grants and strategies where the intent is to overcome these racial disparities in gynecologic cancers outcomes, including the underrepresentation of minority women in gynecologic cancer clinical trials.

*Liver Cancer.*—The Committee notes that liver cancer is a devastating disease, with a 5-year survival rate of only 20 percent. The number of liver cancer cases in the U.S. has increased by over 250 percent since 2000 and continues to increase. Since early detection of cancer in general and liver cancer in particular is the most effective way to reduce cancer mortality, the Committee encourages NCI to consider research opportunities that might support future development of a liver cancer screening test using the blood and saliva samples from the widespread national COVID–19 testing. This extensive and growing inventory of saliva and blood samples offers a unique opportunity to develop a liver cancer screening test that can soon reach over 100 million citizens, a number that will grow as COVID–19 testing is expanded. The Committee applauds the establishment of liver Specialized Centers of Research Excellence and encourages NCI to continue to support programs, projects, R01s, U01s, contracts, and other mechanisms focusing on the discovery of new liver cancer therapeutics and precision medicine guided early cancer detection. The Committee also commends NCI for its support of the inter-institute effort to develop the NIH Strategic Plan for Trans-NIH Research to Cure Hepatitis B. This effort is particularly important in view of the well-established linkage between hepatitis B infection and primary liver cancer. Up to 60 percent of global liver cancer cases are caused by the hepatitis B virus.

*Metastatic Breast Cancer.*—The Committee is aware that clinical research is of utmost importance to those living with metastatic breast cancer [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 believes that a continued emphasis by NCI on research for MBC, especially in communities of color, is needed 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 2023 CJ, including progress made

with respect to inclusion of people of color in NCI-funded clinical trials in this area.

*NCI Paylines.*—The Committee remains determined to raise the low success rate for NCI grant applicants. To support more awards and improve success rates, it provides an increase of \$40,000,000 to prioritize competing grants and sustain commitments to continuing grants.

*Pancreatic Cancer.*—Pancreatic cancer is the third leading cause of cancer-related death in the United States. In 2021, over 60,000 Americans will be diagnosed with pancreatic cancer; more Americans than ever before. The five-year survival rate for pancreatic cancer is just over ten percent. The Committee appreciates NCI's submissions of the five-year updates to the reports required by the Recalcitrant Cancer Research Act of 2012 and the six-year update on the effectiveness of the framework, including an update on improvements in pancreatic cancer prevention, detection, diagnosis and treatment. While progress has been made, the Committee encourages NCI to continue to support research efforts to advance discoveries and improve treatment options for patients diagnosed with pancreatic cancer.

*Reducing Native American Cancer Disparities.*—The Committee urges NCI to continue to support and expand research efforts focused on reducing cancer disparities among Native American populations. The Native American population experiences overall cancer incidence and mortality rates which are much higher than non-Native populations. The Committee commends NCI's participation in the trans-NIH Intervention Research to Improve Native American Health initiative and its support for the American Indian Colorectal Cancer Screening Consortium through the Cancer Moonshot and encourages NCI to continue to support efforts to develop durable capacity for tribally engaged cancer disparities research through an integration of research, education, outreach, and clinical access.

*Surveillance, Epidemiology, and End Results [SEER] Registry.*—The Committee encourages NCI to continue to advance efforts to modernize the SEER Registry and better capture key data points, such as metastatic recurrence and cancer migration. The Committee requests an update in the fiscal year 2023 CJ on these efforts and the recent expansion of the SEER program.

*Telehealth-based Services for Vulnerable Patients.*—The Committee recognizes that COVID-19 has significantly exacerbated the physical, emotional, and mental toll on cancer patients and families, and providing clinical and psychosocial services to address these challenges is an essential component of comprehensive cancer care. Cancer centers across the United States pivoted to providing support and services via telehealth, yet the extent to which all patients and families had equitable access to these services is unknown. The Committee urges NCI to continue to support research on the delivery and evaluation of telehealth-based clinical and psychosocial services, particularly among vulnerable patients and disadvantaged communities.

## NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Appropriations, 2021 .....	\$3,664,811,000
Budget estimate, 2022 .....	3,845,681,000
Committee recommendation .....	3,841,998,000

The Committee recommendation includes \$3,841,998,000 for the National Heart, Lung, and Blood Institute [NHLBI].

*Alzheimer's Disease and Vascular Dementia.*—Well-characterized, longitudinal, population-based cohort studies provide value in bringing to light more information about the risk factors related to dementia. By studying participants over time, much can be learned about cognitive decline and early biomarkers; however, mature cohorts naturally dwindle as participants pass away, requiring that the research mission be adjusted to continue to leverage the previous science and build upon it. Therefore, the Committee urges NHLBI to fund research into next generation cohorts, with a focus on understanding the development and progression of risk factors and detection of early signs of cognitive decline. Funded cohorts should be racially and ethnically diverse with broad geographic representation.

*Cardiovascular Disease Research.*—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.

*Chronic Obstructive Pulmonary Disease [COPD].*—COPD is the fourth leading cause of death in the U.S. The Committee recognizes NHLBI for its role in developing and implementing the COPD National Action Plan requested by Congress. The Committee encourages NHLBI to accelerate implementation of the action plan's goals to expand research into the diagnosis, treatment, management, and prevention of COPD.

*Community Engagement Alliance Against COVID-19 Disparities [CEAL] Initiative.*—The Committee includes \$30,000,000 for the new CEAL initiative, consistent with the fiscal year 2022 budget request. CEAL will connect researchers with community organizations to conduct research and increase participation of people from underrepresented communities in clinical trials for COVID-19 treatments and vaccines.

*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 NHLBI include an update in its

fiscal year 2023 CJ on steps being taken to close these research gaps.

*COVID-19 Long Haulers.*—The Committee notes with concern that an estimated 10 percent of individuals who have recovered from COVID-19 are experiencing “long haul” health conditions, including serious respiratory diseases such as acute respiratory distress syndrome and pulmonary fibrosis. The Committee urges NHLBI to prioritize research into the understanding, treatment, and prevention of “long haul” post-COVID respiratory conditions, particularly among minority populations disproportionately impacted by COVID-19.

*Duchenne Muscular Dystrophy.*—In light of improvements in care leading to patients living into their third decade, the leading cause of death in Duchenne Muscular Dystrophy patients is heart failure. The Committee urges NHLBI to support research that characterizes cardiomyopathy in Duchenne and Becker Muscular Dystrophy. There is a gap in the ability to develop novel cardiac therapeutics for Duchenne Muscular Dystrophy due to a lack of accepted cardiac outcome measures. The Committee encourages NHLBI to continue its work towards establishing viable cardiac outcome measures for the development of therapeutic agents to combat cardiomyopathy, and to report on its progress in the fiscal year 2023 CJ.

*Health Disparities Research.*—The Committee includes an increase of \$50,000,000 as requested for NHLBI to support research related to identifying and reducing health disparities.

*Hemophilia.*—The NHLBI State of the Science Workshop: Factor VIII Inhibitors: Generating a National Blueprint for Future Research held in May 2018 provided a forum to discuss the need for further research into the prevention and eradication of inhibitors in individuals with Hemophilia. The Committee encourages NHLBI to pursue the recommended research agenda from the workshop, such as longitudinal studies to determine the factors that influence inhibitor development.

*Hypertension Prevention Research.*—The Committee recommends that the NIH prioritize research funding on the impacts of exercise and aspirin on hypertension.

*National Center on Sleep Disorders Research [NCSDR].*—The Committee notes the appointment of a new NCSDR Director as well as the release of a long overdue strategic plan. The Committee requests the Center provide an update in the fiscal year 2023 CJ on plans and stakeholder collaboration efforts, to effectively advance the Center’s mission. This update may include information on the Center’s work to promote cross-agency collaboration, participate in emerging efforts (such as addressing health disparities), and lead a variety of impactful research projects.

*Pulmonary Fibrosis [PF].*—The Committee commends NHLBI for continuing to fund the PRECISIONS study, which is testing a potential new treatment for a subset of pulmonary fibrosis patients with a particular gene variant. Given the grim prognosis for most patients with PF, which encompasses more than 200 different lung diseases that have a variety of causes, the Committee urges the Institute to expand its support for other areas of PF research, particularly on common fibrosis pathways, as well as patient-centered clinical research. Identifying additional disease mechanisms should

allow for enhanced patient-centered care for all of those affected by pulmonary fibrosis.

*Pulmonary Hypertension.*—The Committee notes continued investment in advancing the understanding of pulmonary hypertension through the Pulmonary Vascular Disease Phenomics Program. The Committee also notes the concern that individuals who recover from COVID–19 may develop long-term lung disease, including pulmonary hypertension. The Committee encourages NHLBI to continue supporting critical research into this devastating condition and work with stakeholders to advance key priorities such as better understanding disease progression in pulmonary hypertension; better understanding the relationship between COVID–19 and pulmonary hypertension; and improving patient care management and clinical outcomes.

*Vascular Dementia.*—A growing number of Americans are developing severe forms of vascular dementia, a condition resulting from many years of living with chronic diseases such as hypertension and cardiovascular disease. This prevalence is especially high in areas with high rates of hypertension obesity and lack of access to regular healthcare. Epidemiological studies and human pathology studies have demonstrated association of vascular risk factors, vascular diseases and pathology with dementia. Research in animal models could further investigate causal relationship, understand mechanisms, and test novel interventions (including repurposing existing drugs). Study of the mechanisms of vascular dementia can help researchers to understand causation, develop new treatment therapies and study how to repurpose existing drugs to delay or halt disease progression. As such, the Committee encourages NHLBI to continue its support for investigating the potential relationship between vascular disease and risk factors for vascular dementia, leveraging the work of well-established longitudinal cohort studies of dementia and cardiovascular disease and experimental models well characterized phenotypes and mechanisms. NHLBI should coordinate this research with NIA and NINDS to ensure that the continuum of research from basic science to observational cohort to clinical trial to implementation is maintained.

*Valvular Heart Disease.*—The Committee recognizes that heart valve disease involves damage to one or more of the heart’s valves, and symptoms can be difficult to detect and lead to major complications. The Committee encourages NHLBI to expand research on valvular disease to better understand and develop guidelines for treatment of high-risk patients by using precision medicine and advanced technological imaging to generate data, identifying individuals with valvular heart disease and available data, and corroborating data generated through clinical trials to develop a prediction model to identify patients at high risk for sudden cardiac arrest or sudden cardiac death from valvular disease.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

Appropriations, 2021 .....	\$484,867,000
Budget estimate, 2022 .....	516,197,000
Committee recommendation .....	515,720,000

The Committee recommendation includes \$515,720,000 for the National Institute of Dental and Craniofacial Research [NIDCR].

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

*Opioids and Pain Management.*—The Committee provides an increase of \$18,000,000 for NIDCR to support research related to opioids, pain and pain management, as proposed in the fiscal year 2022 budget.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

Appropriations, 2021 .....	\$2,131,975,000
Budget estimate, 2022 .....	2,219,298,000
Committee recommendation .....	2,217,136,000

The Committee recommendation includes \$2,217,136,000 for the National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK].

*Chronic Kidney Disease [CKD].*—Chronic kidney disease affects over 37.0 million adults in the United States, and approximately 25 percent of Medicare’s annual budget is spent on this disease. An additional 80.0 million Americans are at risk of developing CKD due to diabetes, cardiovascular disease, or family history. Chronic kidney disease not only increases risk for kidney failure but also exacerbates care for multiple diseases because most drugs are excreted and/or metabolized by the kidney. Kidney disease also heightens morbidity and mortality with acute infections such as SARS–COV–2 and with chronic diseases such as cancer and cardiovascular diseases. The Committee encourages NIDDK to consider research areas including identifying novel targets to develop therapeutic modalities to prevent kidney disease and its progression; conducting clinical trials and implementation studies to determine and administer optimal treatment regimens to reduce risk of kidney disease progression and associated health problems; and reducing racial/ethnic and socioeconomic disparities. The Committee also encourages greater collaboration between NIDDK and other Institutes studying related comorbidities and conditions, such as hypertension, cardiovascular disease, immunology, disparities, and genomics.

*End Stage Renal Disease.*—The Committee continues to note the important work in supporting critical kidney research that NIDDK has accomplished on end-stage renal disease. The Committee encourages NIDDK to work with stakeholders to facilitate new opportunities for research in related conditions.

*Glomerular Diseases.*—The Committee continues to support the important work that the Cure Glomeruloneuropathy initiative has accomplished that has led to breakthroughs for critical clinical trials. The Committee encourages NIDDK to continue supporting research on related conditions such as Minimal change disease.

*Impact of Health Disparities on Gastrointestinal Diseases.*—The Committee encourages the NIH to study the causes of racial and ethnic health disparities in digestive diseases and the impact of these disparities on the incidence and clinical outcomes of digestive diseases in minority communities to better ascertain the impact of these diseases within these communities.

*Inflammatory Bowel Disease [IBD].*—The Committee encourages NIDDK to continue pursuing bedside-to-bench research in IBD with a focus on biological and clinical drivers of patient remission and relapse in Crohn’s disease and ulcerative colitis, including mucosal healing as well as environmental triggers such as nutrition and psychological stress. The Committee recognizes the importance of having common data elements [CDE], standardizing the clinical categorization of IBD patients, to facilitate the sharing, validation, and comparison of results across research studies, and commends the work many Institutes and Centers have done to support development of CDEs for a number of diseases and disorders. To effectively support bedside-to-bench research in IBD, the Committee encourages the Institute to support the development of CDEs and to collaborate with other IBD researchers and organizations.

*Opioids and Pain Management.*—The Committee provides an increase of \$20,000,000 for NIDDK to support research related to opioids, pain and pain management, as proposed in the fiscal year 2022 budget.

*Pediatric Nephrology Research Awards.*—The Committee recognizes the importance of research funded by NIDDK to advance innovations in kidney care, including research on pediatric kidney disease. The Committee remains concerned about the lack of pediatric nephrology clinical trials and the small pediatric nephrology biomedical research workforce. The Committee requests an update in the fiscal year 2023 CJ detailing its efforts to encourage pediatric nephrology research.

*Pediatric Nephrology Workforce Diversification.*—The Committee recognizes that the COVID–19 pandemic caused unprecedented disruption in biomedical research, delaying awards and dissuading applications for pediatric nephrology research. The Committee is concerned that these disruptions have disproportionately impacted researchers from traditionally underrepresented groups, resulting in even fewer researchers from communities of color. Pediatric nephrology studies continue to suffer from low enrollment, due in part to the disproportionate impact of kidney disease on children of color and longstanding challenges of clinical trial recruitment within those communities. Because children and families of color are more likely to enroll in studies where the research team is from the same community, the diversity of pediatric nephrology biomedical workforce is paramount to the success of this research. The Committee requests that NIDDK consult with stakeholder groups to identify barriers to increasing the diversity of the pediatric nephrology workforce and identify ways to incentivize researchers from traditionally underrepresented groups to enter this field. The Committee requests that NIDDK include information in the fiscal year 2023 CJ on the progress made to bolster the diversity of the pediatric nephrology biomedical research workforce.

*Type 1 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.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

Appropriations, 2021 .....	\$2,513,393,000
Budget estimate, 2022 .....	2,783,300,000
Committee recommendation .....	2,786,096,000

The Committee recommendation includes \$2,786,096,000 for the National Institute of Neurological Disorders and Stroke [NINDS], including \$76,000,000 appropriated from the NIH Innovation Account.

*Duchenne Muscular Dystrophy.*—While the expression of the dystrophin protein in the brain is recognized, our understanding of the link between the absence of dystrophin and related neurobehavioral/cognitive diagnosis is not well understood. The Committee urges NINDS to support research to characterize the role of dystrophin in the brain and to further define the relationships between mutation and neurobehavioral and cognitive diagnosis.

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

*Pain and Addiction Collaborative Research.*—The Committee recommends that NIH encourage collaborative research awards through NINDS and the NIDA for pain and addiction treatment and research.

*Opioids, Stimulants and Pain Management.*—The Committee continues to be concerned about the opioid and stimulant overdose epidemic and has provided \$405,443,000 for the Institute’s share of the HEAL Initiative, \$135,148,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. HEAL is an aggressive, trans-agency effort to speed scientific solu-



tions to stem the national opioid public health crisis. The Committee has also provided an increase of \$43,000,000 for NINDS to support research related to opioids, pain and pain management, as proposed in the fiscal year 2022 budget.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Appropriations, 2021 .....	\$6,069,619,000
Budget estimate, 2022 .....	6,245,926,000
Committee recommendation .....	6,342,756,000

The Committee recommendation includes \$6,342,756,000 for the National Institute of Allergy and Infectious Diseases [NIAID].

*Antiviral Drug Discovery Initiatives.*—The Committee supports NIAID’s ongoing efforts to establish public-private partnerships focused on global pandemic preparedness and antiviral drug discovery, leveraging the best of academia and industry to develop and deliver broad-spectrum antiviral drugs, address rapidly emerging public health threats, be better prepared before the next virus creates another global catastrophe, and encourage close collaboration with BARDA.

*Celiac Disease.*—The Committee includes sufficient funding for NIH to devote focused research on the study of celiac disease, including the autoimmune causation underpinning the affliction. Today, the only known treatment for this disease is a gluten-free diet; however, recent public and private sector research confirms that such a “treatment” is insufficient for many who suffer from celiac disease. Therefore, the Committee urges NIAID to support new research on celiac disease, to better coordinate existing research and focus new research efforts toward causation, and ultimately, a cure of this disease. Funding is included to establish a Research Condition, Disease Categorization [RCDC] for celiac disease and a Notice of Special Interest to spur additional research.

*Centers for AIDS Research.*—The Committee includes \$71,000,000, an increase of \$10,000,000 over the fiscal year 2021 enacted level and consistent with the fiscal year 2022 budget request, for the Centers for AIDS Research. The Centers provide evidence-based practices on prevention and treatment to its partners under the Ending the HIV Epidemic initiative.

*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.

*Gonorrhea.*—The Committee is concerned with recent reports from the World Health Organization that a mutant, more powerful strain of gonorrhea is spreading worldwide and, due to the COVID-19 shutdown, people have gone undiagnosed and untreated, leading to the further spread of this disease. The Committee commends NIAID for its efforts in developing new antibiotics to combat the bacterium that causes this disease and encourages NIAID to accelerate work to find new diagnostic tools and treatments for this super strain of the disease.

*Herpes Simplex Virus.*—The Committee is concerned with the correlation between Herpes Simplex Virus and cognitive decline,

including a growing body of research indicating HSV as a contributing factor to Alzheimer's disease, Encephalitis, and Bell's Palsy, among other neurodegenerative diseases. The Committee encourages NIAID to prioritize research and development of curative approaches to Herpes Simplex Virus.

*Lyme Disease and Related Tick-Borne Illnesses.*—The Committee includes a \$20,000,000 increase for Lyme Disease and other tick-borne illnesses research. The Committee encourages NIAID to use these funds to prioritize the support of meritorious research that informs a better understanding of Lyme disease pathogenesis and encourages the development of improved diagnostics and vaccines. The Committee directs NIH to leverage this understanding to develop new tools that can more effectively prevent, diagnose, and treat Lyme disease, including long-term effects, and other tick-borne diseases. The Committee encourages the promotion and development of potential vaccine candidates for Lyme disease and other tick-borne diseases. The Committee directs NIH to conduct research to better understand modes of transmission for Lyme and other tick-borne diseases, including vertical transmission. The Committee urges 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.

*Regional Biocontainment Laboratories [RBLs].*—The Committee directs \$50,000,000 to be evenly divided among the 12 RBLs to support efforts to prevent, prepare for, and respond to infectious disease outbreaks, including, but not limited to: (1) conducting research on developing testing for antiviral compounds, new vaccines, and point of care tests; (2) conducting research on validating methods for identifying suitable convalescent plasma for screening donors and other prophylactic methods to prevent infections; (3) supporting operations costs and facilities upgrades for purchase of equipment to speed drug discovery and testing; and (4) training new researchers in biosafety level 3 practices.

*Responding to Infectious Diseases.*—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 antimicrobial resistance. To that end, the Committee provides no less than \$550,000,000, an increase of \$25,000,000, to support NIAID research to combat antimicrobial resistance. In particular, the Committee recommends NIAID devote the additional funding to expand research on mechanisms of resistance, therapeutics, vaccines and diagnostics; support the development of a clinical trials network to reduce barriers to research on difficult-to-treat infections; and support the training of new investigators to improve AMR research capacity as outlined in the 2020–2025 National Action Plan to Combat Antibiotic-Resistant Bacteria. As part of the latter effort to expand and diversify the infectious diseases research workforce, the Committee recommends NIAID expand the number of K, T, and F awards, and Early Investigator Awards. The Committee directs the Office of the Assistant Secretary for Health, NIH, ASPR/

BARDA, CDC and AHRQ to jointly brief the Committees on Appropriations of the House of Representatives and Senate no later than 30 days after the enactment of this Act detailing how HHS and its agencies are coordinating their AMR-related efforts. The briefing should include a comparison of actual performance against the national targets for 2020 established in the March 2015 National Action Plan for Combatting Antibiotic-Resistant Bacteria and whether those goals were sustained in 2021. Agencies are directed to outline the focus of their plans for fiscal years 2022–2023 and how these are connected to longer-term objectives included in the follow-on National Action Plan released in October 2020. In addition, NIAID should detail the focus of its initiatives to strengthen and diversify the ID/HIV research workforce for fiscal years 2022–2023.

*SARS-CoV2-Immunity: Understanding Diversity and Addressing Disparity.*—The COVID–19 pandemic revealed significant health disparities in the nation’s minority and underserved populations including indigenous Americans, African Americans, Pacific Islanders and Hispanics/Latino Americans. Research suggests that for every 100 deaths of white Americans there are approximately 500+ deaths in these populations. Unfortunately, these individuals are profoundly understudied using contemporary biomedical technologies evolving in today’s research community. Additionally, the role of significant underlying medical conditions in this context is just being appreciated and warrants a significant and focused initiative to address gaps that are clearly contributing to morbidity and mortality. Therefore, the Committee recommendation includes \$7,500,000 to NIAID to engage with not-for-profit research institutes and/or academic institutions to undertake a series of deep immune profiling studies of individuals who acquired the SARS–CoV–2 virus in these underserved and understudied population communities with the intent of demonstrating a proven pipeline to ascertain immune dysfunction and outcomes applicable to any human condition or population. As the immune system is emerging as a key predictor of either good or bad outcomes in the pandemic, extending a scalable model for immune system profiling to local underserved populations across the nation is vital to detect and prevent a downward spiral of vulnerable patients in this pandemic and future pandemics.

*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 their 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 \$260,000,000, an increase of \$40,000,000 over the fiscal year 2021 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. The Committee requests an update on these efforts within 60 days of enactment of this Act.

*Vaccine Development.*—The Committee recognizes the importance of being able to quickly, efficiently, and safely develop and manufacture vaccines against emerging infectious diseases. Vaccines play a pivotal role in host protection against infectious diseases and have significantly reduced mortality worldwide. Older methods of developing vaccines are no match for a host of emerging and re-emerging pathogens that call for a tailored and speedy response, such as the developing coronavirus variants. Today, innovations in how vaccines are developed enable faster production of platforms capable of making and initially testing a new vaccine in less than 120 days that then are tailored to specific pathogens as manufacturing begins, based on science and data, not speculation. Such rapid vaccine platform technologies can vastly decrease the time it takes to develop, manufacture, and distribute vaccines. The Committee encourages NIAID to support research and development of rapid vaccine platform technologies. The Committee directs NIAID to brief the Committee within 180 days of enactment on progress.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Appropriations, 2021 .....	\$2,991,417,000
Budget estimate, 2022 .....	3,096,103,000
Committee recommendation .....	3,067,557,000

The Committee recommendation includes \$3,067,557,000 for the National Institute of General Medical Sciences [NIGMS], which includes \$1,214,505,000 in transfers available under section 241 of the PHS Act (Public Law 104–73 as amended).

*Institutional Development Award [IDeA].*—The Committee provides \$410,453,000 for IDeA, \$13,880,000 above the fiscal year 2021 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.

*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, 2021 .....	\$1,590,337,000
Budget estimate, 2022 .....	1,942,117,000
Committee recommendation .....	1,678,970,000

The Committee recommendation includes \$1,678,970,000 for the Eunice Kennedy Shriver National Institute of Child Health and Human Development [NICHD].

*Behavioral Health in Young Children.*—The Committee commends the important role that the NICHD has historically served to support research in the areas of behavioral health, cognition, development of young children, language, learning differences, and school readiness. The COVID–19 pandemic has only increased the importance of research in these areas, such as the long-term consequences of social isolation or emotional development after a year of inconsistent in-person school attendance. Accordingly, the Committee encourages NICHD to prioritize ongoing investment in these areas.

*Children with COVID–19.*—The Committee includes an increase of \$15,000,000, as requested in the fiscal year 2022 budget request, for NICHD to support further research into multisystem inflammatory syndrome in children and other ways in which COVID–19 affects children.

*Congenital Syphilis.*—The Committee continues to be concerned with the increased rates of congenital syphilis and rising death rates and life-long disabilities as a consequence of no preventive treatment. The Committee encourages NICHD to coordinate efforts with NIAID on new testing, diagnosis, and treatment efforts.

*Endometriosis.*—The Committee is aware that endometriosis is a chronic disease originating in the female reproductive system affecting 10 percent of women of reproductive age worldwide. Endometriosis is often misdiagnosed as irritable bowel disease. Endometriosis has been linked to ovarian cancer. The Committee also recognizes that endometriosis is a leading cause of female infertility in the United States. The Committee encourages NIH to support more research to increase early and more accurate diagnostic rates and for education to inform healthcare providers and their patients regarding diagnosis and treatment of endometriosis.

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

*Learning Disabilities Research.*—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 the only source of Federal funding available to researchers interested in exploring child development and learning disabilities to conduct randomized control trials and explore the relationships between different variables at work. While learning disabilities do have an effect on an individual's education and academic achievement, these disorders are brain-based so clinical research using the latest technology and advances in neuroscience is essential. Therefore, 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 encourages NICHD to continue its investment in its Learning Disabilities Research Centers and Learning Disabilities Innovation Hubs.

*Maternal Health Research.*—The Committee includes an increase of \$30,000,000 for the Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone [IMPROVE] initiative, as requested in the fiscal year 2022 budget request. The Committee remains deeply troubled by the U.S. maternal mortality rate, which is far higher than other industrialized countries and remains much greater for minority and rural women. The IMPROVE initiative supports research to reduce preventable causes of maternal death and improve the health of pregnant and postpartum women.

*Maternal Infections.*—The Committee requests an update on research to better understand and prevent congenital cytomegalovirus in the fiscal year 2023 CJ.

*Physical Activity Promotion and Obesity Prevention for Preschool Children.*—The Committee encourages NIH to support research to identify sustainable physical activity interventions for preschool children.

*Population Research.*—The Committee applauds NICHD for supporting many of the Nation's most used prospective, population-representative longitudinal studies, including Fragile Families and Child Wellbeing Study, Panel Study of Income Dynamics Child Supplement Survey, and National Longitudinal Survey of Youth, and also for supporting research and research training through the NICHD Population Dynamics Centers Research Infrastructure Program. Given the dearth of data being collected regarding the short and long-term social, economic, developmental, and health effects of the COVID-19 pandemic on children and families, the Committee encourages NICHD to consider expanding data collection and research through these existing surveys and the Centers Program. Further, the Committee encourages the Institute to explore the use of existing and new mechanisms to enhance research regarding the effect of COVID-19 on fertility trends and reproductive health overall. Finally, the Committee urges NICHD to expand data collection and research regarding maternal, infant, child, and adolescent mortality.

*Pregnant and Lactating Individuals.*—The Committee includes up to \$1,500,000 for NICHD to contract with the National Academies of Sciences, Engineering, and Medicine [NASSEM] to convene a panel with specific legal, ethical, regulatory, and policy expertise to develop a framework for addressing medicolegal and liability

issues when planning or conducting research specific to pregnant people and lactating people. Specifically, this panel should include individuals with ethical and legal expertise in clinical trials and research; regulatory expertise; plaintiffs' attorneys; pharmaceutical representatives with tort liability and research expertise; insurance industry representatives; federally funded researchers who work with pregnant and lactating women; representatives of institutional review boards; and health policy experts.

*Uterine Fibroids.*—Nationally, an estimated 26.0 million individuals ages 15 to 50 have diagnosed uterine fibroids. Uterine fibroids are the most common gynecological condition, but individuals are frequently unaware that the symptoms of this condition—including heavy menstrual bleeding, pain, and frequent urination during periods—are abnormal. Fibroids contribute to significant negative health outcomes including chronic pain, iron deficiency and anemia, miscarriage, and/or infertility. The Committee strongly urges NICHD to prioritize funding to expand basic, clinical, and translational research into the mechanics of fibroids, identification of early diagnostic methods, and fertility-preserving treatments. Research focusing on understanding the significant health disparities among individuals with fibroids should also be prioritized, given that Black women are at increased risk for fibroids, tend to develop symptoms at a younger age, and suffer more severe symptoms.

#### NATIONAL EYE INSTITUTE

Appropriations, 2021 .....	\$835,714,000
Budget estimate, 2022 .....	858,535,000
Committee recommendation .....	857,868,000

The Committee recommendation includes \$857,868,000 for the National Eye Institute [NEI].

#### NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Appropriations, 2021 .....	\$814,675,000
Budget estimate, 2022 .....	937,107,000
Committee recommendation .....	936,271,000

The Committee recommendation includes \$936,271,000 for the National Institute of Environmental Health Sciences [NIEHS].

*Climate Change Research.*—The Committee provides an increase of \$100,000,000, consistent with the fiscal year 2022 budget request, for NIEHS to support research on the impact of climate change on human health.

*Parkinson's Disease [PD].*—Research suggests that PD is caused by a combination of genetic and environmental factors. Agricultural exposure to pesticides, including herbicides, has been associated with an increased risk of developing the disease, yet other exposures common to soldiers, firefighters, first responders and others, such as burn pits, insecticides, solvents and heavy metals, need to be explored or should be considered. The Committee urges NIEHS to expand its research and collaborate with appropriate partners to understand effects of these chemicals on PD development and progression. Research should include fundamental approaches to identify other environmental triggers and to understand the expression of PD traits that result from the interplay of genes and environ-

ment to advance the development of individualized precision environmental health strategies to prevent and treat PD. The Committee requests an update on these activities in the fiscal year 2023 CJ.

NATIONAL INSTITUTE ON AGING

Appropriations, 2021 .....	\$3,899,227,000
Budget estimate, 2022 .....	4,035,591,000
Committee recommendation .....	4,180,838,000

The Committee recommendation includes \$4,180,838,000 for the National Institute on Aging [NIA].

*Addressing Participant Diversity in Clinical Trials.*—The Committee encourages NIH to establish an operating efficiency working group to conduct an assessment of NIA’s internal infrastructure needs related to research operations, recruitment and engagement—with an emphasis on underrepresented communities—and report back to Congress within 180 days. This review should assess gaps related to the infrastructure needed to ensure its federally funded clinical trials are well-designed and accessible to underrepresented communities at greatest risk of Alzheimer’s disease and Alzheimer’s disease-related dementias and outline the resources needed to address identified gaps, including the appropriate staffing levels needed to support research optimization, grant oversight and compliance.

*Alzheimer’s Disease and Related Dementias.*—The Committee recommends an increase of \$235,000,000 to support NIA-funded Alzheimer’s disease and related dementias [ADRD] research. Since fiscal year 2015, Congress has increased research funding for ADRD by more than 500 percent, making it the largest expenditure of its kind in NIH for good reason: by 2050, the cost to treat and care for those suffering from Alzheimer’s disease is expected to rise possibly to as high as \$1,100,000,000,000 a year. Without a medical breakthrough to prevent, slow, or stop the disease, Medicare- and Medicaid-related costs could rise more than four-fold. NIH-funded research offers hope for finding solutions to manage this disease successfully in the future. To help the Committee better understand the impact these resources are having and the agency’s current efforts, the Committee directs NIH to provide a status report along with the Professional Judgement Budget for ADRD for each of the research milestones tied to the National Plan. The status report should describe where NIH is specifically in terms of implementing milestones and achieving success criteria for efforts that are in progress, plans and objectives for the current and coming year, and outcomes related to the completion of efforts funded in previous years. Since the Professional Judgement Budget for fiscal year 2023 has already been released, the Committee directs NIH to provide this additional information in advance of the fiscal year 2023 CJ. The Committee also needs to better understand what NIA and its research partners believe are the most promising areas for future investment in the next fiscal year and beyond. The Committee directs NIA to provide within 120 days of enactment a plan outlining the new research efforts it intends to pursue in fiscal year 2022 with the increased funding included in the bill and funding freed up from projects that have or will soon be completed.



*Exposome Studies in Alzheimer's Disease and AD-Related Dementias.*—The Committee supports longitudinal, population-based cohort studies into the causes of dementia and recognizes the importance of research to address AD/ADRD disparities. This includes social and contextual factors that contribute to increased risk for disease, and the measure of various exposures over an individual's life course characterized through a mechanistic disparities lens, referred to as the exposome. The Committee urges NIA to utilize its infrastructure of research centers and surveys to examine exposures over an individual's lifetime, including neighborhood disadvantage, and enable the linkage of life course sociocontextual disadvantage to biological outcomes.

*Opioids and Pain Management.*—The Committee provides an increase of \$29,000,000 for NIA to support research related to opioids, pain and pain management, as proposed in the fiscal year 2022 budget.

*Overactive Bladder and Cognitive Impairment Treatment.*—The Committee is concerned that anticholinergic medications commonly prescribed to treat overactive bladder, a condition that affects one in three older Americans, have been shown in recent studies to increase the risk of developing Alzheimer's disease and AD-related dementias. The Committee believes that further research of anticholinergic medications as well as on alternatives to these treatments is urgently needed to establish certainty regarding the safety of these medications as a treatment option for overactive bladder in older adults. The Committee urges NIA to prioritize research grants and contracts that study the long-term use of anticholinergic medications and the risk of cognitive impairment and AD/ADRD. The Committee requests an update on this issue and on research activities to advance safe and effective alternative treatments for overactive bladder in the fiscal year 2023 CJ.

*Population Research.*—The Committee praises NIA for supporting a scientifically innovative population aging research portfolio that reflects some of the Institute's, and nation's, highest scientific priorities including Alzheimer's disease and social inequality in health and the aging process. More research, however, is needed to understand the short and long-term social, behavioral, and economic health consequences of COVID-19 on older people and their families, which NIA is uniquely positioned to foster and support. Existing large-scale, longitudinal and panel surveys, such as the Health and Retirement Study, the National Health and Aging Trends Study, and Understanding America Study, should be enhanced to facilitate scientific research on the complex, multifaceted effects of the pandemic on older, diverse populations. Further, the Committee encourages NIA to support the further development of data infrastructure to promote research on racial, ethnic, gender and socioeconomic disparities in health and well-being in later life and the long-term effects of early life experiences, including for rural, poor and minority populations that may be at enhanced risk for dementia. The Committee urges NIA to continue to support diversity in its cohort studies, with the specific goal of better understanding disease burden and biomarkers by race and geographic region, as well as the underlying pathologies which may differ by race or ethnicity. The Committee believes this could be accom-

plished through enhanced partnerships between existing NIA-funded Alzheimer’s Disease Research Centers [ADRC] and non-ADRC dementia centers in high-risk geographic regions or through the creation of new long-term cohorts in under-represented groups/regions.

*Prion Disease.*—The Committee encourages NIH to continue funding research proposals on Prion Disease that could be relevant for Alzheimer’s Disease Related Dementia. The disease mechanism and clinical presentation of Prion Diseases closely resemble AD/ADRDs. Advances in Prion Disease science have been valuable to the study of other ADRDs and vice versa, and further integration of the fields will benefit scientific pursuits in both fields.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

Appropriations, 2021 .....	\$634,292,000
Budget estimate, 2022 .....	680,186,000
Committee recommendation .....	675,106,000

The Committee recommendation includes \$675,106,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS].

*Opioids and Pain Management.*—The Committee provides an increase of \$24,000,000 for NIAMS to support research related to opioids, pain and pain management, as proposed in the fiscal year 2022 budget.

*Scleroderma.*—The Committee continues to encourage NIAMS to expand the scleroderma research portfolio and continue collaborative opportunities with other Institutes and Centers and community stakeholders to advance critical research.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS

Appropriations, 2021 .....	\$498,076,000
Budget estimate, 2022 .....	511,792,000
Committee recommendation .....	511,280,000

The Committee recommendation includes \$511,280,000 for the National Institute on Deafness and Other Communication Disorders [NIDCD].

*Hearing Health Screening.*—The Committee recognizes the associated comorbidities and costs of untreated hearing loss and, with the growing aging population, the importance of hearing screening for older Americans. The Committee urges NIH to provide an update in the fiscal year 2023 CJ on hearing screening research for older adults across the NIH. The Committee encourages NIDCD and NIA to support studies that address the research needs and gaps identified by the U.S. Preventive Services Task Force review of hearing screening recommendations for older Americans.

NATIONAL INSTITUTE OF NURSING RESEARCH

Appropriations, 2021 .....	\$174,957,000
Budget estimate, 2022 .....	199,755,000
Committee recommendation .....	199,595,000

The Committee recommendation includes \$199,595,000 for the National Institute of Nursing Research [NINR].

*Health Disparities Research.*—The Committee includes an increase of \$20,000,000 as requested for NINR to support research related to identifying and reducing health disparities.

#### NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Appropriations, 2021 .....	\$554,923,000
Budget estimate, 2022 .....	570,165,000
Committee recommendation .....	569,633,000

The Committee recommendation includes \$569,633,000 for the National Institute on Alcohol Abuse and Alcoholism [NIAAA].

*Polysubstance Abuse.*—The Committee is pleased to see NIH supporting research on alcohol/polysubstance use, but urges the Director to continue to support research in this area in the context of NIH's very comprehensive center programs across the U.S., particularly those located in or near areas with socially vulnerable populations. Given the increasing prevalence of polysubstance deaths, particularly among rural and minority communities, the Committee also encourages the Director to support studies on rural and minority communities with high rates of alcohol and polysubstance use mortality.

#### NATIONAL INSTITUTE ON DRUG ABUSE

Appropriations, 2021 .....	\$1,479,660,000
Budget estimate, 2022 .....	1,852,503,000
Committee recommendation .....	1,832,906,000

The Committee recommendation includes \$1,832,906,000 for the National Institute on Drug Abuse [NIDA].

*Barriers to Research.*—The Committee is concerned that restrictions associated with Schedule I of the Controlled Substance Act which 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 and antidotes for their harmful effects, the Committee believes 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.

*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 reached an estimate 93,000 deaths in 2020, 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 conducting research on the adverse impact of the pandemic on SUDs and encourages the Institute to expand its research on these issues.

*E-Cigarettes.*—The Committee is aware of alarming trends in youth e-cigarette use and recent survey data from the Centers for Disease Control and Prevention indicating that more than 27 percent of high school students and 10.5 percent of middle school students reported using e-cigarettes in 2019. With more than 5.0 million young people using e-cigarettes, there is a greater need for research into therapeutic options for nicotine cessation among youth who have developed addiction to nicotine. The Committee recommends that NIDA support targeted research related to the use and consequences of these devices and into therapies, including both pharmacologic and behavioral therapies, to combat nicotine addiction in pediatric populations.

*Kratom.*—The Committee recognizes that NIDA-funded research has contributed to the continued understanding of the health impacts of kratom, including its constituent compounds, mitragynine and 7-hydroxymitragynine. In order to ensure continued transparency, the Committee directs NIDA to report back to the Committee no later than 120 days after enactment of this act, on all current and past kratom research projects as well as plans for future research projects.

*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. NIDA 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 and the impacts associated with high potency cannabis. There is insufficient scientific information about the short-term and long-term effects of compounds found in cannabis, including cannabidiol [CBD] and cannabigerol [CBG], cannabichromene [CBC], minor cannabinoids, and terpenes. Additional, coordinated, research on a national scale is necessary to determine the toxicology and medicinal effects of CBD, CBG, CBC, minor cannabinoids, and terpenes. The Committee believes that NIH should strongly consider significantly expanding the use of funds to study the medicinal effects and toxicology of CBD, CBG, CBC, minor cannabinoids, and terpenes. This expanded effort should include funding of clinical trials with academic health centers to study the long-term medicinal benefits and toxicology of CBD and CBG.

*Medication-Assisted Treatment for Methamphetamines.*—The Committee is concerned by the rise in methamphetamine use and addiction in the United States. While there are currently approved medications for alcohol and opioid addiction, there remains no FDA-approved medication for methamphetamine addiction. The Committee urges NIDA to continue their ongoing trials to expeditiously find and approve a treatment for methamphetamine.

*Methamphetamine and Other Stimulants.*—According to data from CDC, 32,000 overdose deaths involved drugs in the categories that include methamphetamine and cocaine in 2019, an increase of over 700 percent. The sharp increase has led some to refer to stimulant overdoses as the “fourth wave” of the current drug addiction crisis in America following the rise of opioid-related deaths involving prescription opioids, heroin, and fentanyl-related substances.

Methamphetamine is highly addictive and there are no FDA-approved treatments for 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. The Committee recognizes that methamphetamine is more frequently implicated in overdose deaths than opioids across numerous regions, representing an epidemic of its own. The substantial morbidity and mortality associated with methamphetamine use is often driven by increases in cardiovascular disease associated with it that are poorly understood. The Committee encourages NIDA to examine the cardiovascular effects of methamphetamine misuse and implications for treatment and to partner with institutions in areas with higher numbers of methamphetamine-related deaths compared to opioid-related deaths and that have demonstrated research expertise in methamphetamine and cardiovascular diseases.

*Opioid Initiative.*—The Committee continues to be concerned about the opioid overdose epidemic and appreciates the important role that research plays in the various Federal initiatives aimed at this crisis. The Committee is also aware of the most recent data from CDC that shows opioid overdose fatalities increasing from 2018 to 2019, with the primary driver being the increased overdose deaths involving synthetic opioids, primarily illicitly manufactured fentanyl. Approximately 174 people die each day in this country from drug overdose (over 100 of those are directly from opioids), making it one of the most common causes of non-disease-related deaths for adolescents and young adults. To combat this crisis the Committee has provided within NIDA's budget \$405,443,000 for the Institute's share of the HEAL Initiative, \$135,148,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. With the additional funding, NIDA efforts should be targeted to the following areas: development of safe and effective medications and new formulations and combinations to create a comprehensive care model 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 for opioid use disorder and methods to scale up these interventions for population-based impact; and develop evidence-based strategies to integrate screening and treatment for opioid use disorder in emergency department and primary care settings. The Committee also includes an additional \$185,359,000 in NIDA to support basic research related to opioids and other stimulants, as requested in the fiscal year 2022 budget request.

*Pain and Addiction Collaborative Research.*—The Committee recommends that the NIH encourage collaborative research awards through NINDS and the NIDA for pain and addiction treatment and research.

*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 misuse screening and treatment into their clinical practices. The Committee recommends that NIDA continue to provide support for the education of scientists and practitioners to find improved prevention and treatment interventions for substance use disorders as the Institute has done for the COVID-19 pandemic.

NATIONAL INSTITUTE OF MENTAL HEALTH

Appropriations, 2021 .....	\$2,103,708,000
Budget estimate, 2022 .....	2,213,574,000
Committee recommendation .....	2,218,900,000

The Committee recommendation includes \$2,218,900,000 for the National Institute of Mental Health [NIMH], including \$76,000,000 appropriated from the NIH Innovation Account.

*Autism.*—The Committee encourages NIH to continue to prioritize and invest in research on autism consistent with the objectives outlined in the Interagency Autism Coordinating Committee’s Strategic Plan for Autism Spectrum Disorder. The Committee also encourages NIH to support greater investment in research and collaborations focused on addressing the gaps outlined in the Strategic Plan, including research on lifespan issues to address the needs of transition-age youth and adults on the spectrum, research to enable development of evidence-based services, and research to support the development and delivery of new and improved screening tools, treatments, and interventions. The Committee further encourages NIMH to work collaboratively with NIMHD to support research on the socioeconomic, racial and ethnic health disparities associated with autism spectrum disorder.

*Impact of COVID-19 on Mental Health.*—The Committee includes an increase of \$25,000,000 for NIMH to expand research on the impact of the COVID-19 pandemic on mental health, consistent with the fiscal year 2022 budget request.

*Suicide Prevention.*—The Committee is encouraged that 2019 was the first year in two decades in which the suicide rate decreased. But death by suicide remains the tenth leading cause of death in the United States, and the Committee remains committed to providing the resources necessary to address this alarming crisis. The Committee commends NIMH for consistently expanding resources for suicide screening and prevention research over the last four fiscal years and strongly encourages the Institute to continue to prioritize suicide research in fiscal year 2022, with special emphasis on producing models that are interpretable, scalable, and practical for clinical implementation, including utilization of healthcare, education and criminal justice systems that serve populations at risk. In addition, the Committee encourages NIMH to prioritize research efforts related to primary care settings to evalu-

ate suicide prevention interventions, strategies, and programs, including assessments of the effects of the COVID-19 epidemic. The Committee requests that NIMH provide an update on these efforts in the fiscal year 2023 CJ.

*Veteran Suicide Prevention.*—The Committee is concerned with suicide rates among veterans and is aware of NIMH collaborations with the Department of Veterans Affairs and the Department of Defense to strategically plan and coordinate research particularly around the area of suicide. The Committee encourages NIMH to continue to support research related to veteran suicide in the context of the NIMH suicide prevention portfolio, and to work with the Department of Veterans Affairs and the Department of Defense to identify gaps or opportunities where NIMH research may enhance suicide mitigation efforts for this at-risk population.

#### NATIONAL HUMAN GENOME RESEARCH INSTITUTE

Appropriations, 2021 .....	\$615,780,000
Budget estimate, 2022 .....	632,973,000
Committee recommendation .....	634,598,000

The Committee recommendation includes \$634,598,000 for the National Human Genome Research Institute [NHGRI].

*Computational Medicine and RNA Molecules.*—The Committee is encouraged by recent discoveries in the computational medicine field that are helping uncover the cause of disease onset and progression. Reports indicate that an individual's sex, ancestry, and age differentially affect the individual's regulatory RNA molecules and their impacts. The Committee recognizes that more research in this area could lead to new and important biological discoveries, improve our understanding of diseases processes and herald personalized approaches to diagnosis, prognosis, and therapy. The Committee urges NHGRI to continue to support computational and experimental research on RNA molecules and the mechanisms through which they affect biological processes that cause disease.

*Data-Sharing and Privacy.*—To advance the U.S. leadership in the biomedical research enterprise while protecting genomic information of the people of the United States, the Committee encourages the NIH to convene a working group to determine whether there are national security risks associated with potential collaborations where individually identifiable health information of the people of the U.S. is exchanged. This working group should evaluate what types of data sharing could pose a national security risk among private, public, and academic institutions that partake in science and technology research and their research partners, with a focus on international partners. This should include a review of what circumstances would constitute a sharing of data and make recommendations regarding areas where Federal agencies can coordinate to increase education to such private and academic research institutions that partake in science and technology research 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.

*Emerging Centers of Excellence in Genomic Sciences.*—The Committee recommendation includes no less than \$15,000,000 to sus-

tain and grow the Emerging Centers of Excellence in Genomic Sciences competitive grant program, an increase of \$2,500,000 above the fiscal year 2021 enacted level. The Committee maintains prior direction that present awardees of the Centers for Excellence in Genomic Sciences program shall not be eligible to receive these grants.

*Germline RUNX1 Mutations.*—The Committee commends NHGRI for collaborating with NCI to launch and maintain the RUNX1–FPD Clinical Research Study, the only longitudinal natural history study of patients with germline RUNX1 mutations and their families. This study has broad implications for the fields of hematology and oncology because it offers researchers the rare opportunity to monitor the genomic evolution of cancer within a precancerous population in real time. Currently, the study tracks only 50 of the approximately 20,000 people in the United States with these mutations. The Committee urges NHGRI to provide additional resources for the study to allow more patients to participate. In addition, the Committee encourages NHGRI to continue to work towards implementation of an open source database to share data in real-time for the benefit of the entire research community and the patients and their families searching for answers.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING

Appropriations, 2021 .....	\$410,728,000
Budget estimate, 2022 .....	422,039,000
Committee recommendation .....	421,617,000

The Committee recommendation includes \$421,617,000 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 images and associated data to help accelerate strategies for COVID–19 diagnosis and therapeutic management. This resource will enable broader use of machine learning algorithms in medical image analysis for coronavirus patients and serve as a model for understanding other diseases to improve patient outcomes across medical disciplines, including diagnosis, monitoring, and predictive prognoses. The Committee urges NIBIB to continue its engagement with external stakeholders to advance this promising project.

NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH

Appropriations, 2021 .....	\$154,162,000
Budget estimate, 2022 .....	184,323,000
Committee recommendation .....	184,249,000

The Committee recommendation includes \$184,249,000 for the National Center for Complementary and Integrative Health [NCCIH].

*Creative Arts Therapy.*—The Committee recognizes the potential of creative art therapies as impactful tools for addressing the effects of disorders of aging. However, clinical studies on these applications either have been limited in scale, have not been designed within a scientific and statistically significant framework, or have produced only preliminary or anecdotal results. The Trans-NIH



Music and Health Work Group, under the leadership of NCCIH, is currently developing a toolkit to improve the efficiency of future clinical trials for music-based interventions to treat and prevent disorders of aging. The NCCIH is directed to provide the Committee with a report within 180 days of enactment of this Act on the progress of the toolkit’s development and any plans for pilot projects to test and refine the toolkit, including future funding needs.

*Pain Management.*—The Committee includes an increase of \$26,000,000 for NCCIH to support research related to pain and pain management, consistent with the fiscal year 2022 budget request. The Committee urges NIH, along with the Department of Defense and the Department of Veteran’s Affairs, to continue to support research on non-pharmacological treatments for pain management and comorbidities including opioid misuse, abuse, and disorder in military personnel, veterans, and their families. The 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, however, opioid abuse continues to persist among young veterans. The Committee urges the 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, 2021 .....	\$390,865,000
Budget estimate, 2022 .....	652,244,000
Committee recommendation .....	651,101,000

The Committee recommendation includes \$651,101,000 for the National Institute on Minority Health and Health Disparities [NIMHD].

*Cardiovascular Disease [CVD].*—CVD, including heart disease and stroke, is the leading cause of death in the U.S. and worldwide. It is estimated that 1 in 2 U.S. adults will develop CVD during their lifetime. Further, hypertension affects almost 1 in 2 U.S. adults, disproportionately affecting minority populations, and accounting for approximately 1 in 3 CVD events in U.S. adults. The Committee encourages NIMHD to focus funding on reducing disparities in CVD in African Americans from the rural South and among poor people, where the burden is significant.

*Chronic Diseases and Health Disparities.*—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 is pleased the awards emphasized support for regional based, multi-institutional consortia that will produce collaboration and research that can be easily translated into sustainable

community and health system changes that promote chronic disease treatments long after research projects have concluded. The Committee recommendation reflects sufficient funding for NIMHD to continue this effort in fiscal year 2022.

*Research Centers in Minority Institutions [RCMIs].*—The Committee recognizes the importance of the RCMI Research Coordination Network in ensuring that collectively, institutions can engage in multi-site collaborative research, especially as the United States and NIH positioned themselves to address the challenges imposed by the COVID–19 pandemic to our health system and underserved populations.

*Health Disparities Research.*—The Committee includes an increase of \$250,000,000 for NIMHD to support additional research related to identifying and reducing health disparities, as requested in the fiscal year 2022 budget.

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

Appropriations, 2021 .....	\$84,044,000
Budget estimate, 2022 .....	96,322,000
Committee recommendation .....	96,268,000

The Committee recommendation includes \$96,268,000 for the Fogarty International Center [FIC].

*Global Health Research.*—COVID–19 has shown the importance of FIC’s essential role in global health research training, pandemic preparedness, and global health security by assisting low- and middle-income countries [LMIC] in advancing their own research and health solutions and tools. These investments strengthen research capacity across a wide range of diseases and cross-cutting public health needs, including infectious diseases, non-communicable diseases, environmental health, trauma and injury, and mobile technologies—all of which are critical to improving economic and global health security. The COVID–19 pandemic illustrates the importance of FIC’s efforts to strengthen country capacity to enable cutting edge research at the origin of outbreaks, improving the likelihood that emerging diseases can be addressed at their source—ultimately protecting American health security. The Committee believes these long-standing relationships and unique capabilities position FIC to play an important and expanded role in pandemic preparedness, including developing a network of modeling hubs and joint research programs to engage LMIC investigators to collaboratively train for pandemic preparedness. The Committee requests information from FIC in their annual budget justification about how FIC training programs and research collaborations have, and with additional resources can, increase efforts to advance global health security and pandemic preparedness. The Committee is particularly interested in understanding FIC’s unique capabilities and capacities as well as coordination with other Federal government agencies engaged in these efforts.

*Health Disparities Research.*—The Committee provides an increase of \$10,000,000 for FIC to support additional research related to identifying and reducing health disparities, as requested in the fiscal year 2022 budget request.

## NATIONAL LIBRARY OF MEDICINE

Appropriations, 2021 .....	\$463,787,000
Budget estimate, 2022 .....	474,864,000
Committee recommendation .....	476,074,000

The Committee recommends \$476,074,000 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, 2023.

## NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES

Appropriations, 2021 .....	\$855,421,000
Budget estimate, 2022 .....	878,957,000
Committee recommendation .....	878,072,000

The Committee recommendation includes \$878,072,000 for the National Center for Advancing Translational Sciences [NCATS]. The Committee includes bill language directing at least \$60,000,000 of this amount to be used for the Cures Acceleration Network [CAN].

*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 family 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 includes \$600,925,000 for the CTSA program, an increase of \$14,084,000 above the fiscal year 2021 enacted level. The Committee maintains its strong support for the CTSA program and commends the national network for their efforts to modernize the translation of research into health benefits across the full spectrum of medical research, for their contributions to the COVID-19 response, and for addressing health disparities and health equity, and enhancing rural care. The Committee is concerned the recent CTSA Funding Opportunity Announcement [FOA] could alter the CTSA's strategic direction and divert appropriated resources intended for CTSA hubs. Resources provided by the Committee are intended to enhance funding for hubs, thus bolstering the national network. Therefore, NCATS is directed to ensure that any CTSA hub that has successfully recompeted through the new FOA does not receive more than a 5 percent reduction in total annual support for its core hub responsibilities. In addition, the Committee directs that all CTSA hub partner organizations that contribute key resources and expertise to a CTSA hub's translational work should continue to be treated as full partners, including treatment of their entire NIH research enterprises in the calculation of hub budgets. This will support local CTSA hubs and maintain collaborations with community organizations and research and academic partners

that expand the full spectrum of research and translation, and foster innovation. Further, the Committee strongly encourages NCATS to fund expanded programs that address the significant disparities and burden of disease disproportionately affecting minority and special populations. Focusing on this capacity will reduce the burden of disease and promote health equity among vulnerable populations. In addition, NCATS is expected to support opportunities for CTSA that substantively respond to disparities in racial health equity by promoting research and collaborations that address the distinctive medical and health needs of underserved populations; remediate the effects of environmental and structural racism; and advance the dissemination and implementation of learning around health equity. 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 supports the mission of NCATS to accelerate the translation of basic research findings into treatments and pharmaceutical products for use with patients to treat and cure diseases and illness. This activity is critical to ensure that the Nation's investment of over \$40,000,000,000 each year in NIH research results in tangible benefits to the public. The Committee urges NCATS to explore ways to increase the success in meeting its mission by exploring funding opportunities or potential collaborations with business incubators that host small to midsize science, research, and pharmaceutical companies that use services-based approaches to nurture and guide the member companies to success. Collaborations with such business incubators may offer the most effective way to advance translational science. Priority consideration should be given to nonprofit life science incubators that seek to advance biotechnology, maximize synergies between nonprofit scientists and their commercial colleagues, and launch new ideas and discoveries that will make a difference including drug discovery, biomarker discovery and translational biotechnology around common research challenges in an environment conducive to interaction, collaboration and focus.

*Cures Acceleration Network [CAN].*—The Committee continues its support for CAN to further reduce barriers between research discovery and clinical trials at \$60,000,000, the same as the fiscal year 2021 enacted level. 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.

*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 initia-

tives, including the Clinical and Translational Science Awards program, to these important efforts.

OFFICE OF THE DIRECTOR

Appropriations, 2021 .....	\$2,423,710,000
Budget estimate, 2022 .....	2,249,859,000
Committee recommendation .....	2,550,813,000

The Committee recommendation includes \$2,550,813,000 for the Office of the Director [OD]. Within this total, \$651,202,000 is provided for the Common Fund and \$12,600,000 is included for the Gabriella Miller Kids First Research Act (Public Law 113–94).

*Adult Cellular Therapies.*—To support collaborative evidence development, the agreement encourages the NIH-in coordination with FDA and HRSA-to continue their efforts to enhance transparency regarding outcomes from adult cellular therapies that are FDA-approved or being administered under FDA Investigational New Drug or Investigational Device Exemption protocols by ensuring that results are submitted to appropriate databases such as the Stem Cell Therapeutic Outcomes Database and ClinicalTrials.gov.

*Advancing Cell-Based Therapies.*—The Committee encourages NIH to continue supporting research on cell-based therapies for patients with serious or life-threatening conditions. The Committee encourages NIH to support efforts for development and optimization of cell-based therapies; efforts to support sharing of best practices and lessons learned; research to advance regulatory science; 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 Therapeutic Outcomes Database and ClinicalTrials.gov.

*All of Us Research Program/Precision Medicine Initiative.*—The Committee provides a total of \$541,000,000 for the All of Us precision medicine initiative, \$41,000,000 above the fiscal year 2021 enacted level and consistent with the fiscal year 2022 budget request. The total includes \$150,000,000 authorized in the 21st Century Cures Act (Public Law 114–255) to be transferred from the NIH Innovation Account. The Committee directs NIH to continue its efforts to recruit and retain participants from historically underrepresented populations in biomedical research, and to expand its efforts to enroll participants from geographically diverse communities. To achieve this diversity, NIH is encouraged to support additional avenues for enrollment from the Midwest and Great Plains regions that facilitate participation from both rural and urban communities. These efforts will help ensure that All of Us scientific resources reflect the rich diversity of our country and that advances made from this program will benefit the health of all Americans.

*ALS Research Coordination and Acceleration.*—The Committee is aware of the significant need to expand scientific understanding of amyotrophic lateral sclerosis [ALS] and to translate ALS science more rapidly into effective treatments that can make ALS a livable disease. To achieve these outcomes as soon as possible, the Com-

mittee urges the NIH to organize a trans-agency initiative to develop an ALS research strategic plan. The plan, which should be developed in collaboration with the nation's leading ALS patient and biomedical research organizations, should: identify the most promising areas of research and the specific NIH activities where additional funding could lead to more rapid translation of discoveries for treatments, prevention, and interventions or technologies that can reduce the burden of ALS; identify which institutes are undertaking ALS and ALS-related research and which are not but have a role to play; and uncover any impediments to ALS research. As part of this effort, the agency should hold at least one public meeting at which stakeholders can provide testimony. This effort should include, but not be limited to NINDS, NIA, NIEHS, NHGRI and NCATS. Likewise, to leverage the work done thus far in a meaningful way and make measurable progress towards a cure for ALS patients, it is necessary to increase NIH funding for ALS to bring together researchers from the various institutes to capitalize on recent advancements, augment existing efforts by bringing into the fight against ALS leading researchers from other more developed disciplines, and expedite the drive towards a cure the ALS community so desperately needs. Additional funding will incentivize the continued exploration of novel therapeutic pathways, and allow the Agency to support additional clinical trials, thereby ensuring that the progress of the last decade can germinate into cures with the next decade. In addition, the Committee strongly supports the Accelerating Leading-edge Science in ALS [ALS2] Transformative Research Award program for ALS and encourages NIH to consider optimal approaches for supporting innovative and transformative ALS research when developing the ALS research strategic plan.

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

*Amyloidosis.*—The Committee urges NIH to continue its expansion of research efforts in amyloidosis, a group of rare diseases characterized by abnormally folded protein deposits in tissues. Amyloidosis is often fatal, and there is no known cure. Current methods of treatment are risky and unsuitable for many patients. Average survival without treatment is in months. The Committee urges NIH to inform the Committee on the steps NIH has taken to increase research funding into the causes of amyloidosis and the measures taken to improve the diagnosis and treatment of this devastating group of diseases.

*Analyzing Sex and Race/Ethnicity Differences and Long-Term Health Effects of COVID-19.*—The Committee recognizes that the COVID-19 pandemic has exposed an array of related health disparities, including a difference in acute disease severity and out-

comes between female and male patients. Outcomes for individuals who continue to experience COVID-19 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 and gender differences and race/ethnicity variables are implicated in the severity of the COVID-19 pandemic, the Committee encourages the ICs in coordination with the OD and Office of Research on Women's Health to support research that studies how sex as a biological variable, gender as a social element and race/ethnicity variables impact short and long-term outcomes due to infection with SARS-CoV-2.

*Animal Model Validation.*—The Committee is aware of efforts ongoing at the NIH to evaluate and improve validation of animal models of disease utilized by NIH intramural and extramural researchers. The Committee acknowledges that appropriate model validation is essential for researchers to conduct rigorous research that can be translated into clinical practice to improve human and animal health. The Committee encourages the NIH to provide a report to the Committee no later than 1 year after enactment outlining the progress of its efforts to improve animal model validation, support the development of models to improve translation, and what additional funding may be required.

*Artificial Intelligence/Big Data.*—NIH continues to expand its efforts to develop its capacity to leverage the potential of machine learning [ML] to accelerate the pace of biomedical innovation. The Office of Data Science Strategy [ODSS], collaborating with NLM, has been working to ensure new research datasets meet the international Fast Healthcare Interoperability Resources [FHIR] standard requirements and provide opportunities for data experts to work in the field of biomedicine. It is also developing a governance structure for the rapidly develop field, including principles for consent and privacy, fairness and equity, security and accountability. While encouraging, making full use of these opportunities, which rely on scale and collaboration across areas of expertise, presents unique challenges to NIH's massive federation of institutes and centers. Controlled access mechanisms, for example, as required by the NIH Genomic Data Sharing Policy, are the primary means through which NIH protects the privacy and respects the wishes of research participants whose data are stored and shared for secondary research. However, investigator access to data stored and managed in NIH-supported repositories continues to be burdensome and inconsistent, despite numerous incremental improvements implemented by past working groups. The inefficiencies presented by NIH's federated data sharing landscape will likely become intractable as data access requests continue to increase, new NIH Institute, Center and Office [ICO]-supported data repositories proliferate, and innovative data access processes are piloted and implemented across NIH. Moreover, a lack of harmonized data access processes across NIH will stymie the goal of the emerging NIH data science infrastructure to make data more Findable, Accessible, Interoperable, and Reusable [FAIR]. Given these developments, it is imperative for NIH to develop more efficient, streamlined data access and control processes that are standardized and scalable across the agency to enable timely and secure access to research

data while preserving participant protections. To achieve this goal, the Committee directs NIH to engage stakeholders across the agency to develop best practices to standardize controlled data access processes. Such an effort will streamline access, support the emerging NIH data science infrastructure, and meet the needs of the research community in a manner that preserves the original protections agreed to when the data were collected, taking into account potential cost and burden. It should consider lessons learned from past efforts, review emerging processes and technologies currently being piloted by ICO repositories, and develop new potential solutions that leverage technological advancements, while continuing to support policies for appropriate privacy protections and respect the wishes of research participants. Potential participant re-identification risks associated with the aggregation of disparate data, including data in controlled access, should be considered. The Committee directs NIH, no later than 1 year after enactment of this Act, to develop and present recommendations for: potential common solutions for streamlining and centralizing controlled access mechanisms through implementation improvements (e.g., more efficient workflows or Data Access Committee processes, including a single, centralized DAC process) and use of emerging technological advancements (e.g. automation, single sign-on); making controlled-access data (e.g., human data that may contain sensitive information such as health conditions, including genomic data) stored in NIH-operated and supported repositories more readily findable and accessible; and assess the extent to which increased interoperability of controlled access repositories (e.g., permitting combining disparate data sets, aggregating data across time) leads inadvertently to gaps in oversight and control, including explicit consideration of increased re-identification risk. To support NIH's continued efforts, the Committee recommendation includes \$122,000,000, including \$50,000,000 for the Bridge2AI initiative and other ML-focused investments and \$72,000,000 for ODSS. The Committee directs ODSS and NLS to continue to provide quarterly updates on its efforts.

*BRAIN Initiative.*—As the seat of consciousness and cognition, the brain presents unique challenges to the fields of science and medicine, especially given disorders of the brain such as Alzheimer's disease, addiction, and depression, which represent an enormous cost to the American people. To better understand how the brain works, the disorders that affect it, and to develop more effective treatments, NIH launched the BRAIN Initiative in 2013 to exploit opportunities arising from a convergence of advances from many science and engineering disciplines. In 2019, the "BRAIN 2.0" Working Group reported that "transformative projects" were now possible at a scale and level of completeness that were previously unimaginable. Congress provided initial funding for two of these projects in fiscal year 2021, and the recommendation includes resources to formally launch the third, all of which stand out for their importance to human health and technical viability. Overall, the recommendation provides \$640,000,000 for the BRAIN Initiative, including \$152,000,000 authorized in the 21st Century Cures Act (Public Law 114–255). The overall funding level includes \$70,000,000 for the Human Brain Cell Atlas;



\$30,000,000 for the Armamentarium for Brain Cell Access; and \$20,000,000 for the Brain Connectivity Map. The latter is an ambitious new initiative that NIH has been exploring with the Department of Energy Office of Science to complete a micro-connectivity map of the mouse brain and comprehensive mapping of long-range pathways in human brains. The Committee is encouraged that BRAIN managers are committed to focused, large-scale efforts with multidisciplinary teams and capabilities spanning biological sciences, engineering, and data storage and computation, with open platforms for dissemination of the tools and knowledge realized through these projects, including adherence to FAIR (Findable, Accessible, Interoperable, and Reusable) standards.

*Building Diversity in Cell Models of Human Disease.*—Proportionate representation of ethnically diverse populations in bioscience research is imperative to fully understand the mechanisms that support health or lead to disease, and to develop effective therapies for everyone. The advent of human stem cell technology has made it possible to accelerate discovery by using human cell-based models that enable early-stage research to better understand health and disease. However, the model cell lines that researchers use over-represent a male population of European descent. Therefore, the Committee encourages NIH to consider funding the development of a specialized suite of ethnically diverse and tissue-specific cell lines with structures labeled for studying disease mechanism and detection. If funded, the originating cells should be collected from volunteer donors in a culturally sensitive manner who have consented to allow for derivation of cell line(s), distribution, and use. NIH should consider collaborating with experienced research community leaders in building cell line collections that are publicly accessible and distributed in a culturally appropriate manner.

*Cerebral Palsy.*—The Committee commends NIH, and specifically NINDS and NICHD, for supporting research on mechanisms leading to Cerebral Palsy [CP], health outcomes for those affected, biomarkers that may aid in diagnosis or treatment selection, and interventions for treatment and prevention of CP. The Committee strongly encourages NIH to strengthen, accelerate, and coordinate cerebral palsy research across the lifespan, including in areas identified as priorities in the 2017 NINDS/NICHD Strategic Plan for CP Research, such as basic and translational discoveries, including neuroprotective, regenerative medicine and mechanisms of neuroplasticity, as well as implementation and clinical studies aimed at early detection and intervention, comparative effectiveness and functional outcomes. 2022 will be 5 years since the 2017 NINDS/NICHD Strategic Plan for CP Research was established. The Committee encourages that a follow-up workshop be held in 2022 in conjunction with key stakeholders. The purpose of this workshop will be to provide updates on promising research performed to date with the goal to further refine the specific opportunities that were identified in the 5 to 10 year NIH strategic plan including early detection and intervention.

*Childhood Post-Infectious Neuroimmune Disorders.*—The Committee continues to be concerned that some children, following streptococcal and other infections, may experience the onset of

neuropsychiatric and behavioral disorders. These auto-inflammatory encephalopathic conditions include Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections and Pediatric Acute-onset Neuropsychiatric Syndrome. Due to a paucity of research and limited avenues of treatment, children continue to encounter significant delays in identification and treatment, resulting in escalation of mental health symptoms and associated costs. The incidence of neurological and psychiatric symptoms associated with SARS CoV-2 underscores the need for research that expands our understanding of neuropsychiatric illness following infection. Because these complications lie at the nexus of medical and mental health, investigations into their mechanisms have far-reaching implications. The Committee encourages NIH to explore cross-disciplinary research in this area, including neurobiology, neurology, immunology, rheumatology, infectious disease, and mental health, and report to the Committee in the fiscal year 2023 CJ on the understanding of the incidence, 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 it intended for all NIH-owned chimpanzees to be retired to sanctuary. Despite this, in 2019 NIH created an internal panel, developed outside the scope of Congress’ mandate under the CHIMP Act, and determined that not all of the chimpanzees living at the Alamogordo Primate Facility [APF] could be safely transferred to Chimp Haven, the national sanctuary. While NIH cites the health condition of the chimpanzees as a reason to maintain them at APF, it is because of their health and long history of laboratory use that makes it urgent they be provided an opportunity to live the remainder of their lives in sanctuary, even if for a short period. This is not only a concern about chimp welfare, but also taxpayer spending. According to the most recent APF contract, it costs approximately \$133 per day per chimpanzee to keep them at APF compared to \$42 per chimpanzee per day at Chimp Haven. The APF costs will continue to increase as the population declines while Chimp Haven costs will decline as their population increases. Therefore, recognizing the best interests of both the chimps and taxpayer, the Committee strongly encourages the NIH to resume transport of all APF chimpanzees to Chimp Haven no later than 30 days after enactment of this Act and complete transfer within the following 6 months. Movement of government-owned and supported chimps from Southwest National Primate Research Center [SNPRC] and Keeling Center for Comparative Medicine and Research [KCCMR] are also encouraged following transport of the APF chimpanzees to Chimp Haven. The Committee also directs NIH to provide a written report to the Committee each quarter, beginning no later than March 31, 2022 that shall include: (1) the number of chimpanzees transported to the national sanctuary over the last quarter; (2) a census of all government-owned

and supported chimpanzees remaining, if any, at APF, SNPRC or KCCMR; and (3) a list of any chimpanzee deaths that have occurred at any time after January 1, 2020 at either APF, SNPRC or KCCMR.

*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 and reliable non-animal alternatives when appropriate for the science. In the National Institutes of Health Revitalization Act of 1993, 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 Rs” of replacement, reduction, and refinement. Integral to that commitment are the accurate counting of animals used in research and testing and the accurate reporting of NIH funding dedicated to projects involving animals. The Committee recognizes that it has been NIH’s policy since 1985 to collect an “average daily inventory” of vertebrate animals housed in research facilities that wish to 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 requests a report from NIH within 180 days of enactment of this Act outlining a plan for collaborating with USDA to increase the accuracy and transparency of the data collected. The plan should explain how NIH will collect the information annually and include a draft form that requires the total number of animals per species bred and used in the previous year and assigns all animals to a pain and distress category. The plan should also include details on what NIH will need to create a publicly accessible online database for dissemination of this information. Secondly, the Committee requests that NIH include in its report a plan for implementing a system that tracks which agency-funded projects involve the use of animals and makes the information publicly accessible. Such a plan should address any security concerns and the steps that could be taken to mitigate these risks. The Committee recognizes that NIH currently collects such information with every grant application using the Research & Related Other Project Information form, which asks applicants to answer “Yes” or “No” to the question “Are Vertebrate Animals Used?” NIH’s plan should ensure that the answer to that question for each funded project is searchable via the Expenditures and Results module of NIH’s Research Portfolio Online Reporting Tools website as many other categories of information are.

*Communications with the Appropriations Committee.*—The Committee notes that in the past 2 years its primary liaison with NIH has changed five times, disrupting the flow of information and responsiveness to its interests and concerns. The Committee directs NIH to consult with it before NIH proceeds with any further plans to change liaisons. In addition, the Committee expects NIH to promptly notify it of any barriers to its ability to comply with the directives included in this report within 15 days of its public release. Finally, the Committee directs NIH to provide an Excel

spreadsheet reflecting the fiscal year 2022 enacted level and fiscal year 2023 request by IC and each initiative at the time it transmits the fiscal year 2023 CJ.

*COVID-19's Impact on Research.*—During the pandemic, the U.S. research enterprise has suffered greatly, particularly impacting early career researchers, putting at risk U.S. leadership on the global research and innovation landscape. The changing environment brought on by COVID-19 resulted in halted research projects and uncertain career prospects, not only for this generation, but also future generations of scientists and the overall U.S. research pipeline. The Committee commends NIH for allowing those with fellowship and career development awards to apply for funded and no-cost extensions but is concerned about the possibility of uneven levels of support between ICs, unclear qualifying standards and demand that may exceed resources. To address these concerns, the Committee encourages NIH to develop and disseminate a standardized approach to support eligible investigators across Institutes and Centers and provides funding to enable support of qualified extensions. The Committee encourages the NIH to provide funding, when possible, to continue to support these researchers that have been impacted by the pandemic, with a particular focus on the needs of early career researchers. Additionally, the Committee directs NIH to provide the House and Senate Appropriations Committees a report, no later than 120 days after enactment of this Act that details the needs of pandemic-affected researchers funded by NIH.

*Cybersecurity.*—The Committee provides an increase of \$100,000,000 to strengthen cybersecurity at NIH, consistent with the fiscal year 2022 budget request.

*Diversity of the Biomedical Research Workforce.*—The Committee is concerned with the impact of COVID-19 on the diversity of the biomedical research workforce, particularly early stage and midcareer investigators who are women and women of color. The Committee directs NIH to study, to the extent possible, the race, ethnicity, age, gender, disability status and career stage breakdown of the impact of COVID-19 on participation in the workforce by monitoring the types of awards received from and awarded to institutions for 2 years beginning 90 days after enactment of this Act. If pre-pandemic data on these demographics are not available, the Committee directs the NIH to collect them going forward. If the data demonstrate that fewer women are applying for grants, then it is imperative that NIH take steps to address this disparity. The Committee requests a status update from NIH on this research in the fiscal year 2023 CJ, as well as the steps being taken to maintain the diversity of the research workforce.

*Dual Purpose/Dual Benefit Research.*—The Committee strongly urges a continued partnership between NIH, NIFA and the other relevant 115 Federal research and development agencies to develop a next generation interagency program using agriculturally important large animal species. Domesticated animals are recognized as a strongly relevant dual purpose model that can be employed to understand the complex problems/challenges in both agriculture and biomedicine. In the past year, we have seen the benefit of these animal models related to development of new gene and cell-based

therapies to treat or prevent disease/disorders and understand influenza and other infectious diseases such as COVID-19, and in particular these areas would be strengthened by a continuing partnership between NIH, NIFA, and other Federal research agencies. 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 Muscular Dystrophy.*—Duchenne muscular dystrophy is a severe form of muscular dystrophy for which there is no cure and for which life expectancy is in the second or third decade. The Committee urges the NIH to establish a framework for data-sharing and sharing of specimens generated or collected within 6 months of completion of any NIH-funded clinical study. The Committee also urges NIH to support methodological research on challenges related to gene therapies, such as enabling delivery to individuals with neutralizing antibodies to viral vectors, manufacturing supply to ensure all patients can receive treatment, and minimizing potential life-threatening immune response to high viral doses.

*7q11.23 Duplication Syndrome.*—Duplication 7 syndrome is a rare chromosomal abnormality and those affected by this chromosomal duplication are likely to experience severe behavioral and developmental disabilities requiring consistent medical treatments and therapies. NIH is strongly encouraged to prioritize funding to expand research on rare genetic and chromosomal abnormalities such as 7q11.23 duplication syndrome. The Committee requests an update on these activities in the fiscal year 2023 CJ.

*Early Career Pediatric Researchers.*—The Committee recognizes the importance of awards intended to support training of early-stage pediatric researchers, including physician scientists. The Committee is also aware of the negative impact the ongoing COVID-19 pandemic has had on research career trajectories and that these challenges are particularly burdensome on early-career researchers who have yet to achieve research independence. The Committee commends NIH for allowing holders of fellowship and career development awards to apply for funded and no-cost extensions but is concerned about the possibility of uneven levels of support between Institutes and Centers, unclear qualifying standards and demand that may exceed resources. To address these concerns, the Committee encourages NIH to develop and disseminate a standardized approach to support eligible investigators across ICs and provides funding in this bill to enable funding of extensions as appropriate. The Committee also encourages NIH to develop a funding opportunity for a trans-NIH early career development award targeted to investigators working in pediatrics that would build upon the Next Generation Researchers Initiative and other initiatives and to provide an update on these efforts to Congress within 180 days of enactment of this Act.

*Eating Disorders.*—The Committee commends NIH for supporting multi-Institute research on the chronic, fatal, and serious mental illnesses encompassing eating disorders. The Committee encourages NIH to increase support for eating disorders research and

encourages relevant Institutes and Centers, including the NIMH, NIMHD, NICHD, and NIDA to collaborate to address research gaps in genetics, prevention, diagnosis, and treatment of eating disorders.

*Environmental Influences on Child Health Outcomes [ECHO].*—The Committee provides \$180,000,000, the same level as fiscal year 2021, 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 into 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. OD is directed to provide an update in the fiscal year 2023 CJ on progress made by ECHO-funded research.

*Federal Advisory Committees Transparency Initiative.*—The Committee recognizes that advisory committees fill an important role in advising NIH on major decisions on plans and policies and it is vital that all NIH advisory committees operate in a transparent way. The Committee recognizes that the Literature Selection Technical Review Committee [LSTRC], in response to the Committee's concerns, has taken steps to improve the transparency of its procedures and launched an updated website to provide information including the methodology and timeline for LRSTC reviews. The Committee encourages NIH to continue its commitment to transparency so that the public can understand how recommendations are made.

*Firearm Injury and Mortality Prevention.*—In July, GAO reported that gun violence accounts for about 30,000 hospital stays and about 50,000 emergency room visits annually. More than 15 percent of firearm injury survivors are readmitted at least once after initial treatment, costing an additional \$8,000 to \$11,000 per patient. Because most of the victims are low-income, the burden falls on safety-net programs like Medicaid, generating healthcare costs that far exceed \$1,000,000,000 annually. GAO's findings come on the heels of reports that 2020 was the deadliest year for gun violence in decades, with nearly 20,000 deaths, more than 39,000 gun injuries, and 24,000 deaths by suicide with a gun. 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 2021 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. 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 Committee within 60 days of enactment of this act on implementation schedules and procedures for grant awards, which strive to ensure that such awards support ideologically and politically unbiased research projects.

*Foreign Influence.*—The Committee continues to be concerned by foreign-principally Chinese-efforts to entice NIH-supported researchers to steal intellectual property. To date, NIH and its law enforcement partners have confirmed cases of undisclosed research relationships at dozens of universities and research institutions. To support NIH's efforts to expeditiously complete foreign influence investigations, the recommendation includes an increase of \$2,500,000 for the Office of Extramural Research. The Committee directs NIH to provide quarterly briefings on the progress of these investigations, including the affected scientists and institutions.

*Gabriella Miller Kids First Research Act.*—The Committee includes \$12,600,000 to continue its support for the Gabriella Miller Kids First Pediatric Research Program.

*Gene-Environment Interactions in Neurodegenerative Disorders in the Diverse Populations of African Americans and Latinos.*—In the context of NIH's robust neurological disease research portfolio, the Committee commends the leadership of NIH in advancing the relevant objectives of the 21st Century Cures Act (Public Law 114–255) and the BRAIN Initiative. The Committee is concerned and 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 relevant Institutes and Centers and the research community to address the goal of determining the role of the interaction between environmental exposures to toxic chemicals and genetics and their impact on neurodegenerative disorders in diverse populations of African Americans and Latinos, to allow for earlier diagnosis and subsequent treatment to arrest the progression of these devastating neurodegenerative disorders.

*Harassment Policies.*—The Committee is deeply frustrated by NIH's failure to implement its direction to address harassment in extramural research settings. In the statement of managers accompanying the Further Consolidated Appropriations Act, 2020 (Public Law 116–94), the agreement directed NIH “to require institutions to notify the agency when key personnel named on an NIH grant award are removed because of sexual harassment concerns.” NIH partially complied in its June 11, 2020, clarification of its “Guidance Regarding Change of Status, Including Absence of PD/PI and Other Key Personnel Named in the Notice of Award” [NOT–OD–20–124], but did not require its grantees to notify it when key personnel are removed for concerns of harassment. When confronted with this disconnect, NIH leaders were surprised that the Committee expected it to require grantees to provide notification, despite the Committee's clear direction. In response, the Statement of Managers agreement accompanying the Consolidated Appropriations Act, 2021 (Public Law 116–260), directed NIH to revise its guidance within 30 days of enactment to make clear that grantees must identify any changes to key personnel on an award that are related to concerns about harassment. Despite the Committee's

strong interest in this issue, NIH did not inform the Committee until January 2021 that the HHS Office of General Counsel had at some point taken the position that requiring grant recipients to report to NIH when their personnel actions relate to harassment would amount to a legislative rule and would need to be imposed through notice-and-comment rulemaking under the Administrative Procedure Act. The Committee has included a new general provision to require institutions that receive NIH funding to notify the agency when key personnel are removed from their position for harassment.

*Headache Disorders.*—The Committee urges NIH to consider the burden of a disease when setting priorities and developing strategic plans across its Institutes and Centers. Migraine is the 11th leading cause of US and 14th of global disability in terms of DALYs (Disability Adjusted Life Years), affecting more than 17 percent of Americans. The statutory language providing authority for HEAL Initiative appropriations specifically cites the necessity of attending to disease burden in prioritizing HEAL research programs [42 U.S. Code § 284q-1]. The Committee therefore encourages NIH to consider HEAL Initiative support of fundamental, translational, clinical, and social science research on headache disorders. HEAL has invested in resources and infrastructure developed to support pain research across all pain conditions and should continue to encourage application submissions on headache disorders, as well as those on pain conditions for which opioid use and prescribing is highly prevalent. Headache disorders research supported through the HEAL initiative should supplement, not supplant, current funding for headache disorders research at the NIH. NIH should continue its practice of using appropriate metrics to make funding decisions on grant proposals, as this approach has led to nearly doubling of the funding for headache disorders between 2016 and 2019. These metrics should consider prioritization of underfunded research areas, merit based on peer review, new opportunities to advance the field, and recognition of need to expand the research workforce.

*The HEALthy Brain and Child Development [HBCD] Study.*—The Committee recognizes and supports the HBCD Study, which will establish a large cohort of pregnant women from regions of the country significantly affected by the opioid crisis and follow them and their children for at least 10 years. This knowledge will be critical to understanding typical brain development and how pre- and postnatal exposure to opioids and other substances or adverse environments affect brain development and other outcomes, including risk for future substance use, mental health disorders, and other behavioral and emotional difficulties and disorders. The Committee recognizes that the HBCD Study is supported in part by the NIH HEAL Initiative, and NIH Institutes, Centers, and Offices [ICOs], including OBSSR, ORWH, NIMHD, NIBIB, NIEHS, NICHD, NINDS, NIAAA, NIMH, and NIDA, and encourages other NIH ICOs to support this important study.

*Hepatitis B.*—The Committee recognizes the estimated \$4,000,000,000 of annual medical costs associated with the care and treatment of those infected with the hepatitis B virus and urges NIH to redouble its efforts to identify more effective treatments for the disease. While there are treatments available to con-



trol HBV, they must be taken for years if not for life. Without treatment, 1 in 4 of those infected will die prematurely from cirrhosis, liver failure and/or liver cancer. This serious public health threat results in over 800,000 worldwide deaths each year, making it the 10th leading cause of death in the world. The Committee commends NIH for its support in the development of the 2019 Strategic Plan for Trans-NIH Research to Cure Hepatitis B and urges NIH to help implement the plan by issuing new targeted calls for research. The Committee requests that NIH support an update of the Strategic Plan for Trans-NIH Research to Cure Hepatitis B to be completed before the end of fiscal year 2022 and submit within 180 days of enactment of this bill into law, a specific plan to pursue a cure for hepatitis B in coordination with the Trans-NIH Hepatitis B Working Group.

*INCLUDE Initiative.*—The Committee includes \$65,000,000, the same as the fiscal year 2021 enacted level, within OD for the INCLUDE Initiative. The Committee is pleased that this multi-year, trans-NIH research initiative has enabled significant advances in understanding immune system dysregulation, new research into the connection with Alzheimer’s disease, and the creation of a national Data Coordinating Center, all of which may dramatically improve the health and quality of life of individuals with Down syndrome as well as millions of typical individuals. The Committee encourages NIH to pursue some of the most neglected areas of research and care such as health disparities for African Americans with Down syndrome, mosaic Down syndrome, those with the dual diagnosis of Down syndrome and autism, and new studies on metabolic dysregulation. The Committee requests the Director provide an updated plan within 60 days of enactment of this act that includes a timeline, description of potential grant opportunities, and deadlines for all expected funding opportunities so that young investigators and new research institutions may be further encouraged to explore research in this space. This plan should also incorporate and increase pipeline research initiatives specific to Down syndrome.

*Inflammatory Bowel Disease [IBD].*—The Committee is aware of current and emerging NIH priorities focused on nutrition including the recently finalized Strategic Plan for NIH Nutrition Research and the Common Fund’s Nutrition for Precision Health initiative. Given these priorities, the Committee encourages NIH coordinate across ICs focused on nutrition research to support research to understand the relationship between food and immune-mediated conditions including IBD. This may include research on the development of evidence-based anti-inflammatory diets and the roles such diets can play in managing IBD and other immune-mediated conditions.

*Investigator Burden and Spending Priorities.*—According to a 2018 Federal Demonstration Partnership Faculty Workload Survey completed in 2020, despite the legislative mandates in the 21st Century Cures Act (Public Law 114–255) to reduce investigator regulatory burden, investigator regulatory burden has increased to almost half (44.3 percent) of a researcher’s allocated time for their research projects. The Committee is concerned with the lack of progress at the NIH on implementation, per the legal requirements

of the law, of concrete steps to reduce investigator burden. Further, the Committee is concerned that while NIH's budget is routinely being increased every fiscal year, that money may not be spent on actual research as much as it should be. The Committee therefore encourages NIH to provide, within 120 days of the enactment of this act, a detailed list of steps that NIH is planning to implement before the next fiscal year to reduce investigator burden.

*Long Haul COVID-19.*—The Committee recognizes that many individuals previously infected by SARS-CoV-2 continue to face prolonged health consequences, and that the full range of long-term effects of an acute SARS-CoV-2 infection is not yet known. To that end, the Committee supports the NIH's ongoing longitudinal study [RECOVER] and encourages the NIH to establish a study meta-cohort that collectively offers the necessary diversity, geographic reach, and age range, to form a representative and inclusive national cohort that will inform our understanding of the various manifestations of PASC and its clinical course(s). So that findings are generalizable to the U.S. population affected by SARS-CoV-2 infection, the study should have diversity of enrollees in terms of gender, age, race, ethnicity, geography, comorbidities, and under-represented populations. Toward this end, the study should enroll from special populations such as children, the elderly, and pregnant women; identify relevant comorbidities; and include multidisciplinary assessments for evidence of tissue injury, organ system dysfunction, and other relevant conditions (e.g., immunologic, pulmonary, cardiac, neurologic, metabolic, and mental health). The NIH shall make public a summary of the status of the RECOVER Initiative and describe progress made at least every 6 months and, as appropriate, summarize any findings from the study.

*Lung Cancer.*—The recent decline in cancer mortality that has been fueled by progress in lung cancer is directly attributable to NIH-funded research. Advances in the understanding of the molecular underpinnings of lung cancer and the identification of additional oncogene driver subsets has led to rapid development of new targeted therapies, which together with efforts to broaden uptake of comprehensive biomarker testing, has the potential to deliver the promise of precision medicine to more patients than ever before. The Committee encourages NIH to continue supporting important research across each of these areas, to broaden the base of lung cancer survivors across different disease types, including Small Cell Lung Cancer.

*Maternal Mental Health.*—Pregnancy-related mortality in the U.S. has steadily increased from 7.2 deaths per 100,000 in 1987 to 17.3 deaths per 100,000 in 2017. African American women across the socio-economic spectrum are dying from preventable pregnancy-related complications at three to four times the rate of non-Hispanic white women, while the death rate for African American infants is twice that of infants born to non-Hispanic white mothers, according to the CDC. In addition, maternal mental health disorders and associated symptoms are common, and cases often go unreported, misdiagnosed, and untreated. The societal cost of untreated perinatal mood and anxiety disorders [PMADs] can reach \$14,200,000,000, and those with PMADs have a higher risk of suicide, cesarean deliveries, and work absenteeism and presenteeism.

The COVID-19 pandemic has exacerbated the mental and physical toll on pregnant and postpartum mothers. The Committee recognizes the evidence demonstrating how maternal physical and mental health has far-reaching effects on the physical, intellectual, and emotional development of women and children and encourages continued research to address these issues. The Committee requests the NIH to provide a report within 180 days of enactment on the number and topics of research grants awarded over the past three fiscal years on maternal health and infant mortality, including maternal mental health.

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

*National Commission on Lymphatic Diseases.*—The Committee continues to strongly encourage the NIH Director to continue to engage with relevant Institutes and Centers to advance research on the lymphatic system and lymphatic diseases, provide a framework for collaboration, and set the lymphatic research agenda by engaging the research community and stakeholder organizations to identify future research opportunities in lymphatic diseases.

*Neurofibromatosis [NF].*—The Committee supports efforts to increase 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 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 NEI, NINDS, and NIDCD to continue to aggressively fund 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 are at significant risk for autism, learning disabilities, motor delays, and attention

deficits, the Committee encourages NINDS, NIMH, and NICHD to continue to support investments in laboratory-based and patient-directed research investigations in these areas. Since NF2 accounts for some genetic forms of deafness, the Committee encourages NIDCD to continue to support its investment in NF2-related research. NF1 can cause vision loss due to optic gliomas. The Committee encourages NEI to support NF1-focused research on optic gliomas and vision restoration.

*Office of Behavioral and Social Sciences Research [OBSSR].*—The Committee commends the OBSSR efforts to coordinate and promote basic, clinical, and translational research in the behavioral and social sciences to support the NIH mission. As multiple Surgeons General and the National Academy of Medicine have declared that most health problems facing the nation have significant behavioral components, the Committee strongly supports the continued strengthening of the behavioral science enterprise at NIH and urges OBSSR funding be increased to accomplish this mission. In this regard, the Committee is pleased that an NIH working group has been established to review how better to integrate and realize the benefits of overall health from behavioral research at NIH. The Committee encourages OBSSR activities aimed at strengthening these sciences by enhancing trans-NIH investments in longitudinal datasets, technology in support of behavior change, innovative research methodologies, and integration of behavioral and social sciences in initiatives across the NIH. In partnership with other ICs, OBSSR co-funds highly rated grants that these Institutions and Centers cannot fund alone.

*Office of Research on Women's Health [ORWH] Funding.*—The Committee recommends \$57,385,000 for ORWH, an increase of \$5,905,000 above the fiscal year 2021 enacted level and \$5,082,000 above the budget request. This office ensures women's health research and research on the biological and sociocultural influence of sex and gender are included within the larger NIH scientific framework. Congress recognizes that ORWH is the first public health service office to officially promote women's health research within and beyond the NIH scientific community. ORWH provides critical leadership to develop research programs like the Specialized Centers of Research Excellence [SCORE] on Sex Differences, 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 applauds ORWH's effort to encourage research across many scientific disciplines to examine how sex and gender factors influence health and contribute to various diseases. The increase provided herein should also expand the number of sites in the Building Interdisciplinary Research Careers in Women's Health [BIRCWH] program, an initiative that aims to increase the number and skills of investigators who conduct research on sex and gender influences on health and disease. Within the overall funding level, the Committee has included an additional \$2,500,000 for the BIRCWH program to fund additional BIRCWH fellows at existing sites with a goal of increasing the diversity of the scholars, sites, and research areas supported by the program, and to expand the number of sites

to increase the number and skills of investigators who conduct research on sex and gender influences on health and disease. ORWH is encouraged to expand the program to less-resourced institutions, such as HBCUs, tribal colleges, and Institutions of Emerging Excellence. These funds would support additional researchers focused on women's health and sex differences, which are priority research areas, as well as expand the program's work in the reproductive sciences. The Committee recognizes the effectiveness of the BIRCWH program, which is a mentored career-development program designed to connect junior faculty and senior faculty with shared interests.

*Office of the Chief Officer for Scientific Workforce Diversity.*—The Committee provides \$22,190,000 to the Office of the Chief Officer for Scientific Workforce Diversity, \$16,000,000 above the fiscal year 2021 enacted level and consistent with the fiscal year 2022 budget request, to lead and coordinate efforts to address racism within the NIH and broader biomedical research community.

*Osteopathic Medical Schools.*—The Committee supports access to NIH research funding for osteopathic medical schools. The Committee is concerned by the historical disparity in NIH funding as osteopathic professionals receive only 0.1 percent of NIH grants, yet osteopathic medicine is one of the fastest growing healthcare professions in the country and osteopathic medical schools educate 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 locate in rural and underserved areas. The Committee recognizes that increased access to research funding for the osteopathic profession will significantly bolster the 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 urges NIH to report to the Committee 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 2023 CJ.

*Parkinson's Disease [PD] and Dementia.*—The Committee recognizes that although Parkinson's is often thought of only as a movement disorder, most PD patients also develop dementia; common symptoms include difficulty with problem solving, speed of thinking, memory and other cognitive skills. Because people with PD usually develop these symptoms several years after their diagnosis of Parkinson's, PD represents an under-explored opportunity to study the onset and progression of dementia. Therefore, the Committee strongly urges NIA and NINDS to put a higher priority on PD, both before and after onset of dementia, within their overall dementia research portfolios. The Committee requests an update on these activities in the fiscal year 2023 CJ.

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

*Pediatric Research.*—The Committee encourages NCI and NIH to continue to prioritize pediatric cancer research. The Committee recognizes NCI's efforts to implement sections of the Childhood Cancer STAR Act (Public Law 115–180), develop a new Childhood Cancer Data Initiative, and continue to support and expand new and innovative research efforts to advance progress for children with cancer. These include the Pediatric MATCH precision medicine trial and a pediatric immunotherapy translational science network established through the Cancer Moonshot, in addition to NCI's long-standing support for the Children's Oncology Group, the Childhood Cancer Survivor Study, the Pediatric Preclinical Testing Consortium, and several other critical programs. The Committee also commends NIH for its efforts to coordinate pediatric research across its Institutes and Centers through the recently established Trans-NIH Pediatric Research Consortium. The Committee understands NCI participates in the Consortium, and that childhood cancer research is an important part of the pediatric research portfolio across NIH. The Committee requests an update in the fiscal year 2023 CJ on opportunities to enhance childhood cancer research efforts, including coordination efforts already underway through the Trans-NIH Pediatric Research Consortium.

*Polycystic Ovary Syndrome [PCOS].*—PCOS affects up to 15 percent of women and is a significant risk factor for multiple cardio-metabolic conditions, such as type 2 diabetes, lipid disorders, high blood pressure, obesity, sleep disorders, and others which may significantly increase risk for adverse COVID–19 outcomes. Emerging data also link the risk of severe COVID–19 with certain factors such as low vitamin D levels, hyperandrogenism, inflammation, and ethnicity predisposition, all of which are associated with PCOS. The Committee encourages NHLBI, NICHD, and NIDDK to support research investigating the risk of severe SARS–CoV–2 infection in the PCOS patient population and the strong overlap of risk factors for both worse PCOS cardio-metabolic manifestations and severe COVID–19. Findings should be disseminated to healthcare providers, PCOS patients, the general public, as well as highlighted for clinical practice. The Committee also encourages NIH to report on research that has been conducted on PCOS and its impact on cardio-metabolic health to date in the fiscal year 2023 CJ.

*Postural Orthostatic Tachycardia Syndrome [POTS].*—SARS–CoV–2 has impacted more than 40.0 million Americans to date. Approximately one-third of individuals infected with SARS–CoV–2 are developing persistent symptoms lasting longer than 1 month, which the NIH has referred to as post-acute sequelae of SARS–CoV–2 [PASC]. It has been noted that a significant portion of individuals with PASC are experiencing moderate to severe autonomic nervous system dysfunction 6 months after the onset of SARS–CoV–2 infection. Scientific reports suggest that the most common type of autonomic nervous system dysfunction developing in PASC patients is POTS. POTS is a debilitating autonomic nervous system

condition that impacted an estimated 1.0 million to 3.0 million Americans before the COVID-19 pandemic, and it is frequently triggered by a viral infection. There are no FDA approved treatments for POTS or PASC associated autonomic nervous system dysfunction at this time, and patients suffer with significant disability and a poor quality-of-life. The Committee encourages NIH to ensure that the \$1,150,000,000 investment Congress has provided to NIH for PASC research is used, in part, to identify how viruses like SARS-CoV-2 result in autonomic nervous system dysfunction, such as POTS, and how we can most effectively treat PASC associated autonomic nervous system dysfunction, including PASC associated POTS. The Committee encourages NIH to leverage the expertise of research centers that have previously studied post-viral POTS in pursuing these important research questions.

*Prenatal Opioid Use Disorders and Neonatal Abstinence Syndrome [NAS].*—The Committee recognizes the growing burden of NAS and the healthcare costs associated with it. The Committee is aware of the need for more information regarding long-term health and developmental outcomes related to NAS, the wide variation in clinical practice and health systems support, as well as the challenges associated with post-discharge care. The Committee encourages NIH to coordinate with other agencies at HHS to support additional research on prevention, identification, and treatment of prenatal opioid exposure and NAS, including the best methods for screening and treating pregnant women for opioid use disorder and the best methods for screening for NAS. Additionally, the Committee encourages NIH to build on the ACT NOW study to enhance understanding of the impact of pharmacological and non-pharmacological treatment techniques on costs and outcomes in the short-term and longitudinally. The Committee further encourages NIH to coordinate with other agencies at HHS to support research on innovative care models to optimize care and long-term outcomes for families.

*Preventing Chronic Disease in Rural Areas.*—The Committee urges NIH support research to improve outcomes for rural patients with chronic illnesses and improve abilities of families of these patients to support their treatments.

*Primary Mitochondrial Disease Research.*—The Committee is aware that NIH has spearheaded a number of initiatives to identify new mitochondrial disorders, discover the linkages between mitochondrial disorders, and translate advances in mitochondrial research to treatments, cures, and other medical interventions for mitochondrial disorders and their secondary diseases, such as Alzheimer's disease, Parkinson's disease, and cancer. Given the advancements seen through peer-reviewed research into mitochondrial disorders at several academic sites across the nation, the Committee encourages the NIH to increase its funding of primary mitochondrial disease research and requests the agency provide an update on these efforts within 180 days of enactment of this act.

*Radiopharmaceuticals.*—The Committee encourages NIH to explore the use of new isotopes and novel applications for radiopharmaceuticals and leverage next-generation advanced manufac-

turing techniques for isotope production being made by DOE-funded research universities and National Laboratories.

*Research Cohort Diversity.*—The Committee recognizes the benefits of broad and inclusive participation in biomedical research for increasing health equity. Research cohorts of diverse genetic ancestry are especially important in genetics and genomics research, where inclusion of a wide range of individuals and communities deepens our understanding of how variation in the human genome interacts with social factors to contribute to health and disease. Sociodemographically diverse research cohorts also ensure that benefits from the health advances accrued from biomedical research are more equitably distributed. The Committee applauds NIH's efforts to expand research cohort diversity and encourages these efforts to continue in fiscal year 2022. OD should continue to work with ICs across NIH to prioritize biomedical research participation of individuals from underrepresented populations and communities.

*Research Infrastructure.*—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, \$60,000,000, an increase of \$10,000,000 compared to the fiscal year 2021 enacted level, 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. The Committee urges NIH to consider recommendations made by the NIH Working Group on Construction of Research Facilities, including making awards that are large enough to underwrite the cost of a significant portion of newly constructed or renovated facilities. The Committee further continues to direct that at least 25 percent of the funding be awarded to Institutions of Emerging Excellence.

*Research Involving Enhanced Potential Pandemic Pathogens.*—Understanding the origin of pandemics is important for identifying potential sources of future epidemics or pandemics. The possibility that the SARS-CoV-2 virus leaked from a laboratory cannot be excluded, though there is no evidence to suggest that it was engineered. The Committee notes that research involving enhanced potential pandemic pathogens is critical to public health preparedness, but such work must be conducted safely and securely, no matter where in the world it is conducted. The Committee supports a robust evaluation of whether the HHS Framework for Guiding Funding Decisions about Proposed Research Involving Enhanced Potential Pandemic Pathogen Care and Oversight [P3CO] has achieved its intended purpose and whether the scope of research it covers is sufficient. The Committee directs HHS and NIH to convene the National Science Advisory Board for Biosecurity [NSABB] and conduct such a review. Further, the Committee strongly encourages NIH to suspend funding for any and all existing and future studies under the Framework that are being conducted or proposed to be conducted in settings outside the United States until such time as the NSABB review of that process is complete.



*Research with Non-Human Primates.*—The Committee recognizes the important role that many years of non-human primate research played in the development of COVID–19 vaccines, but stresses its longstanding contribution to virtually all areas of biomedical research. Research with these unique models continues to make 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. It was only through years of using non-human primate models that pharmaceutical companies were able to study and bring to market effective COVID–19 vaccines to respond to the ongoing public health emergency quickly. Further, without non-human primate models, scientists cannot work on currently incurable brain diseases that affect memory, judgment, social and emotional behaviors, movement and perceptual deficits, and diseases caused by stress, trauma, and substance use. The unprecedented success of non-human primate models has hindered ongoing biomedical research in many fields. These shortages, if not mitigated, will slow basic science and discovery of treatments and cures for neurological conditions, including Alzheimer’s disease, Parkinson’s disease, and substance use disorder. Consistent with the President’s budget, the Committee provides \$20,000,000 for non-human primate infrastructure. The Committee asks NIH to report to the Committee within 90 days of enactment of this act on barriers to non-human primate acquisition and its impact on the biomedical research it funds. Further, the Committee directs NIH, in coordination with CDC and FDA, to provide a report to the Committee no later than 1 year after enactment that outlines a Federal plan to ensure the long-term availability of non-human primates to U.S. researchers.

*Research Transparency.*—As demonstrated over the past several years, the Committee remains committed to funding NIH research and ensuring that our nation’s researchers, particularly our young scientists, have the support to make the scientific breakthroughs that may transform healthcare. However, it is critical that NIH can ensure funds are used for the best possible research that fulfill the core research mission of NIH. Over the last 6 fiscal years, Members have provided several examples of questionable spending stemming from research grants awarded by NIH, showing the need for enhanced oversight in the review and approval process. Therefore, 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.

*Sickle Cell Trait.*—An estimated 1,000,000–3,000,000 Americans are living with sickle cell trait, the single gene mutation for sickle cell disease. While most people with sickle cell trait have no symptoms or health problems associated with the trait, there is evidence to suggest that sickle cell trait is associated with certain conditions and complications, including a rare form of kidney cancer. In a 2020 report, the National Academies of Science, Engineering and Medicine recommended that NIH conduct research to elucidate the pathophysiology of sickle cell trait. The Committee encourages

NHLBI, NIDDK, 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 in order 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 to invest in understanding the myriad co-morbid conditions experienced by individuals with Spina Bifida, including those associated with both paralysis and developmental delay; and report out by Institute 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 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.

*State of Bereavement Care.*—The Committee is aware of research indicating that individuals and families suffer severe health, social, and economic declines following the death of a loved one—be it a child, sibling, spouse, or parent. The Committee encourages OMH, ACF, CDC, CMS, HRSA, IHS, NIH, and SAMHSA to examine their activities to advance bereavement care for families, including prevalence of bereavement events and the details of those events (what relationships are impacted, how the loved one died and at what age), risk factors and associated health events or outcomes, biological or physiological changes in wellbeing, and what interventions, or programs could help functional coping or adaptive processing.

*Strategic Plan.*—The Committee recognizes that NIH should carefully consider national security considerations when developing and executing their NIH-wide Strategic Plan.

*Temporomandibular Disorders [TMD].*—The Committee notes that millions of Americans suffer from TMDs, and that care is often fragmented due to the complexity of the condition. The Committee strongly encourages OD to establish a National Collaborative Research Consortium for TMDs to coordinate, fund, and translate basic and clinical research. Research priorities may include improvements to clinical outcomes; orofacial pain and gender; population-based research to further understand the burden and costs of TMDs; comparative effectiveness research on TMD treatments; and artificial intelligence and novel data approaches. The Committee urges NIH to prioritize collaboration in addressing TMDs, and include all necessary NIH ICs, Offices, and other Federal partners in the Consortium.

*THC Potency.*—Given the increasing number of individuals using high potency cannabis in the United States and the potential adverse public health effects associated with its use, the Committee encourages NIH to support research on the short- and long-term impacts associated with high potency cannabis that could inform

the establishment of THC limits in commercially-available marijuana products.

*Trans-NIH Pediatric Research Consortium [N-PeRC].*—The Committee is aware of the N-PeRC that was established in 2018 to better coordinate and support pediatric research activities across multiple ICs. The Committee supports the goals and objectives of N-PeRC and requests that NIH update the Committee on multi-Institute or center pediatric research projects implemented as a result of N-PeRC as well as projects in the planning stage. Additionally, the Committee requests a report within 180 days after enactment of this act on how N-PeRC plans to support studies of the physical, mental and behavioral health impacts of COVID-19 on children, including multisystem inflammatory syndrome in children, as well as plans for N-PeRC's focus over the coming 3 years.

*Tribal Health Research Office.*—The Committee recognizes the important work of the Tribal Health Research Office within OD, but is concerned that no such analogous office exists to support Native Hawaiians [NH]. The Committee encourages OD, in coordination with NIMHD and other ICs, to place high priority on addressing the research needs of NH and to partner with entities with a proven track record of working closely with NH communities and NH-serving organizations, which will allow for the development of NH researchers and scientists.

*Tuberous Sclerosis Complex [TSC].*—The Committee is encouraged by NIH's updated TSC Research Plan published in 2016 and progress advancing the plan with both public and private support. NIH should encourage research opportunities in the five key areas prioritized by workshop participants: understanding phenotypic heterogeneity in TSC, gaining a deeper knowledge of TSC signaling pathways and the cellular consequences of TSC deficiency, improving TSC disease models, developing clinical biomarkers of TSC, and facilitating therapeutics and clinical trials research. Because TSC impacts multiple organ systems, the Committee encourages the Director to coordinate the participation of multiple ICs on a research strategy aimed at addressing the numerous medical and neuropsychological burdens associated with TSC while deciphering the biology underlying phenotypic heterogeneity. Manifestations of TSC are highly variable among affected individuals, and TSC can be a model condition for developing precision medicine approaches to treat each individual's symptoms to maximize the benefit-risk ratio. The Committee encourages NICHD to counsel researchers and other stakeholders to facilitate development of a viable newborn screening assay for TSC. The Committee encourages the Director to apply recommendations from three recent NIH-sponsored workshops: the Neurodevelopmental Disorders Biomarkers Workshop held in December 2017 involving TSC and related neurodevelopmental disorders to take advantage of biomarker expertise and lessons learned across disease groups, the workshop entitled Accelerating the Development of Therapies for Anti-Epileptogenesis and Disease Modification held in August 2018 for which TSC is a model disorder given the ability to diagnose TSC prior to onset of epilepsy, and the April 2020 Curing the Epilepsies workshop which highlighted TSC as one of the best opportunities to prevent epilepsy.

## BUILDINGS AND FACILITIES

Appropriations, 2021 .....	\$200,000,000
Budget estimate, 2022 .....	250,000,000
Committee recommendation .....	275,000,000

The Committee recommendation includes \$275,000,000 for NIH buildings and facilities, an increase of \$75,000,000 above the fiscal year 2021 enacted level and \$25,000,000 above the budget request. This funding will remain available for obligation for 5 years. Once again, the Committee has not included authority for NIH to transfer up to 1 percent of its research funding to Buildings and Facilities. This would be highly unusual authority for a Federal agency and the Administration has provided no explanation for why this mechanism would be appropriate for NIH, but not other Federal agencies. The recommendation also increases the flexibility available to NIH through section 216 of the General Provisions, which has not been revised since fiscal year 2012. The bill would increase the amount of funding appropriated to Institutes and Centers that may be used for repairs and improvements from \$45,000,000 to \$100,000,000 and raise the per project cap from \$3,500,000 to \$5,000,000. 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 fragmented and inconsistent, 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.

## ADVANCED RESEARCH PROJECTS AGENCY FOR HEALTH

Appropriations, 2021 .....	
Budget estimate, 2022 .....	\$6,500,000,000
Committee recommendation .....	2,400,000,000

The Committee includes \$2,400,000,000 to establish 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 [DARPA] as a model. As ARPA-H remains unauthorized and there are differing views on where the new entity should be placed within the Department, the Committee's recommendation should not be viewed as favoring its placement within NIH. The Committee remains open to making it a free-standing

component within NIH or, alternatively, as a separate new agency. There are pros and cons to each approach, but in either case, ARPA-H will need the independence and flexibility that DARPA possesses to act in ways that are atypical for Federal agencies. The Committee expects that the President will appoint an ARPA-H Director who has extraordinary technical and leadership skills, including a track record of proven innovation and building partnerships. The Director will be responsible for setting the culture for a diverse cohort of ARPA-H program managers who will be recruited from industry, academia, or other sectors based on demonstrated scientific vision, judgment and management skills. To pursue its mission, ARPA-H will need many of the same authorities and flexibilities employed by DARPA and the Advanced Research Projects Agency-Energy, including the ability to hire individuals rapidly based on a unique skill set outside the typical civil service hiring system and pay those individuals a competitive wage, including those in administrative or management positions. The real challenge, widely recognized, is how to recreate in ARPA-H the prescient, venture-capital-like culture that exists at DARPA. This will be very difficult to do, as efforts to replicate innovative and successful risk-taking cultures often fail. To that end, if ARPA-H is placed in NIH, the Committee believes it should be as an independent entity rather than within the Office of the Director as had been initially suggested. NIH recognizes that ARPA-H will require a very different culture and mission than its other 27 Institutes and Centers. To foster the development of that culture, ARPA-H should be located away from the main NIH campus. While the NIH workforce is composed of dedicated, talented, and frequently brilliant scientists, recruitment from the existing NIH workforce should be avoided. Rather, in addition to recruiting from industry, academia and think tanks, ARPA-H should consider the value of recruiting alumni of DARPA’s Biological Technologies Office. The Committee directs ARPA-H to provide quarterly briefings to the Committees on Appropriations of the House and Senate on efforts to stand up the organization and its supported projects, including how such activities are advancing biomedical research and development and the mission to create breakthrough health technologies.

NIH INNOVATION ACCOUNT, CURES ACT

Appropriations, 2021 .....	\$109,000,000
Budget estimate, 2022 .....	150,000,000
Committee recommendation .....	150,000,000

The Committee recommendation includes \$150,000,000 to be spent from the NIH Innovation Account for the All of Us program. The Committee report reflects distribution of the remainder of funding from the NIH Innovation Account to NCI, NINDS, and NIMH, and expects NIH to transfer funding shortly after enactment.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

The Committee recommends \$9,103,079,000 for the Substance Abuse and Mental Health Services Administration [SAMHSA]. The

recommendation includes \$133,667,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended) and \$12,000,000 in transfers from the PPH Fund.

In addition, the American Rescue Plan (Public Law 117–2) included \$3,560,000,000 for SAMHSA to respond to the increased need for mental and behavioral healthcare services as a result of the COVID–19 pandemic.

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 Abuse Prevention and Treatment [SAPT] Block Grant, and the State Opioid Response Grant from being used as a source for the PHS evaluation set-aside in fiscal year 2022.

MENTAL HEALTH

Appropriations, 2021 .....	\$1,792,275,000
Budget estimate, 2022 .....	2,936,528,000
Committee recommendation .....	2,970,528,000

The Committee recommends \$2,970,528,000 for mental health services, an increase of \$1,178,253,000. 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 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 \$726,435,000, an increase of \$239,399,000 over fiscal year 2021, 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 2021 appropriation	Committee recommendation
<b>CAPACITY:</b>		
Seclusion & Restraint .....	\$1,147,000	\$1,147,000
Project AWARE .....	107,001,000	180,502,000
Mental Health Awareness Training .....	23,963,000	35,945,000
Healthy Transitions .....	29,451,000	29,451,000
Infant and Early Childhood Mental Health .....	8,000,000	15,800,000
Children and Family Programs .....	7,229,000	7,229,000
Consumer and Family Network Grants .....	4,954,000	4,954,000
Project Launch .....	23,605,000	23,605,000

Budget activity	Fiscal year 2021 appropriation	Committee recommendation
Mental Health System Transformation .....	3,779,000	3,779,000
Primary and Behavioral Health Care Integration .....	52,877,000	52,877,000
Behavioral Health Crisis and 988 Coordinating Office .....		10,000,000
National Strategy for Suicide Prevention .....	23,200,000	29,000,000
<i>Zero Suicide</i> .....	21,200,000	27,000,000
<i>American Indian and Alaska Native Set-Aside</i> .....	2,400,000	3,400,000
Suicide Lifeline .....	24,000,000	108,821,000
Garrett Lee Smith-Youth Suicide Prevention		
State Grants .....	36,427,000	39,512,000
Campus Grants .....	6,488,000	6,488,000
American Indian and Alaska Native Suicide Prevention .....	2,931,000	2,931,000
Tribal Behavioral Grants .....	20,750,000	20,750,000
Homeless Prevention Programs .....	30,696,000	30,696,000
Minority AIDS .....	9,224,000	9,224,000
Criminal and Juvenile Justice Programs .....	6,269,000	47,655,000
Assisted Outpatient Treatment .....	21,000,000	21,420,000
Assertive Community Treatment for Individuals with Serious Mental Illness .....	9,000,000	9,000,000
Science and Service:		
Garrett Lee Smith-Suicide Prevention Resource Center .....	9,000,000	9,000,000
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	1,991,000
Minority Fellowship Program .....	10,059,000	10,663,000
Disaster Response .....	1,953,000	1,953,000
Homelessness .....	2,296,000	2,296,000

*Behavioral Health Crisis and 988 Coordinating Office.*—The Committee recommendation includes \$10,000,000 for the Office of the Assistant Secretary for Mental Health and Substance Use to create an 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 and coordination of the nation’s crisis care network, starting with the implementation of the 988 crisis line’s infrastructure and building capacity of and access to local crisis call centers. The office will also be responsible for the development of a crisis care system encompassing nationwide standards guidelines and data analysis with the objective of expanding mobile crisis care, crisis stabilization, and psychiatric emergency services, as well as follow up protocols and services. This would include coordination with urgent care services provided by federally Qualified Health Centers, Community Mental Health Centers, and Certified Community Behavioral Health Clinics and other community mental health and substance use providers. Additionally, the office will coordinate with national first responders such as the 911 system and related emergency medical services and shall support the local coordination of first responder services so that behavioral health crisis services are well integrated into emergency care responses. The Committee requests that the Secretary include a multi-year plan in the fiscal year 2023 CJ outlining a nationwide crisis care system plan of action.

*Criminal Justice Activities.*—The Committee provides \$47,655,000 an increase of \$41,386,000 for criminal and juvenile justice activities to help meet the significant unmet behavioral healthcare needs of individuals before, during, and after incarcer-

ation. 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, more than half of people in the criminal justice system have a mental illness. Of those with serious mental illness, approximately 75 percent also have 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.

*Garrett Lee Smith Youth Suicide Prevention.*—The Committee recommends \$46,000,000, a \$3,085,000 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 \$9,000,000 for the Garrett Lee Smith Youth Suicide Prevention Resource Center.

*Healthy Transitions.*—The Committee includes \$29,451,000 for the Healthy Transitions program, which provides grants to States and tribes to improve access to mental healthcare treatment and related support services for young people aged 16 to 25 who either have, or are at risk of developing, a serious mental health condition.

*Infant and Early Childhood Mental Health.*—The Committee provides \$15,800,000, an increase of \$7,800,000, 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.

*Mental Health Awareness Training.*—The Committee provides \$35,945,000, an increase of \$11,982,000, 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 continuing competitive funding opportunities, SAMHSA is directed to include as eligible grantees local law enforcement agencies, fire departments, and emergency medical units with a special emphasis on training for crisis de-escalation techniques. SAMHSA is also encouraged to allow training for veterans, armed services personnel, and their family members within the Mental Health Awareness Training program.

*Minority Fellowship Program.*—The Committee includes \$10,663,000 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 \$29,000,000, a \$5,800,000 increase for suicide prevention programs. Suicide rates have been steadily climbing in the United States, particularly among adults and older adults. Of the increase in funding for the National Strategy for Suicide Prevention, \$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.

*National Suicide Prevention Lifeline [NSPL].*—Suicide is a leading cause of death in the United States, claiming over 47,000 lives in 2019. According to the CDC, suicide rates have increased by 30 percent since 1999. The Committee provides \$108,821,000, an increase of \$84,821,000, for the NSPL, which coordinates a network of more than 175 crisis centers across the United States by providing suicide prevention and crisis intervention services for individuals seeking help. The increase in funding is to build the capacity necessary to respond to the anticipated increase in contacts as the Lifeline transitions to a three-digit number (988) in July 2022, as required by the National Suicide Hotline Designation Act (Public Law 116–172).

The Committee is disappointed that SAMHSA has not yet provided the Committee with a report, outlining the expected costs of a transition to 988 as required by the National Suicide Hotline Designation Act (Public Law 116–172). Successful implementation of 988 requires adequate resources and the time necessary to ensure local and regional crisis centers are prepared for the anticipated influx of calls, texts, and chats. The Committee is concerned that without the appropriate level of funding, individuals in crisis will not receive prompt responses or follow-up services. In order to make the transition to 988 successful, the Committee directs SAMHSA to provide a briefing to the Committees on Appropriations in the House of Representatives and the Senate within 30 days of enactment of this act to further detail the planning and the costs associated with the transition to 988.

*NSPL Text-Based Capabilities.*—The Committee notes that texting for individuals experiencing a mental health crisis can be important, particularly among young people for whom texting is often a preferable means of communication to voice calls. The Committee is concerned that the existing infrastructure for local crisis centers will not readily support a transition to text and voice calls, particularly as contacts to the Lifeline are expected to increase with the transition to 988. As SAMHSA expands text-based services, the Committee directs SAMHSA to leverage existing infrastructure to avoid duplicating existing capabilities to the extent practicable. The Committee further directs SAMHSA to coordinate

and work with existing providers of text and chat services that have the ability to triage text conversations based on risk in order to improve response times and capacity.

*NSPL Specialized Services.*—The Committee understands that LGBTQ youth are more than four times more likely to attempt suicide than their peers, and that one in five LGBTQ youth and more than one in three transgender youth reported attempting suicide in 2020. Within the total for the NSPL, the Committee includes \$7,200,000, which shall be used to provide specialized services for LGBTQ youth. This funding shall be awarded through a competitive process to an organization with experience working with LGBTQ youth and the capability to use Integrated Voice Response technology.

*Primary and Behavioral Healthcare Integration [PBHCI].*—The Committee provides \$52,877,000 for PBHCI to support communities to coordinate and integrate primary care services into community-based behavioral health settings.

*Project AWARE.*—The Committee provides \$180,502,000, an increase of \$73,501,000, for Project AWARE. This program increases awareness of mental health issues and connects young people that have behavioral health issues and their families with needed services. The Committee encourages SAMHSA to continue using funds to provide mental health services in schools and for school aged youth, and provide an update on these efforts in the fiscal year 2023 CJ. 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 2021 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.

*Trauma Support Services in Educational Settings.*—The Committee recognizes that the COVID–19 pandemic has increased the 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 this increase, the Committee provides \$25,000,000 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 (Public Law 115–271).

#### *Community Mental Health Services Block Grant*

The Committee recommends \$1,582,571,000 for the Mental Health Block Grant [MHBG], an increase of \$825,000,000 over the fiscal year 2021 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, the Coronavirus Response and Relief Supplemental Appropriations [CRRSA] Act (Public Law 116–260) included \$1,650,000,000 and the American

Rescue Plan (Public Law 117-2) included \$1,500,000,000 for 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 commends SAMHSA for its collaboration with NIMH on the implementation of this set-aside and directs SAMHSA to continue its collaboration with NIMH to ensure that funds from this set-aside are only used for programs showing strong evidence of effectiveness and that target the first episode of psychosis. The Committee continues to direct SAMHSA to include in the fiscal year 2023 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 continues to include a 5 percent 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 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. 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 new 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 \$125,000,000 for the Children's Mental Health Services program. This program provides grants and technical assistance to support comprehensive, community-based systems of care for children and adolescents with serious emotional, behavioral, or mental disorders. Grantees must provide matching funds and services must be coordinated with the educational, juvenile justice, child welfare, and primary healthcare systems. The Committee continues to include a 10 percent set-aside for an early intervention demonstration program with persons not more than 25 years of age at clinical high risk of developing a first-episode psychosis.

*Projects for Assistance in Transition From Homelessness [PATH]*

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

*Protection and Advocacy for Individuals With Mental Illness [PAIMI]*

The Committee recommends \$40,000,000, a \$3,854,000 increase, 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 \$81,887,000, an increase of \$10,000,000 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. The Committee strongly supports the National Child Traumatic Stress Network for building, evaluating, disseminating, and delivering evidence-based best practices, including through universities, hospitals, and front-line providers, to prevent and mitigate the impact of exposure to trauma among children and families. 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 \$350,000,000, an increase of \$100,000,000. In addition, the Coronavirus Aid, Relief, and Economic Security Act (Public Law 116-136) included \$250,000,000, CRRSA included \$600,000,000 and the American Rescue Plan (Public Law 117-2) included \$420,000,000 to support CCBHCs.

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 (Public Law 113–93). SAMHSA is directed to coordinate these resources with its efforts focusing on areas of high incidence of substance use disorders.

*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 establish a center of excellence program 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.

SUBSTANCE ABUSE TREATMENT

Appropriations, 2021 .....	\$3,854,756,000
Budget estimate, 2022 .....	6,408,943,000
Committee recommendation .....	5,651,443,000

The Committee recommends \$5,651,443,000 for substance abuse treatment programs, including PRNS and the substance abuse prevention and treatment block grant to the States, an increase of \$1,796,687,000 above the fiscal year 2021 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 \$643,364,000 for PRNS within the Center for Substance Abuse Treatment, a \$146,687,000 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 2021 appropriation	Committee recommendation
CAPACITY:		
Opioid Treatment Programs/Regulatory Activities .....	\$8,724,000	\$13,086,000
Screening, Brief Intervention, and Referral to Treatment [SBIRT] .....	30,000,000	30,560,000
PHS Evaluation Funds .....	2,000,000	2,000,000
Targeted Capacity Expansion-General .....	102,192,000	147,916,000
<i>Medication Assisted Treatment</i> .....	91,000,000	136,500,000
<i>Tribal Set-aside</i> .....	11,000,000	16,500,000
Grants to Prevent Prescription Drug/Opioid Overdose .....	12,000,000	18,000,000
First Responder Training .....	42,000,000	65,500,000
<i>Rural Focus</i> .....	24,000,000	38,500,000
Pregnant and Postpartum Women .....	32,931,000	49,397,000
Recovery Community Services Program .....	2,434,000	5,151,000
Children and Families .....	29,605,000	30,197,000

Budget activity	Fiscal year 2021 appropriation	Committee recommendation
Treatment Systems for Homeless .....	36,386,000	37,114,000
Minority AIDS .....	65,570,000	66,881,000
Criminal Justice Activities .....	89,000,000	114,380,000
<i>Drug Courts</i> .....	<i>70,000,000</i>	<i>95,000,000</i>
Improving Access to Overdose Treatment .....	1,000,000	1,500,000
Building Communities of Recovery .....	10,000,000	20,000,000
Peer Support Technical Assistance Center .....	1,000,000	1,500,000
Comprehensive Opioid Recovery Centers .....	4,000,000	6,000,000
Emergency Department Alternatives to Opioids .....	6,000,000	9,000,000
Treatment, Recovery, and Workforce Support .....	6,000,000	12,000,000
Opioid Response Grants .....	3,000,000	—
SCIENCE AND SERVICE:		
Addiction Technology Transfer Centers .....	9,046,000	9,046,000
Minority Fellowship Program .....	5,789,000	6,136,000

*Building Communities of Recovery.*—The Committee provides \$20,000,000, an increase of \$10,000,000. 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 Abuse.*—The Committee provides \$18,000,000, an increase of \$6,000,000, within PRNS for grants to prevent opioid overdose related deaths. This program will help States equip and train first responders and other community partners with the use of devices that rapidly reverse the effects of opioids. The Committee also provides \$65,500,000, an increase of \$23,500,000, for First Responder Training grants. Of this amount, \$38,500,000, an increase of \$14,500,000, is set aside for rural communities with high rates of substance abuse. SAMHSA is directed to ensure applicants outline how proposed activities in the grant would work with treatment and recovery communities, in addition to first responders. \$10,000,000 of this funding is to continue awards to rural public and non-profit fire and EMS agencies to train and recruit staff, provide education, and purchase equipment (including medications such as naloxone) as authorized in the Supporting and Improving Rural EMS Needs Act, included in the Agriculture Improvement Act of 2018 (Public Law 115–334). The Committee is pleased the fiscal year 2021 grants included award amounts less than the maximum amount allowable in order to fund more projects and encourages SAMHSA to follow this approach in fiscal year 2022 to the extent practicable.

*Comprehensive Opioid Recovery Centers.*—The Committee includes \$6,000,000, an increase of \$2,000,000, to help ensure that people with substance use disorders can access proper treatment,

as authorized by section 7121 of the SUPPORT Act (Public Law 115–271).

*Drug Courts.*—The Committee recommends \$95,000,000, an increase of \$25,000,000 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 \$9,000,000, an increase of \$3,000,000, 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 (Public Law 115–271). The Committee recognizes the challenges emergency departments have faced as a result of the COVID–19 pandemic, which has prevented some emergency departments from fully implementing this program. The Committee appreciates the progress SAMHSA has made to date and urges it to use the additional funding to support new grantees.

*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 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 \$136,500,000, an increase of \$45,500,000, for medication-assisted treatment, of which \$16,500,000, an increase of \$5,500,000, is for grants to Indian Tribes, tribal organizations, or consortia. These grants should target States with the highest age adjusted rates of admissions, including those that have demonstrated a dramatic age adjusted increase in admissions for the treatment of opioid use disorders. The Committee continues to direct the Center for Substance Abuse Treatment to ensure that these grants include as an allowable use the support of medication-assisted treatment and other clinically appropriate services to achieve and maintain abstinence from all opioids, including programs that offer low-barrier or same day treatment options.

*Minority Fellowship Program.*—The Committee includes \$6,136,000 to support grants that will increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct substance

use disorder treatment services for minority populations that are underserved.

*Opioid Abuse in Rural Communities.*—The Committee is aware that response to the opioid abuse crisis continues to pose unique challenges for rural America due to limited access to care to identify, diagnose, and treat patients with substance use disorders, as well as assisting individuals in recovery. The Committee encourages SAMHSA to support initiatives to advance opioid abuse prevention, treatment, and recovery objectives, including by improving access through telehealth. SAMHSA is encouraged to focus on addressing the needs of individuals with substance use disorders in rural and medically-underserved areas, as well as programs that emphasize a comprehensive community-based approach involving academic institutions, healthcare providers, and local criminal justice systems. In addition, the Committee understands that a timely medical response is essential in reversing opioid overdoses and encourages SAMHSA to take into account early interventions, such as co-prescription of overdose medications with opioids, as a way to reduce overdose deaths in rural areas.

*Opioid Detoxification.*—The Committee is concerned that relapse following opioid detoxification is a contributing factor to the overdose crisis. The Committee appreciates SAMHSA's efforts to address this within the Federal grant population by emphasizing that opioid detoxification should be followed by medication to prevent relapse to opioid dependence and encourages SAMHSA to disseminate and implement this policy in all settings where detoxification is offered, including rehabilitation and criminal justice settings.

*Pregnant and Postpartum Women Program.*—The Committee includes \$49,397,000, an increase of \$16,466,000, 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 three identified in its fiscal year 2022 CJ.

*Substance Use Screening, Brief Intervention, and Referral to Treatment [SBIRT].*—The Committee understands that substance use disorders, including opioid use, typically begin in adolescence, and that preventing early substance use is a cost-effective strategy to prevent costly problems later in life. The Committee is also aware that SBIRT has been shown to be a cost-effective model for reducing and preventing underage drinking and other substance abuse, but that many health providers, especially pediatricians and those in underserved communities, have not been trained to use the method effectively. Failure to routinely screen for early misuse of substances among youth and adults is a missed opportunity to



address the addiction crises facing our nation. 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 these activities as applicable in its current grant programs.

*Treatment, Recovery, and Workforce Support.*—The Committee includes \$12,000,000, an increase of \$6,000,000, for SAMHSA to continue implementation of section 7183 of the SUPPORT Act (Public Law 115–271). SAMHSA, in consultation with the Secretary of Labor, is directed to award competitive grants to entities to carry out evidence-based programs to support individuals in substance use disorder treatment and recovery to live independently and participate in the workforce. Eligible grantees include entities that offer treatment or recovery services to individuals with substance use disorders, and which partner with one or more local or State stakeholders that support recovery, independent living, and participation in the workforce.

#### *State Opioid Response [SOR] Grants*

The Committee provides \$2,000,000,000, 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 \$25,000,000 increase, and continues the 15 percent set-aside for States with the highest age-adjusted mortality rate related to opioid overdose deaths. Activities funded with this grant may include 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. SAMHSA is directed to make such evaluation publicly available on SAMHSA's website.

*Rural Opioid Technical Assistance [ROTA] Grants.*—The Committee supports the ROTA grant program, which, through a collaboration with the United States Department of Agriculture Cooperative Services Extension program, provides training and technical assistance for rural communities on addressing opioid and stimulant issues affecting these communities. The Committee is disappointed SAMHSA did not fund an additional cohort of ROTA

grants in fiscal year 2021 and strongly encourages SAMHSA to fund additional grants in fiscal year 2022.

*SOR Funding Cliffs.*—The Committee is disappointed SAMHSA disregarded previous guidance to award the 15 percent set-aside for the highest age-adjusted mortality rate related to opioid overdose deaths in a manner that did not result in unusually large changes in a State’s allocation from the previous year, or that prevented a cliff between States with similar mortality rates. As SAMHSA issues new award amounts in fiscal year 2022, the Committee directs SAMHSA to avoid significant cliffs between States with similar opioid mortality data, and to prevent unusually large changes in a State’s SOR allocation. 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 15 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.

#### *Substance Abuse Prevention and Treatment [SAPT] Block Grant*

The Committee recommends \$3,008,079,000 for the Substance Abuse Prevention and Treatment Block Grant an increase of \$1,150,000,000. The recommendation includes \$79,200,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended). In addition, CRRSA included \$1,650,000,000 and the American Rescue Plan (Public Law 117–2) included \$1,500,000,000 for the SAPT Block Grant.

The Committee recognizes the importance of the block grant given its flexibility to allow States to direct resources based on their own unique needs. This funding stream is also critical in assisting States to address all substance use disorders, including, but not limited to, those related to alcohol, cocaine, and methamphetamine. The Committee is also aware that States can efficiently manage additional resources provided through the SAPT Block Grant because of the program’s pre-existing protocols related to data reporting, program management, quality assistance, technical assistance, and established relationships with counties and other sub-State entities. The Committee also notes the importance of the block grant’s 20 percent primary prevention set-aside, which represents, on average, 62 percent of prevention dollars managed by State alcohol and drug agencies. The block grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. Funds are allocated to States according to a formula.

*Data on Substance Use Disorder Treatment.*—The Committee is 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 entitled,

“Substance Use Disorder: Reliable Data Needed for Substance Abuse Prevention and Treatment Block Grant Program,” 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 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 SAPT, SOR, and State Targeted Response to the Opioid Crisis grant programs.

*SAPT Block Grant Recovery Set-Aside.*—The Committee includes a new, 10 percent set-aside for non-clinical recovery support services, which will require SAPT Block Grant recipients to spend at least 10 percent of their block grant expenditures on recovery community organizations or peer recovery support services. The Committee directs SAMHSA to ensure the set-aside supports programs that may include recovery community centers, recovery homes, recovery schools, and 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; and (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. 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, as identified at the local, regional and/or State level by the recovery community through a new or existing State advisory board. Funds from the recovery set-aside will support operating costs for organizations that provide the above services, prioritizing those with leadership, staffing and governance structures that include representation from those identified as in long-term recovery and impacted family members who reflect the community served.

SUBSTANCE ABUSE PREVENTION

Appropriations, 2021 .....	\$208,219,000
Budget estimate, 2022 .....	216,667,000
Committee recommendation .....	245,667,000

The Committee recommends \$245,667,000, an increase of \$37,448,000 over the fiscal year 2021 enacted level and \$29,000,000 above the fiscal year 2022 budget request, for the Center for Substance Abuse Prevention [CSAP], the sole Federal organization with responsibility for improving accessibility and quality of substance abuse prevention services.

The Committee directs that all of the money appropriated explicitly for Substance Abuse Prevention purposes both in CSAP's PRNS lines, as well as the funding from the 20 percent prevention set-aside in the SABG, be used only for bona fide substance abuse prevention activities and not for any other purpose.

*Programs of Regional and National Significance*

The Committee provides \$245,667,000 for PRNS within CSAP. Through these programs, CSAP supports: development of new practice knowledge on substance abuse prevention; identification of proven effective models; dissemination of science-based intervention information; State and community capacity building for implementation of proven, effective substance abuse prevention programs; and programs addressing new needs in the prevention system.

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

Budget activity	Fiscal year 2021 appropriation	Committee recommendation
<b>CAPACITY:</b>		
Strategic Prevention Framework/Partnership for Success .....	\$119,484,000	\$148,873,000
<i>Strategic Prevention Framework Rx</i> .....	10,000,000	15,000,000
Federal Drug-Free Workplace .....	4,894,000	4,894,000
Minority AIDS .....	41,205,000	43,170,000
Sober Truth on Preventing Underage Drinking (STOP Act) .....	10,000,000	15,000,000
<i>National Adult-Oriented Media Public Services Campaign</i> .....	2,000,000	2,500,000
<i>Community Based Coalition Enhancement Grants</i> .....	7,000,000	11,500,000
<i>Interagency Coordinating Committee to Prevent Underage Drinking</i> .....	1,000,000	1,000,000
Tribal Behavioral Health Grants .....	20,750,000	21,165,000
<b>SCIENCE AND SERVICE:</b>		
Center for the Application of Prevention Technologies .....	7,493,000	7,493,000
Science and Service Program Coordination .....	4,072,000	4,072,000
Minority Fellowship Program .....	321,000	1,000,000

*Harm Reduction.*—The Committee remains supportive of efforts to reduce the risks associated with addiction and drug use, specifically through programs that focus on harm reduction strategies. However, harm reduction programs primarily serve individuals already struggling with addiction 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 Abuse Treatment and not through the Center for Substance Abuse Prevention.

*Strategic Prevention Framework.*—The Committee recommends \$148,873,000, an increase of \$29,389,000 for the Strategic Prevention Framework. Of the total provided, \$133,873,000 is for the Strategic Prevention Framework-Partnerships for Success program, and \$15,000,000 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 three 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 \$15,000,000, increase of \$5,000,000 for the STOP Act. Of this funding, \$11,500,000 is for community-based coalition enhancement grants, \$2,500,000 is for the national media campaign, and \$1,000,000 is for the Interagency Coordinating Committee on the Prevention of Underage Drinking [ICCPUD]. The Committee is disappointed that SAMHSA has not released a new funding opportunity announcement [FOA] for the STOP Act community-based enhancement grant program since 2019. The Committee directs SAMHSA to prioritize this program and to ensure that a new FOA is released in fiscal year 2022.

*Substance Use Disorder Prevention Workforce Report.*—The Committee recognizes that the nation’s work on substance use disorder prevention relies on an adequate supply of educated prevention professionals. The Committee is aware, however, that more data and information is needed about the substance use disorder prevention workforce. Therefore, the Committee directs SAMHSA to complete a comprehensive national study regarding the substance use prevention workforce within 180 days of enactment of this act that will be made publically available on SAMHSA’s website. 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. The study should include an evaluation of existing funding support for prevention workforce and the funding support necessary to maintain an adequate workforce. The study should develop a plan to address prevention workforce data, training, and support gaps, challenges and needs and potential Federal programming to help implement the plan. The Committee directs SAMHSA to develop the study in consultation with relevant stakeholders, including the Association representing State alcohol and drug agencies, researchers and others.

*Tribal Behavioral Health Grants.*—SAMHSA has administered Tribal Behavioral Health Grants for mental health and substance abuse prevention and treatment for Tribes and Tribal organizations since fiscal year 2014. In light of the continued growth of this program, as well as the urgent need among Tribal populations, the Committee urges the Assistant Secretary for SAMHSA to engage with Tribes on ways to maximize participation in this program.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

Appropriations, 2021 .....	\$160,258,000
Budget estimate, 2022 .....	170,373,000
Committee recommendation .....	235,441,000

The Committee recommends \$235,441,000 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.

*Congressionally Directed Spending.*—Within the funds included in this account, \$65,068,000 are for the projects specified in the table at the end of this explanatory statement.

Within the total provided for Health Surveillance and Program Support, the Committee recommendation includes funding for the following activities:

Budget activity	Fiscal year 2021 appropriation	Committee recommendation
Health Surveillance .....	\$47,258,000	\$47,595,000
<i>PHS Evaluation Funds</i> .....	30,428,000	30,428,000
Program Support .....	79,000,000	83,318,000
Performance and Quality Information Systems .....	10,000,000	10,200,000
Drug Abuse Warning Network .....	10,000,000	15,000,000
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

*Drug Abuse Warning Network.*—The Committee recommends \$15,000,000, an increase of \$5,000,000 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.

*Interagency Task Force on Trauma-Informed Care.*—The Committee notes that childhood exposure to trauma, such as witnessing violence or substance abuse, can result in negative health, education, and employment outcomes for which agencies funded in this bill seek to address. The SUPPORT Act (Public Law 115–271) established the Interagency Task Force on Trauma-Informed Care. The Committee supports the Task Force's authorized activities, including the dissemination of trauma-informed best practices and the promotion of such models and training strategies through all relevant grant programs.

*Program Support.*—The Committee recommends \$83,318,000, an increase of \$4,318,000 for program support, to ensure SAMHSA has the resources and staff to further its mission. This is the first increase for program support in 4 years.

#### AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Appropriations, 2021 .....	\$338,000,000
Budget estimate, 2022 .....	380,000,000
Committee recommendation .....	380,000,000

The Committee provides \$380,000,000 for the Agency for Healthcare Research and Quality [AHRQ], which is \$42,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. The recommendation includes \$27,000,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended). This funding is combined with the \$108,787,000 in mandatory funding from the Patient-Cen-

tered 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 2021 appropriation	Fiscal year 2022 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 .....	71,615,000	79,615,000
Health Services Research, Data, and Dissemination .....	95,403,000	120,053,000
Improving Maternal Health .....		7,350,000
Medical Expenditure Panel Survey .....	71,791,000	71,791,000
Program Support .....	71,300,000	73,300,000

*Center for Primary Care Research.*—The Committee supports primary care clinical research and dissemination as a core function of AHRQ, which includes: translating science into patient care, better organizing healthcare to meet patient and population needs, evaluating innovations to provide the best healthcare to patients, and engaging patients, communities, and practices to improve health. The Committee supports the Center for Primary Care Research and encourages AHRQ to prioritize the work of the Center.

*Antimicrobial Research.*—The Committee supports AHRQ’s continued work in diagnostics outcomes studies for infectious diseases, including those assessing patient outcomes, lengths of stay, changes in antibiotic use, rates of antibiotic use for certain patient populations, and costs of care. The Committee directs the Office of the Assistant Secretary for Health, NIH, ASPR/BARDA, CDC and AHRQ to jointly brief the Committees on Appropriations of the House of Representatives and Senate no later than 30 days after the enactment of this act detailing how HHS and its agencies are coordinating their AMR-related efforts. The briefing should include a comparison of actual performance against the national targets for 2020 established in the March 2015 National Action Plan for Combatting Antibiotic-Resistant Bacteria and whether those goals were sustained in 2021. Agencies are directed to outline the focus of their plans for fiscal years 2022–2023 and how these are connected to longer-term objectives included in the follow-on National Action Plan released in October 2020.

*Heart Disease Research.*—Heart disease is the leading cause of death for Americans. Understanding how to reduce the rate of car-

diac events and to control the metabolic processes that lead to such events is needed. The Committee supports AHRQ studying and assessing the current evidence for lipid control and cardiovascular event reduction, quality measures for the improvement of clinical outcomes, and to develop and disseminate education resources and materials about improving cardiovascular clinical outcomes for coronary heart disease death, myocardial infarction, ischemic stroke, and urgent coronary revascularization procedure.

*Improving Maternal Health.*—The Committee includes \$7,350,000, the same as in the fiscal year 2022 budget request, 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.

*Opioid Research.*—The Committee supports the research AHRQ has undertaken to better equip practitioners to use evidence-based interventions to treat opioid and multi-substance misuse. The Committee recommends \$7,000,000, an increase of \$4,000,000, to expand AHRQ’s 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 an increase of \$8,000,000 to support AHRQ’s research to address failures in the diagnostic process, which may include the establishment of Research Centers of Diagnostic Excellence to develop systems, measures, and new technology solutions to improve diagnostic safety and quality.

*Rural and Underserved Populations.*—The Committee supports the work of AHRQ to better serve the health needs of rural and underserved minorities through such programs as the “Evidence Now” network. The Committee encourages the agency to expand its efforts to include additional health extension program sites connected to public academic health centers in States with high populations of underserved minorities, rural communities, and tribal populations.

#### MEDICAL EXPENDITURES PANEL SURVEYS

The Committee provides \$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 \$73,300,000 for program support. This activity funds the overall management of AHRQ, including salaries, benefits, and overhead costs, such as rent.



## CENTERS FOR MEDICARE AND MEDICAID SERVICES

## GRANTS TO STATES FOR MEDICAID

Appropriations, 2021 .....	\$313,904,098,000
Budget estimate, 2022 .....	368,666,106,000
Committee recommendation .....	368,666,106,000

The Committee recommends \$368,666,106,000 in mandatory funding for Grants to States for Medicaid.

The fiscal year 2022 recommendation excludes \$148,732,315,000 in fiscal year 2021 advance appropriations for fiscal year 2022. As requested by the administration, \$165,722,018,000 is provided for the first quarter of fiscal year 2023.

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, 2021 .....	\$439,514,000,000
Budget estimate, 2022 .....	487,862,000,000
Committee recommendation .....	487,862,000,000

The Committee recommends \$487,862,000,000 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, 2021 .....	\$3,669,744,000
Budget estimate, 2022 .....	4,315,843,000
Committee recommendation .....	4,250,843,000

The Committee recommends \$4,250,843,000 for CMS program management, which includes funding for research and evaluations, program operations and demonstrations, survey and certification programs, and Federal administration.

*Program Operations*

The Committee recommends \$2,914,680,000 for the Program Operations account, which covers a broad range of activities including claims processing and program safeguard activities, performed by Medicare contractors. These contractors also provide information, guidance, and technical support to both providers and beneficiaries.

*Adult Immunization.*—The Committee remains concerned about the underutilization of vaccinations for adults and in particular high-risk adults and is encouraged to support development and im-

plementation of strategies, such as reminder recall programs, and emphasize the importance of adherence to the recommendations to beneficiaries and their providers.

*Affordable Care Act Notifications.*—The Committee continues bill language requiring the administration to provide detailed enrollment figures to the Committees on Appropriations of the House of Representatives and the Senate not less than 2 full business days before any public release of the information.

*Audio-only Evaluation and Management [E/M] Services.*—The Committee notes the actions taken by HHS and CMS to expand access to telehealth services for patients during the COVID–19 public health emergency. Audio-only E/M services have played a role in expanding access to care, while preventing unnecessary exposure to COVID–19 in circumstances where patients are unable to establish a simultaneous audio/video connection due to barriers, such as lack of access to broadband or an Internet connection, or an inappropriate device. The Committee encourages CMS, in coordination with ASPE, to review the data collected on audio-only services delivered during the COVID–19 public health emergency, including the ages and health conditions of the patients receiving these services as well as any outcomes data, and requests a report be provided with the fiscal year 2023 CJ on the evidence collected and recommendations to inform future Medicare policy.

*Autism Treatment and Supportive Services.*—The Committee encourages CMS to identify the supportive services that are most beneficial to improved outcomes for autism patients, and to begin reviewing existing coverage policies for these services. CMS is directed to report to the Committees on Appropriations of the House of Representatives and the Senate on its interim findings in the fiscal year 2023 CJ.

*Bundled Payment for Care Improvement [BPCI].*—The Committee commends CMS for its implementation of the BPCI models, including its work to partner with outside conveners to lower Medicare costs via bundled payments tied to financial and performance accountability requirements. The Committee encourages the Center for Medicare and Medicaid Innovation [CMMI] to continue its focus on increasing quality and care coordination in both acute and post-acute settings by continuing to bring in other payers, providers, and patient populations to potentially increase savings to the Medicare program.

*Claim Payment Coordination.*—The Committee requests updated information in the fiscal year 2023 CJ on the implementation of section 1301 of the Further Continuing Appropriations Act, 2021, and Other Extensions Act, which, in response to queries made by certain non-group health plans, requires the Secretary to provide specified information to such plans for determining Medicare Secondary Payer obligations. Such information includes entitlement information for specific individuals and the names and addresses of the Medicare Advantage or Part D plans in which such individuals either are currently enrolled, or have been enrolled within the previous 3 years.

*Computed Tomography [CT] Colonography.*—The Committee encourages CMS to consider covering CT Colonography as a Medi-

care-covered colorectal cancer screening test under section 1861(pp)(1) of the Social Security Act.

*Consensus on Assessing Mobility.*—The Committee encourages CMS and other stakeholders to promote development of consensus around a mobility assessment that is validated and clinically meaningful to providers and patients. In addition, CMS should evaluate feasibility of a mobility quality measure to incentivize providers to actively intervene to prevent mobility loss among hospitalized older adults.

*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.

*Diabetes Self-Management Training [DSMT].*—The Committee is aware that 13 percent of all adults and nearly one-third of individuals aged 65 years or older are living with diabetes. The Committee is also aware that one in four healthcare dollars in the U.S. is spent on people living with diabetes, totaling over \$300,000,000 a year and that nearly 70 percent of that cost is provided by Federal healthcare programs. Given the prevalence and cost of diabetes, particularly among communities of color, the Committee is concerned that barriers to accessing the Medicare DSMT have resulted in utilization by only 5 percent of newly diagnosed Medicare beneficiaries. The Committee urges CMS to explore improving outreach to providers and beneficiaries in order to encourage more beneficiaries to utilize DSMT services. Within 120 days of enactment of this act, the Committee directs CMS to provide a report to the Senate and House of Representatives Committees on Appropriations detailing the agency's efforts to address these barriers, including how web-based platforms can improve access to DSMT.

*Diabetes Technology.*—The Committee is concerned about access to new technologies to treat diabetes. The Committee requests a report within 120 days of enactment of this act outlining coverage and payment policies for new technologies for individuals with diabetes, including hybrid-closed loop technologies.

*Expanding Support for Screening and Diagnostic Testing in Cancer Treatment.*—The Committee understands that the use of pre-treatment interventions, such as screening for signs of cancer or testing with a companion diagnostic to determine a specific cancer type, can help healthcare providers select treatment options with a greater probability of success. The Committee also recognizes that the use of these interventions can reduce unnecessary costs in the current healthcare system by avoiding ineffective treatments, and that awareness of genetic risk factors can encourage preventive care and early diagnosis. The Committee urges CMS to identify ways to expand access to screening and testing that involves appropriate utilization of companion diagnostics.

*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 (Public Law 111–148). CMS is also required to include the estimated costs for fiscal year 2023.

*Home Visiting.*—The Committee directs CMS to build upon its 2016 Joint Informational Bulletin to clearly articulate how Medicaid dollars can be blended and braided to reach eligible families, provide streamlined coverage options for home visiting services, and cover specific components of home visiting programs. Additionally, in light of the impact of COVID–19 on care and the rising rates of maternal and infant health disparities, the need for quality support in the home is now even greater. Therefore, the Committee directs CMS to leverage its administrative authority to address this crisis and provide States with new tools to incentivize coverage of evidence-based home visiting services programs for Medicaid-eligible families.

*Increasing Access to Healthy Meals.*—The Committee recognizes that healthy foods, like fresh fruits and vegetables, are key to individual health and well-being but are often expensive and difficult for lower-income individuals to afford. The Committee further recognizes that many Medicare and Medicaid beneficiaries are regularly referred to nutrition services, such as Meals on Wheels, by their medical providers. However, unlike other referrals by providers for other interventions, such as physical therapy, most Medicare and Medicaid programs are unable to reimburse for referrals to meal programs. The Committee supports increasing access to these meal programs, particularly for those beneficiaries managing one or more chronic health conditions. In approving pilot sites, preference shall be given to nonprofit meal providers partnering with primary care providers in States with a proven commitment to supporting the local food system. Further priority shall be given to programs in States with the top-five oldest populations, in accordance with median age.

*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 2023 CJ.

*Lymphatic System Failure.*—The Committee encourages the Secretary to promulgate rules for covering prescribed compression gar-

ments as acknowledged by CMS' 2001 decision memorandum [CAG-00016N] in the treatment of lymphatic system failure.

*Measuring Incidence and Prevalence of Multiple Cognitive Domain.*—The Committee remains interested in better understanding the impact of mild cognitive impairment [MCI], Alzheimer's disease, and other related dementias on Medicare beneficiaries to ensure the program is able to address current and future needs. To gather such information, the Committee directs CMS to continue to include questions in the Medicare Current Beneficiary Survey pertaining to MCI, Alzheimer's, and other related dementias, and to add questions on whether beneficiaries have been advised about Alzheimer's and dementia care planning services that are covered under Medicare. The Committee also encourages CMS to identify actions the agency can take within existing authorities to reduce the prevalence of dementia and improve early detection of MCI.

*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 [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 had on health outcomes and mortality rates in every State that has not expended Medicaid.

*Medicare Part D.*—The Committee notes that the rising cost of prescription drugs continues to be a critical issue for all Americans, including the millions of seniors enrolled in Medicare. The Committee is pleased to see that the Contract Year 2021 and 2022 Medicare Advantage and Part D Final Rule includes a proposal to modernize Medicare Part D by allowing plans to establish a second, "preferred" specialty tier with reduced cost-sharing for beneficiaries. The Committee encourages CMS to limit product placement to the proposed lower cost-sharing, preferred specialty tier to only generics and biosimilars.

*Nursing and Allied Health Workforce.*—The Committee notes that nursing shortages during the COVID-19 pandemic have significantly strained healthcare delivery and requests CMS to provide a report in the fiscal year 2023 CJ with an update on the role of Medicare funding in supporting the training of nursing and allied health professionals.

*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 au-

thority. The Committee also encourages CMS to update its Medicare Part B national coverage determination for intensive behavioral therapy [IBT] for obesity to be consistent with current United States Preventive Services Task Force recommendations that IBT for obesity can be provided, through referral, outside of the primary care setting and by a broader range of qualified providers than are currently permitted to bill under Part B for this service.

*Oral Health Initiative.*—The Committee remains concerned that the dental coverage landscape for adults and pregnant women in Medicaid and CHIP remains inconsistent. The Committee understands that CMS continues to work with State Medicaid and CHIP programs to increase access to preventive oral healthcare through the Oral Health Initiative. The Committee also understands that HHS works annually with a multi-stakeholder group comprised of State representatives, healthcare providers, and quality measurement experts to identify gaps in existing quality measures and suggest updates to strengthen and improve the Adult and Child Core Sets. In order to evaluate and maximize State innovation with regard to the provision of oral healthcare, particularly for pregnant women and new mothers, the Committee encourages CMS to include data on State-level oral health and dental benefits available to adult populations, including pregnant women. Recently, CMS clarified the need to align benefit and payment policies to ensure that each enrolled child gets the individualized oral healthcare they need to thrive. The Committee encourages CMS to build upon these recent efforts by providing targeted technical assistance to State programs around the May 4, 2018 informational bulletin through its regional offices.

*Prescription Digital Therapeutics [PDTs].*—The Committee is encouraged by the new medical modality of software-based, FDA-cleared PDTs that are beginning to improve the lives of Americans living with serious diseases and conditions, such as substance use disorder, diabetes, and cancer. The Committee encourages CMS to consider how to best cover PDTs in the Medicare and Medicaid programs until a permanent benefit category can be created through legislation.

*Rare Cancer Diagnoses and Treatment.*—Over 550,000 Americans are diagnosed with a rare form of cancer every year. The definition of rare cancer is fewer than six new cases per 100,000 Americans per year. Rare cancers account for 380 of 400 distinct forms of cancer and almost 1/3 of all diagnoses and include all pediatric-specific cancers. Molecular diagnostics are an essential part of determining the form of cancer and which treatment is the best option. Each subtype of cancer requires a targeted therapy in order to save a life or to significantly improve lifespan, and data is required for each cancer to inform where targeted therapies can be used. These data are frequently lacking for rare cancers, leading to the continued use of older and frequently ineffective therapies. The Committee understands that only a small percentage of cancer patients are currently offered molecular diagnostics at the time of diagnosis and CMS only pays for molecular diagnostics at the time of diagnosis for a certain number of cancers and certain cancer stages, yet these data are used to inform clinical care at all stages of the disease. Molecular diagnostic results are necessary to determine the correct

treatment path and improve patient outcomes. Therefore, the Committee encourages CMS to issue guidance on their plans to provide coverage and payment for molecular diagnostics for all cancers at the time of diagnosis and to issue policy guidance to any State that receives Federal Medicaid funds to provide coverage for molecular diagnostics for cancer patients at first diagnosis of cancer.

*Reducing Cost Barriers to Vaccination.*—The Committee notes that addressing cost-sharing with Medicare Part D vaccines is critical to ensuring that beneficiaries have access to vaccines that help prevent serious disease. Studies have shown a direct correlation between cost sharing and increased abandonment rates of vaccines. To address low vaccination rates, the Committee encourages CMS to identify options for patients to have no-cost access to Part D vaccines, similar to coverage of Part B vaccines. In order to help reduce these barriers, the Committee recommends CMS update Medicare plan finder to clearly designate to consumers the plans that cover vaccines at no cost and make that data public.

*Reimbursement Coding for Reducing Opioid Consumption.*—The Committee expects CMS to undertake aggressive efforts to guarantee reimbursement of FDA-approved devices and therapies for unique post-surgery patient populations that use alternative means for effective pain management. Given the national opioid addiction crisis, the Committee encourages CMS to support healthcare providers in tracking patient pain scores and reductions in opioid consumption as a result of these alternative means for effective pain management.

*Respite Care.*—The Committee requests CMS, in consultation with ASPE, to provide a report to the Senate and House Committees on Appropriations within 180 days of the enactment of this act on the current capacity and best practices for the provision of hospice respite care, including in the home. The report should assess and provide recommendations on what would be needed to ensure greater access to respite care in the home for hospice beneficiaries and their caregivers including but not limited to changes to the current benefit to allow for in-home respite care to be an option for more patients and families. The report should report on the adequacy of the current 5 day inpatient respite limit in relation to access to care and make recommendations on parameters and situations in which longer inpatient respite stays might be appropriate, including, but not limited to, transition from the general inpatient level of care with appropriate documentation regarding challenging or safe discharge, for housing instable populations, continued caregiver distress, and/or for those waiting for nursing home placement.

*Risk Corridor Program.*—The Committee continues bill language to prevent the CMS Program Management appropriation account from being used to support risk corridor payments.

*Robotic Stereotactic Radiosurgery.*—The Committee notes that payment for robotic stereotactic radiosurgery and robotic stereotactic body radiation therapy may threaten viability of these services in both the hospital and freestanding center setting. The Committee encourages CMS and contractors administering the Medicare Part B program not to make changes to these services in the freestanding or hospital outpatient setting as CMS implements

the planned Radiation Oncology Payment Model. The Committee encourages CMS to maintain stable payment for these services.

*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 Committee notes that the Consolidated Appropriations Act, 2021 (Public Law 116–260) directed CMS to produce a report on rural hospital closures within 180 days of enactment, which the Committee has not received. The Committee directs CMS to provide an update on the report requested in fiscal year 2021 within 30 days of enactment of this act.

*Screening and Diagnostic Testing in Cancer Treatment.*—The Committee understands that the use of pre-treatment interventions, such as screening for signs of cancer or testing with a companion diagnostic to determine a specific cancer type, can help healthcare providers select treatment options with a greater probability of success 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 encourages CMS to identify ways to expand access to screening and testing that involves appropriate utilization of a companion diagnostic.

*Supportive Services at Home.*—The Committee is supportive of efforts to expand or adapt evidence-based, existing population health models serving older adults and young adults with a disability. The housing-based care management model to be expanded or adapted shall have proven to be scalable, serving a minimum of 4,000 participants in one region, increase primary care access for low-income Medicare and dual eligible beneficiaries on a continuous longitudinal basis, reduce the rate of growth in Medicare spending and nursing home driven Medicaid costs, and benefit those living in any type of publicly assisted housing and the surrounding community where residents have chronic health conditions, are in need of preventive health programs, and experience adverse social determinants of health that drive health disparities. In approving expansion regions, CMS is encouraged to work with States where nonprofit housing providers seek to collaborate with primary care practices, hospitals, social services, and public health to improve access to quality care for residents. Further priority should be considered for States with Integrated Wellness in Supportive Housing [IWISH] or Support and Services at Home [SASH] sites, an All-Payer Model or Total Cost of Care Model, and States where housing nonprofits have a history of operating such a housing-based care management model.

*Telehealth and the Homeless Population.*—The Committee recognizes the role that mental illness plays in the homeless population and that telehealth offers a unique possibility to meet these individuals where they are in providing health services but particularly mental healthcare. The Committee directs CMS to identify and share with States best practices regarding ways in which telehealth and remote patient monitoring can be leveraged through the



Medicaid and Medicare programs for the homeless. This should include identification of barriers to mental health services via telehealth coverage, as well as ways to address those barriers.

*Transitional Add-on Payment Adjustment for New and Innovative Equipment and Supplies [TPNIES].*—The Committee understands that the TPNIES program was implemented to give the over 400,000 Medicare beneficiaries with kidney failure faster access to dialysis innovation. The Committee requests an update in the fiscal year 2023 CJ on the TPNIES program.

*Vaccine Utilization.*—The Committee is concerned about the underutilization of vaccinations and strongly encourages CMS to work toward achievement of the Healthy People 2030 goals to increase the percentage of adults aged 65 or older who receive recommended vaccinations. The Committee encourages CMS to explore opportunities to support the implementation of technologies and best practices. Underutilization of the Medicare Annual Wellness Visit may also be addressed via increased focus on such visits in Medicare member materials and further emphasis on preventive interventions, such as vaccines, in provider communications.

*Zero Trust.*—Within the funding provided, the Committee encourages CMS to increase support for the Zero Trust Program as detailed in Executive Order 14028 for CMS health information and data security modernization to address, mitigate, and reduce security risks.

#### *State Survey and Certification*

The Committee recommends \$472,163,000, an increase of \$74,829,000, 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.

*Special Focus Facility Program.*—The Committee continues to be concerned that not all nominees for the Special Focus Facility [SFF] program are subject to the program's enhanced surveying and progressive enforcement standards. While over 80 nursing homes participate in the SFF program, more than 400 nursing homes that qualify are not yet subject to the SFF program's additional oversight. Within the funding provided, the Committee directs CMS to expand the SFF program to ensure all nominees become full participants.

#### *Federal Administration*

The Committee recommends \$864,000,000, an increase of \$91,467,000, for Federal Administration, which funds the majority of CMS' staff and operating expenses for routine activities, such as planning, implementing, evaluating, and ensuring accountability in the programs administered by CMS. This funding level accounts for the fiscal year 2021 reprogramming to support CMS' workforce and other administrative functions.

## HEALTHCARE FRAUD AND ABUSE CONTROL

Appropriations, 2021 .....	\$807,000,000
Budget estimate, 2022 .....	872,793,000
Committee recommendation .....	873,000,000

The Committee recommends \$873,000,000, 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 \$556,000,000 in resources through a budget cap adjustment authorized by S. Con. Res. 14 (117th Congress), the concurrent resolution on the budget for fiscal year 2022.

Healthcare waste, fraud, and abuse costs our Nation as much as \$300,000,000,000 a year, according to some estimates. Proactively identifying these issues continues to be a priority for the Committee. Therefore, CMS is directed to incorporate AI software to examine waste, fraud, and abuse in the healthcare setting. This technology should allow for the rapid interpretation of complex health data and quickly identify patterns associated with waste, fraud, and abuse from the perspective of both the patient and a facility.

## ADMINISTRATION FOR CHILDREN AND FAMILIES

## PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

Appropriations, 2021 .....	\$3,039,000,000
Budget estimate, 2022 .....	2,795,044,000
Committee recommendation .....	2,795,044,000

The Committee recommendation includes \$2,795,044,000 in fiscal year 2022 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 2023.

These funds support States' efforts to promote the economic security and self-sufficiency 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, 2021 .....	\$3,750,304,000
Budget estimate, 2022 .....	3,850,304,000
Committee recommendation .....	3,925,304,000

The Committee recommendation includes \$3,925,304,000 for the Low Income Home Energy Assistance Program [LIHEAP], which is \$175,000,000 over fiscal year 2021 and \$75,000,000 over the president's budget request. LIHEAP provides home heating and cooling assistance to low-income households. Within the total, the Committee recommendation includes up to \$4,600,000 for program integrity and oversight efforts.

Additionally, the Coronavirus Aid, Relief, and Economic Security [CARES] Act (Public Law 116–136) included \$900,000,000 and the American Rescue Plan (Public Law 117–2) included \$4,500,000,000 in LIHEAP funding to support families with home energy costs.

Sudden, significant, and unexpected decreases in annual funding for States, even when based in part on changes in home energy costs, can be difficult for States to manage. Accordingly, the Committee recommendation continues to limit year-to-year fluctuations in allocations to States.

*Report to Congress.*—The Committee strongly encourages HHS to take steps to expand transparency on the LIHEAP formula, including formula factors that contribute to changes in State allocations. Further, while some data used in calculating State allocations are not available until late in the year, the Committee strongly encourages HHS to take steps to decrease uncertainty for States related to changes in formula factors. Given the significant amount of spending dedicated to LIHEAP in fiscal years 2020 and 2021, including emergency spending, the Committee directs HHS submit and make publically available on their website a report detailing the program’s formula methodology and State allocations for each source of funding in fiscal years 2020 and 2021. Additionally, given the complexities of the LIHEAP statute and formula, the Committee includes \$1,100,000 in additional technical assistance funding for HHS to establish a system to simplify the formulation process to enable ACF staff to more readily provide estimates when requested by Congress. Once such a system is in place, the Committee instructs HHS to respond to requests from the Committee on Appropriations in the House and Senate within 10 days regarding how proposed LIHEAP formula changes would affect each State’s LIHEAP allocation.

#### REFUGEE AND ENTRANT ASSISTANCE

Appropriations, 2021 .....	\$1,910,201,000
Budget estimate, 2022 .....	4,404,947,000
Committee recommendation .....	6,021,480,000

The Committee recommends \$6,021,480,000 for Refugee and Entrant Assistance [REA] programs. These programs provide a variety of benefits and services to refugees, asylees, Cuban and Haitian entrants, immigrants arriving on Special Immigrant Visas [SIV], trafficking victims, and torture victims (collectively referred to below as “refugees”). These programs also provide temporary care and services for unaccompanied children apprehended by the Department of Homeland Security or other law enforcement agencies, who have no lawful immigration status in the United States until they can be placed with a parent, guardian, or other sponsor while awaiting adjudication of their immigration status.

The U.S. refugee admission program reflects U.S. humanitarian and strategic interests. The program provides for the safe resettlement of some of the most vulnerable refugees and not only saves lives but also strengthens our national security by providing support and shared responsibility for strategic allies and regions. The Committee affirms the community consultation process embedded in the U.S. refugee resettlement program, which is grounded in its

public-private partnerships and thrives on cooperation among local, State, and Federal stakeholders.

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 also directs ORR to produce a report within 180 days of enactment that explains what efforts ORR is taking to ensure that ORR programming remains both funded and prioritized to serve populations within ORR's mandate. This report shall include how ORR intends to ensure that no additional barriers are put into place impacting individuals' ability to seek protection and receive necessary ORR services. The report shall also include a comprehensive review of Refugee Support Service [RSS] funding with an eye toward needed reforms. The report shall also make publicly available the 2017 study that examined the costs and economic benefits of the resettlement program.

*Monthly Reporting.*—The Committee continues the directive to provide monthly updates to the Committees on Appropriations of the House of Representatives and the Senate of arrivals each month by category, including refugees, asylees, Cuban and Haitian Entrants, SIVs, and unaccompanied children. Further such updates shall include any changes in estimated funding needs as a result of changing trends.

*Trauma-Informed Care.*—The Committee recognizes that mental health is an important component of ORR's work, especially in the face of the COVID-19 pandemic: many of the individuals among the populations 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 what is known as 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 two types of training for ORR staff who regularly engage with potential trauma survivors: 1) Training on recognizing signs of trauma exposure, understanding common behaviors of people exposed to trauma, and trauma-informed principles for interacting; and 2) Secondary trauma and resilience training and support.

#### *Transitional and Medical Services*

The Committee recommendation includes \$605,000,000 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 considering 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.

#### *Refugee Support Services*

The Committee recommendation includes \$450,000,000 for Refugee Support Services. This program provides a combination of formula and competitive grants to States and nonprofit organizations to help refugees become self-sufficient and address barriers to employment.

The Committee continues to expect that activities previously funded under the Social Services, Targeted Assistance, and Preventive Health programs will continue at the same level as before these programs were consolidated.

#### *Victims of Trafficking*

The Committee recommendation includes \$39,480,000 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 \$5,000,000 for the national human trafficking resource center.

#### *Unaccompanied Children*

The Committee recommendation includes \$4,900,000,000 for the Unaccompanied Children [UC] program. This is in addition to \$2,500,000,000 in funding provided in the Continuing Appropriations Act, 2022, for a combined fiscal year 2022 program level of \$7,400,000,000. The UC program provides temporary care for children who have no lawful immigration status in the United States and who have been apprehended by the Department of Homeland Security [DHS] without a parent or a guardian. HHS 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.

The Committee continues to note that HHS is responsible for the temporary care of unaccompanied children specifically to ensure the welfare of such children, many of whom have experienced significant trauma in their home country and in travelling to the United States. The Committee recommendation includes a significant increase in funding for the UC program relative to the budget request. This will help ensure HHS has the resources to improve the care and services available to all children in their care and after they have been released to their family or sponsor, and to reduce the reliance on emergency shelters, including by improving case management and expanding state-licensed shelter and foster care capacity. In addition, and to that end, the Committee rec-

ommendation includes several new requirements regarding the uses of funds.

*Age-Outs.*—The Committee directs ORR to develop a tangible post-18 plan for every 17-year-old unaccompanied child in ORR care at least two weeks in advance of his or her 18th birthday. Each post-18 plan should at a minimum identify an appropriate non-secure placement for the child and identify any necessary social support services for the child. The Committee requests a briefing within 60 days of enactment of this act on any improvements made or resources necessary to ensure caseworkers have the capacity to complete these plans and document such plans in a consistent manner in ORR's electronic case management system.

*Child Advocates.*—The Committee recommendation includes \$8,000,000 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, and to children who are expected to remain in ORR custody for prolonged periods of time. The Committee expects ORR will continue to ensure the independence of the Child Advocate program from other contracted services providers to avoid any potential conflicts of interest. 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 ORRs care for more than 120 days. Finally, the Committee recommendation continues language waiving matching requirements, and provides an increase in funding for the program to more than offset previous matching requirements.

*Children in Prolonged Detention.*—The Committee continues to direct ORR to submit a report every 6 months on the number of children who have been in ORR custody longer than a year, and for children 12 years old or younger who have been in custody for more than 6 months. Such report should include how long each child has been in ORR custody and a status update on their case, including whether the child has any family or other potential sponsor(s) in the United States, whether the child was referred for the appointment of an independent child advocate, and a summary of ORR's efforts to place the child with a sponsor or in a long-term foster care setting.

*Children Separated from a Family Member.*—The Committee continues to direct HHS to submit to Congress, and make publicly available online, a report with respect to children who were separated from a parent or legal guardian, including the number and ages of children separated by sector and the documented cause of separation as reported by DHS when each child was referred. Further, the Committee strongly encourages ORR to take steps to expedite the release of children referred to their care that arrived in the United States with a known immediate adult relative.

*Children with Disabilities.*—The Committee strongly encourages ORR to partner with protection and advocacy agencies to enhance

oversight of the care and services available to children with disabilities while in ORR care and after they have been released to a family or sponsor.

*Community-Based Shelters and Foster Care.*—Given the significant challenges this year, the Committee appreciates the progress ORR has made over the previous year to increase its available capacity in state-licensed shelters and foster care programs. Further, the Committee strongly supports ORR efforts to expand its capacity in small-scale, community based shelters and foster care programs, including funding flexible models that would allow capacity to be quickly added in those programs when needed. However, the Committee is concerned with the pace of this progress. The Committee expects ORR to continue to take steps to increase the percentage of children in its care in such small-scale community-based programs. Further, the Committee strongly encourages ORR to more consistently and predictably post funding opportunity announcements, and to provide training and technical assistance to potential new providers.

*Emergency Intake Sites.*—While many factors resulting in this are outside of ORR control, the Committee has significant concerns about the continued reliance on EIS. The Committee looks forward to the report required by the Continuing Appropriations Act, 2022 with HHS' plan for phasing out and ending the use of EIS as quickly as possible, and expanding its capacity in state-licensed shelters and foster care programs. In the interim, the Committee expects ORR to strengthen its requirements for the operation of EIS. This includes improving the level of care and services in EIS; more rigorously limiting how long children are in EIS, including transferring children to state-licensed shelters or foster care programs whenever possible and it's in the best interest of the child; and ensuring young children and other vulnerable children are never placed in EIS other than in exceptional circumstances and when in the best interest of the child. Further, the Committee expects ORR to continue to improve its oversight of EIS and contractors operating them, and ensure that contractors have significant and relevant child welfare experience, and provide extensive training for staff working with children.

*Federal Field Specialists and Call Center Staff.*—The Committee directs ORR to prioritize the hiring of additional Federal Field Specialists as necessary to ensure that, for the vast majority of unaccompanied children in HHS custody, a decision regarding their release can be made not later than 48 hours after a recommendation. Further the Committee strongly encourages ORR to support additional staff for ORRs National Call Center.

*Legal Services and Access to Counsel.*—The Committee recommendation includes \$300,000,000 in fiscal year 2022 funds for legal services for unaccompanied children, including \$200,000,000 for providing access to counsel with the goal of all children having access to counsel during immigration proceedings consistent with section 235(c)(5) of the TVPRA of 2008. Services provided by independent and qualified legal counsel increases the efficiency, effectiveness, and basic fairness of immigration proceedings, significantly reduces the failure-to-appear rate, and helps relieve the immigration court backlog. In addition, the Committee strongly en-

courages ORR to ensure that any new facility has an independent legal services provider in place prior to opening, and that all shelters provide appropriate and confidential space to meet with children.

*Office of the Ombudsperson.*—The Committee strongly supports efforts to increase independent oversight of the UC program. Accordingly, the Committee strongly encourages 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.

*Post Release Services.*—The Committee recommendation includes \$250,000,000 for post-release services with the goal of significantly increasing the percentage of children receiving such services and expanding the types of services available, to 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. 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, are referred for post-release services. The Committee strongly encourages ORR to engage with current family reunification service providers to help evaluate and identify new and additional risk factors for children, and types and level of services that would be appropriate.

*Policies for Engaging with Law Enforcement.*—The Committee believes it is critical for ORR to have policies in place for staff to use for when it is appropriate to contact local law enforcement, and that law enforcement should only be involved as a matter of last resort. These policies should include how local law enforcement should engage with children in ORR care to ensure that those interactions account for the trauma a child might be facing. The Committee urges ORR to create and make publicly available the policies and procedures for staff and children's interactions with local law enforcement.

*Spend Plan.*—The Committee directs ORR to submit a spend plan no later than 30 days after enactment with estimated fiscal year 2022 obligations by major category, at a level of detail as has been provided in previous years. Further, the Committee expects at least this level of detail to be included in future budget justifications. This spend plan should be aligned with the report on the estimated number of delivered online beds by facility type by quarter, with the goal of eliminating EIS as quickly as possible.

*Tender Age Children.*—The Committee directs ORR to include in the fiscal year 2023 Congressional Budget Justification information on efforts to ensure developmentally appropriate care is available for young children (those ages 12 and younger). The justification should detail how placement options, services, and staff training are tailored for young children, and efforts to expedite the safe release of young children to a family member.

#### *Victims of Torture*

The Committee recommendation includes \$27,000,000 for the Victims of Torture program to provide support to non-profit organi-



zations providing direct support to torture survivors and their families.

PAYMENTS TO STATES FOR THE CHILD CARE AND DEVELOPMENT  
BLOCK GRANT

Appropriations, 2021 .....	\$5,911,000,000
Budget estimate, 2022 .....	7,377,000,000
Committee recommendation .....	7,311,000,000

The Committee recommends \$7,311,000,000, an increase of \$1,400,000,000 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.

In addition, the Coronavirus Aid, Relief, and Economic Security [CARES] Act (Public Law 116–136) included \$3,500,000,000, the Coronavirus Response and Relief Supplemental Appropriations [CRRSA] Act (Public Law 116–260) included \$10,000,000,000 and the American Rescue Plan (Public Law 117–2) included \$39,000,000,000 in CCDBG funding to support children, families, and providers of child care during the pandemic.

*Child Care Facilities Needs Assessment.*—Since the pandemic, approximately 10 percent of child care providers have permanently closed, exacerbating the shortage of child care facilities nationwide. As ACF continues to work with states to provide guidance on the feasibility of statewide facility assessments, the Committee encourages ACF to dedicate a portion of Federal CCDBG research funding (42 U.S.C. 9858m) to evaluate methodologies for conducting research on the condition, quality, and availability of child care facilities across the nation. As part of the evaluation, the Committee encourages the Office of Child Care [OCC] to engage with experts and stakeholders who have experience in conducting statewide needs assessments, or in working on child care and early childhood education facilities issues. The Committee requests a briefing on the findings of this evaluation as soon as is practicable.

SOCIAL SERVICES BLOCK GRANT

Appropriations, 2021 .....	\$1,700,000,000
Budget estimate, 2022 .....	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 very wide-range of activities and encourages HHS to ensure that States are aware that funding can be used to support child support programs by providing job training and employment services for non-custodial parents.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Appropriations, 2021 .....	\$13,040,511,000
Budget estimate, 2022 .....	14,902,760,000
Committee recommendation .....	14,949,267,000

The Committee recommends \$14,949,267,000 for Children and Families Services programs, which is an increase of \$1,908,756,000 over fiscal year 2021. 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 \$11,932,095,000, an increase of \$1,184,000,000 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.

In addition, the Coronavirus Aid, Relief, and Economic Security [CARES] Act (Public Law 116–136) included \$750,000,000, the Coronavirus Response and Relief Supplemental Appropriations [CRRSA] Act (Public Law 116–260) included \$250,000,000, and the American Rescue Plan (Public Law 117–2) included \$1,000,000,000 in funding to support Head Start Programs.

Within the total, the Committee recommendation includes a \$234,000,000 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 strongly support EHS expansion and EHS–Child Care Partnerships and recommends \$500,000,000 to support the expansion of Head Start and Early Head Start programs to eligible children and families. This funding has allowed expanded access to infant and toddler care in communities nationwide through traditional Early Head Start programs or through partnerships with center-based and family child care providers who meet the Head Start Program Performance Standards. The Committee directs 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. Finally, the Committee continues to direct HHS to include in future Congressional Justifications the actual and estimated number of slots in each of Head Start, Early Head Start, and EHS–Child Care Partnerships.

*Extended Duration.*—The Committee includes \$200,000,000 to help Head Start programs offer longer hours of service in accordance with the 2016 Head Start Program Performance Standards.

*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 understands that a child’s eligibility for MSHS is contingent upon a family living below the Federal poverty line and that a majority of the family’s income is derived from agricultural work. The Committee is 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 strongly encourages OHS to use flexibility in determining eligibility under the Migrant and Seasonal Head Start program for farmworker families. The Committee requests a briefing, 30 days after enactment of this act, to discuss MSHS eligibility requirements and barriers to farmworker families receiving services.

*Quality Improvement Funding for Staff Recruitment and Retention and Trauma-Informed Care.*—The Committee provides \$250,000,000 in quality improvement funding, including a prioritization on activities to recruit and re-train qualified staff in order to support the provision of high-quality program services, and a prioritization on addressing the rise of adverse childhood experiences attributable to the pandemic and the increased prevalence of substance use, economic hardship, home and community violence, and other traumatic experiences that can negatively impact child development and lead to disruptions in classroom environments. The Committee directs the Administration to allow flexibility to meet local needs while focusing these funds on improving the compensation of staff to ensure compensation is competitive to attract and retain qualified staff with an emphasis on staff positions with high rates of turnover; staff training for trauma informed care and identification of signs of addiction and hardship; mental health consultation services to provide expert care and counseling to families and the Head Start workforce; and additional staffing to Head Start classes in high-risk substance use communities to maintain high-quality learning environments.

*Tribal Colleges and Universities-Head Start Partnership Program.*—The Committee recommendation includes \$4,000,000 for the Tribal Colleges and Universities-Head Start Partnership Program, the same level as the President’s budget request.

#### *Preschool Development Grants*

The Committee recommendation includes \$450,000,000 for Preschool Development Grants, an increase of \$175,000,000 over the fiscal year 2021 enacted level and the same level as the fiscal year 2022 budget request. This program, as authorized in the Every Student Succeeds Act (Public Law 114–95), provides competitive grants to States to improve the coordination, collaboration, and quality of existing early childhood programs; improve the transition from early childhood programs to kindergarten; implement evidence-based practices; improve professional development for early childhood providers; and generally improve educational opportunities for children.

The Committee encourages ACF to continue to support states that choose to use a portion of their renewal grant funding to

award sub-grants to programs in a mixed delivery system across the State, particularly for low-income and disadvantaged children prior to entering kindergarten, or to improve the quality of local programs through the enhancement of early childhood systems.

*Consolidated Runaway and Homeless Youth Program*

The Committee recommendation includes \$128,787,000 for the Consolidated Runaway and Homeless Youth program, which is \$12,007,000 above fiscal year 2021 enacted level and \$5,000,000 above the fiscal year 2022 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 encourages 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 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 sensitive to the diverse experiences of male, female, and transgender youth and consistent with the gender identity of participating youth), and 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 \$21,200,000 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 \$125,000,000 for the Child Abuse Prevention and Treatment State Grant program, an increase of \$34,909,000 above the fiscal year 2021 enacted level and \$5,000,000 above the fiscal year 2022 budget request. 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 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 \$35,000,000 for Child Abuse Discretionary Activities. This program supports discretionary grants for research, demonstration, and technical assistance to increase the knowledge base of evidence-based practices and to disseminate information to State and local child welfare programs.

*Child Abuse Hotline.*—Within the total, the Committee includes \$2,000,000 to continue support for the hotline to develop and research text and online chat-based intervention and education services through a national child abuse hotline for child abuse victims and concerned adults.

*Community-based Child Abuse Prevention*

The Committee recommendation includes \$85,000,000 for the Community-based Child Abuse Prevention program, an increase of \$24,340,000 above the fiscal year 2021 enacted level and \$5,000,000 above the fiscal year 2022 budget request. 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 \$275,000,000 for Child Welfare Services, which is an increase of \$6,265,000 above fiscal year 2021 and the same level as the fiscal year 2022 budget request. 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 \$121,000,000 for child welfare research, training, and demonstration projects, an increase of \$102,016,000 above the fiscal year 2021 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 is 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 \$100,000,000 in new demonstration grants to States 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, as much as possible, 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.

*National Survey of Child and Adolescent Well-being.*—The Committee recommendation includes funding for HHS to continue the National Survey of Child and Adolescent Well-being.

*Adoption Opportunities*

The Committee recommends \$46,100,000 for the Adoption Opportunities program, an increase of \$2,000,000. This program funds discretionary grants to help facilitate the elimination of barriers to adoption and provide technical assistance to help States increase the number of children adopted, particularly children with special needs.

The Committee recommendation includes \$1,000,000 to continue the National Adoption Competency Mental Health Training Initiative. This 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. 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 \$36,799,000 for Social Services Research and Demonstration. These funds support research and evaluation of cost-effective programs that increase the stability and economic independence of families and contribute to the healthy development of children and youth. Within the funds included in this account, \$28,287,000 shall be for the Congressionally Directed Spending projects as specified in the table at the end of this explanatory statement.

*Native American Programs*

The Committee recommends \$62,473,000 for Native American programs. These funds support a variety of programs to promote self-sufficiency and cultural preservation activities among Native American, Native Hawaiian, Alaska Native, and Pacific Islander organizations and communities.

*Native American Language Preservation.*—Within the total, the Committee recommendation includes \$14,000,000 for Native American language preservation activities, including no less than \$6,000,000 for Native American language nests and survival schools, as authorized by sections 803C(b)(7)(A)-(B) of the Native American Programs Act (Public Law 88-452). The Committee directs HHS to give priority to programs with rigorous immersion programs.

*Community Services Block Grant*

The Committee recommendation includes \$765,900,000, for the Community Services Block Grant [CSBG], which is \$20,900,000 above the fiscal year 2021 enacted level and \$12,000,000 above the fiscal year 2022 budget request. The CSBG is a formula grant to States and Indian Tribes to provide a wide-range of services to alleviate causes of poverty in communities and to assist low-income individuals in becoming self-sufficient. States are required to pass on at least 90 percent of these funds to local community-based organizations, the vast majority of which are community action agencies.

*Supporting Community Action Agencies' Response to Opioid Abuse and Misuse.*—Individuals and families in poverty face daunting challenges as they work toward substance use recovery and addressing the opioid epidemic requires a multi-pronged, community-based response. The Committee recognizes that community action agencies are uniquely positioned to help fight the opioid cri-

sis and provide essential support and services for individuals and families who experience poverty, and that these entities deliver a wide range of services to address immediate needs while supporting long-term goals, which make recovery sustainable.

*Community Economic Development*

The Committee recommendation includes \$22,606,000 for the Community Economic Development program, which is \$2,223,000 above the fiscal year 2021 level and \$1,000,000 above the fiscal year 2022 budget request. Community Economic Development grants fund non-profit, Community Development Corporations that help communities address the needs of low-income individuals and families by creating employment and business development opportunities.

*Rural Community Facilities*

The Committee recommendation includes \$11,600,000 for the Rural Community Facilities program, which is \$1,600,000 above the fiscal year 2021 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 \$23,000,000 for the National Domestic Violence Hotline, which is \$10,000,000 above the fiscal year 2021 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 \$453,450,000 for Family Violence Prevention and Services programs, an increase of \$270,950,000 over the fiscal year 2021 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.

Within this amount, the Committee allows programs to use a portion of their grant funding for direct payments to survivors of domestic violence to help stabilize families and prevent homelessness.

*Culturally Specific Services for Domestic Violence.*—The Committee understands that women and girls of color are often disproportionately impacted by domestic violence 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 \$25,000,000 for culturally specific, community-based organizations



to provide culturally specific services for survivors of domestic violence.

*Native Hawaiian Resource Center on Domestic Violence.*—Within the increase for the Family Violence Prevention and Services Act program is \$1,000,000 to establish a Native Hawaiian Resource Center on Domestic Violence. This Resource Center will 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 \$48,257,000 for the Chafee Education and Training Voucher program, which is \$5,000,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. 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 \$4,000,000 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 \$227,000,000 for the Federal costs of administering ACF programs.

PROMOTING SAFE AND STABLE FAMILIES

Appropriations, 2021 .....	\$427,515,000
Budget estimate, 2022 .....	451,000,000
Committee recommendation .....	451,000,000

The Committee recommends \$451,000,000 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 \$106,000,000 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 \$30,000,000 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). Additionally, the Committee includes \$9,000,000 for the Family First Clearinghouse to support evaluation and technical assistance relating to the evaluation of child and family services programs.

*Regional Partnership Grants [RPGs] and Family-Focused Residential Treatment Programs.*—Within the total for discretionary funding, the Committee recommendation includes \$7,000,000 for RPGs that promote coordination and collaboration between local child welfare and substance abuse treatment agencies, and other related organizations, to improve services and outcomes for children and families affected by substance use disorder, particularly opioid use. The Committee strongly encourages ACF to prioritize applicants that will focus on preparing programs to qualify as evidence-based foster care prevention services under the Family First Prevention Services Act (Public Law 115–123), including family-focused residential treatment programs, which help families remain together safely while parents receive treatment.

PAYMENTS FOR FOSTER CARE AND PERMANENCY

Appropriations, 2021 .....	\$7,011,537,000
Budget estimate, 2022 .....	6,963,000,000
Committee recommendation .....	6,963,000,000

The Committee recommends \$6,963,000,000 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 2023. 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 strongly encourages 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, 2021 .....	\$2,285,815,000
Budget estimate, 2022 .....	3,036,607,000
Committee recommendation .....	2,855,992,000

The Committee recommends \$2,855,992,000 for the Administration for Community Living [ACL], which includes \$27,700,000 to be transferred to ACL from the PPH Fund.

ACL was created with the goal of increasing access to community support for older Americans and people with disabilities. It is charged with administering programs authorized under the Older Americans Act [OAA] (Public Law 116–131) and the Developmental Disabilities Act (Public Law 106–402), as well as promoting com-

munity 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 \$500,000,000 for the Home and Community Based Supportive Services, program, which is \$107,426,000 above the fiscal year 2021 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 homemaker assistance.

#### *Preventive Health Services*

The Committee recommends \$26,339,000 for Preventive Health Services, which is \$1,491,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. 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 \$34,944,000, which is \$11,286,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request 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 \$230,000,000 for the National Family Caregiver Support program, which is \$41,064,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. Funds appropriated for this activity establish a multifaceted support system in each State for family caregivers, allowing them to care for their loved ones at home for as long as possible. States may use funding to provide information to caregivers about available services, assistance to caregivers in gaining access to services, caregiver counseling and training, respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities, and limited supplemental services that fill remaining service gaps.

*National Family Caregiver Strategy.*—The Committee notes that the RAISE Family Caregivers Act (Public Law 115–119) requires HHS to establish a Family Caregiving Advisory Council and develop a national family caregiving strategy. The Committee is encouraged by the 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 to support the work of the Council in the development of a national family caregiving strategy.

*Native American Caregiver Support Program*

The Committee recommends \$15,806,000 to carry out the Native American Caregiver Support program, which is \$5,000,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. 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 \$468,954,000 for congregate nutrition services and \$576,000,000 for home-delivered meals. These programs address the nutritional needs of older individuals, thus helping them to stay healthy and reduce their risk of disability. Funded projects must make home-delivered and congregate meals available at least once per day, 5 days a week, and each meal must meet a minimum of one-third of daily dietary requirements. While States receive separate allotments of funds for congregate meals, home-delivered meals, and supportive services, they have flexibility to transfer funds between these programs.

*Nutrition Services Incentives Program [NSIP].*—The Committee recommends \$169,000,000 for NSIP. NSIP augments funding for congregate and home-delivered meals provided to older adults. States and tribes may choose to receive all or part of their funding in the form of commodities from the U.S. Department of Agriculture.

*Aging Grants to Indian Tribes and Native Hawaiian Organizations*

The Committee recommends \$65,000,000 for grants to Native Americans, which is \$29,792,000 above the fiscal year 2021 enacted level. 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 \$19,446,000 for Aging Network Support activities, which is \$2,985,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. 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 \$6,000,000 for the Holocaust Survivor Assistance program.

*Alzheimer's Disease Program*

The Committee recommends \$30,060,000, an increase of \$2,560,000, 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 up to \$3,000,000 to continue the National Alzheimer's Call Center.

*Lifespan Respite Care*

The Committee recommends \$14,220,000, an increase of \$7,110,000, 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 \$19,400,000 for Elder Rights Support activities. 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 \$23,457,000 for Aging and Disability Resource Centers. These centers provide information, one-on-one counseling, and access for individuals to learn about their long-term services and support options with the goal of allowing seniors and individuals with disabilities to maintain their independence.

*State Health Insurance Assistance Program*

The Committee recommends \$55,242,000 for State Health Insurance Assistance Programs, which provide accurate and understandable health insurance information to Medicare beneficiaries and their families.

*Paralysis Resource Center*

The Committee recommends \$10,185,000 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 notes that ACL provided the State Pilot Programs [SPP] Report as required by the Consolidated Appropriations Act of 2021, which found that the National PRC is more effective than the SPP at helping people with paralysis live more independently and integrate more fully into their communities. The Committee directs ACL to support the National PRC at not less than \$9,700,000.

*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 \$13,321,000 for the Traumatic Brain Injury program. The program supports implementation and planning grants to States for coordination and improvement of services to individuals and families with traumatic brain injuries. Such services can include pre-hospital care, emergency department care, hospital care, rehabilitation, transitional services, education, employment, long-term support, and protection and advocacy services.

*Developmental Disabilities State Councils*

The Committee recommends \$88,480,000 for State councils on developmental disabilities. These councils work to develop, improve, and expand the system of services and supports for people with developmental disabilities at the State and local level. Councils engage in activities such as training, educating the public, building capacity, and advocating for change in State policies with the goal of furthering the inclusion and integration of individuals with developmental disabilities in all aspects of community life.

*Technical Assistance.*—The Committee instructs the Department to provide not less than \$700,000 for technical assistance and training for the State Councils on Developmental Disabilities. 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 Committee prior to releasing new funding opportunity announcements, grants, or contract awards with technical assistance funding.

*Developmental Disabilities Protection and Advocacy*

The Committee recommends \$46,798,000 for protection and advocacy programs for people with developmental disabilities. This formula grant program provides funds to States to establish and maintain protection and advocacy systems that protect the legal and human rights of persons with developmental disabilities who are receiving treatment, services, or rehabilitation.

*Voting Access for Individuals with Disabilities*

The Committee recommends \$9,963,000 to improve voting access for individuals with disabilities. This program provides grants to protection and advocacy organizations to ensure that individuals with disabilities have the opportunity to participate in every step of the electoral process, including registering to vote, accessing polling places, and casting a vote.

*Developmental Disabilities Projects of National Significance*

The Committee recommends \$13,100,000 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 \$47,173,000 for the University Centers for Excellence in Developmental Disabilities, a network of 67 centers that are interdisciplinary education, research, and public service units of a university system or public or nonprofit entities associated with universities.

*Independent Living*

The Committee recommends \$138,000,000 for the Independent Living Program. This program helps ensure that individuals with disabilities can live productive and independent lives in society. Funding helps States sustain, improve, and expand independent living services and establish and support a network of centers for independent living.

*National Institute on Disability, Independent Living, and Rehabilitation Research*

The Committee recommends \$118,970,000 for the National Institute on Disability, Independent Living, and Rehabilitation Research [NIDILRR], which is \$6,000,000 above the fiscal year 2021 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 includes funds to increase annual grant funding to competitively funded model systems centers, and a \$100,000 increase for the Traumatic Brain Injury Model Systems National Data and Statistical Center [NDSC].

*Spinal Cord Injury Model Systems [SCIMS].*—The Committee is concerned with the growing number of people living with a spinal cord injury in the United States and recommends \$2,000,000 to increase the number of federally-funded SCIMS Centers.

*Assistive Technology*

The Committee recommends \$44,000,000, an increase of \$6,500,000, 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 \$47,063,000, an increase of \$6,000,000, for program administration at ACL. These funds support salaries and related expenses for program management and oversight activities.

*Congressionally Directed Spending.*—The Committee includes \$13,871,000 for aging and disability services projects, as specified in the table at the end of this explanatory statement.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

Appropriations, 2021 .....	\$550,622,000
Budget estimate, 2022 .....	661,309,000
Committee recommendation .....	628,418,000

The Committee recommends \$628,418,000 for General Departmental Management [GDM]. The recommendation includes \$84,328,000 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.

*Addressing Modifiable Risk Factors for Alzheimer’s and Related Dementias.*—The Committee is encouraged by work underway via the National Alzheimer’s Project Act Plan [NAPA] to develop a national dementia prevention goal and a plan to achieve that goal.



The Committee understands that addressing modifiable risk factors, among them hypertension, diabetes, and obesity, may delay onset of dementia. Consistent with the Committee's support for the Building Our Largest Dementia Infrastructure for Alzheimer's Act, the Committee supports further efforts to incorporate evidence-based dementia risk reduction strategies in clinical practice and public health and encourages the Secretary to elevate this work and keep the Committee informed of progress.

*AI-assisted Recruitment Intelligence Applications.*—To meet ongoing staffing needs related to pandemic response and to support the President's executive order on ensuring a sustainable public health workforce, the Committee supports the implementation of human resource technology augmented by cloud-agnostic, commercial off the shelf [COTS] automated machine learning decision assistance software at the Department to: increase efficiency of hiring qualified personnel; decrease the time required for hiring; decrease the backlog of hiring at the Department and reduce costs associated with the increased demand in public health hiring.

*ALS Action Plan.*—The National Academies of Sciences, Engineering and Medicine [NASEM] provide independent, objective, evidence-based advice to policymakers, health professionals, the private sector, and the public to address some of society's greatest challenges. Given the significant adverse physical, financial, psychological impact ALS has on the individuals and families affected by it, the Committee recommendation includes \$1,000,000 for NASEM to conduct a comprehensive assessment of the disease. This study should include, but not be limited to: how to develop more effective and meaningful treatments and a cure; interventions to reduce and prevent the progression and complications of ALS; the type and range of care and services people and families with ALS need and how to ensure they receive comprehensive, quality care; what care, services, and preventive measures people at-risk of ALS need; and how to improve the quality-of-life, health, and well-being of affected individuals and families. The Committee requests the study be submitted to Congress by the end of fiscal year 2024.

*Antibiotic Resistant Bacteria.*—The Committee directs OASH, ASPE, ASPR/BARDA, NIH, CDC and AHRQ to jointly brief the Committees on Appropriations of the House of Representatives and Senate no later than 30 days after the enactment of this Act detailing how HHS and its agencies are coordinating their AMR-related efforts. The briefing should include a comparison of actual performance against the national targets for 2020 established in the March 2015 National Action Plan for Combatting Antibiotic-Resistant Bacteria and whether those goals were sustained in 2021. Agencies are directed to outline the focus of their plans for fiscal years 2022–2023 and how these are connected to longer-term objectives included in the follow-on National Action Plan released in October 2020.

*Blood Donor Awareness and Diversity Campaign.*—The Committee [directs] the Secretary to implement Section [3226] of the CARES Act (Public Law 116–136). In executing this campaign, the Secretary shall prioritize efforts that help improve the diversity of blood donors, especially among populations that are disproportion-

ately impacted by blood disorders such as sickle cell disease. The Secretary shall consult with FDA, CDC, OASH, and others as necessary to ensure that the campaign is inclusive of revisions to FDA's recommendations for reducing the risk of HIV transmission by blood and blood products. It is the sense of this Committee that the campaign may extend beyond the duration of the public health emergency declared by the Secretary under section 319 of the Public Health Service Act (42 U.S.C. 247d) with respect 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.

*Children's Interagency Coordinating Council.*—The Committee notes that the COVID-19 pandemic has contributed to a further decline in the economic standing, education, and physical and mental health status of low-income children, particularly among children in Hispanic, African American, and American Indian/Alaska Native families. Data shows that COVID-19 is causing more children to experience poverty and resulting in additional hardships including educational gaps and negative mental health impacts. The Committee supports collaboration amongst HHS, the Department of Energy, the Department of Justice, the Department of Agriculture, USAID and other Federal agencies to address these pressing problems. To foster greater coordination, collaboration, and transparency on child policy across agency lines, the Committee directs the Secretary to establish a Children's Interagency Coordinating Council. Among other tasks, the Council shall enter into an agreement with the NASEM to provide an annual report to Congress analyzing and monitoring how existing and emerging Federal policies have affected child poverty using the U.S. Census Bureau Supplemental Poverty Measure. In addition, the Council will examine and periodically report on a broad array of comprehensive and cross-cutting issues affecting child well-being.

*Clinical Psychological Training for Public Health Service Commissioned Corps.*—The Committee applauds the Commissioned Corps of the U.S. Public Health Service's update of appointment standards on June 25, 2021. With this update, the accreditation and eligibility requirements for the Public Health Service Corps now will allow access to the best qualified applicants, including those who graduate from Psychological Clinical Science Accreditation System programs.

*Disparity Populations.*—The Committee recognizes the importance of understanding and addressing the needs of disparity populations. To ensure underserved and disadvantaged populations continue to be best served by programs and offices within the Department, the Committee directs the Secretary to continue the collection of data on disparity populations, as defined by Healthy People 2030, in surveys administered with funding in this act.

*Global Health Research.*—The Committee requests an update in the fiscal year 2023 CJ on how CDC, FDA, BARDA, and NIH jointly coordinate global health research activities with specific measurable metrics used to track progress toward agreed upon health goals.

*Herpes Simplex Virus [HSV] Strategic Plan.*—The Committee recognizes that an estimated 1 in 3 Americans has Herpes, and that most Americans with HSV do not have symptoms and do not realize they have it. In light of the prioritization of ending the HIV/AIDS epidemic, maternal and neonatal health, the Committee directs OASH to develop a national strategic plan or amend the Sexually Transmitted Infections [STIs] National Strategic Plan for the treatment and prevention of HSV types 1 and 2. The recommendation includes \$250,000 to support this effort.

*Improving Child and Adult Vaccination Rates and Addressing Vaccine Hesitancy.*—The Committee requests a report within 180 days of enactment of this act regarding HHS' strategy and public awareness campaign to increase childhood and adult routine vaccination rates and lower vaccine hesitancy. This report shall include information on how the administration is tracking immunization rates of all age groups (i.e., young children, adolescents, adults, and older adults), and provide disaggregated data on vaccination rates to determine disparities across race, ethnicity, sex, age, and zip code for both routine and COVID-19 vaccinations. The Committee also understands that OASH intends to launch a public awareness campaign to improve pediatric catch-up immunization. In addition, the report shall address all actions the administration has taken and plans to take to educate Americans on immunizations to strengthen awareness, understanding, and trust in vaccines.

*Lung Cancer in Women.*—The Committee requests an update on the status of research on women and lung cancer and the disparate impact of lung cancer in women who have never smoked in the fiscal year 2023 CJ.

*LymeX Innovation Accelerator.*—The Committee commends the Office of the Secretary and its Chief Technology Officer for the Lyme Innovation Initiative, launched November 2018, and the LymeX Innovation Accelerator announced in October 2020. LymeX is a \$25,000,000 public-private partnership to accelerate innovation in prevention, diagnostics, and treatments for Lyme and other tickborne diseases. The Committee looks forward to receiving the multi-year plan outlining innovation initiatives for conquering Lyme disease, which is due in December 2021.

*Nonrecurring Expenses Fund.*—The Committee directs HHS to continue implementing previously notified projects and prioritize obligations for the following projects: Indian Health Service facilities, Cybersecurity, FDA laboratory renovations, and a CDC NIOSH facility.

*Obligation Reports.*—The Committee directs the Secretary to submit electronically to the Committee an Excel table detailing the obligations made in the most recent quarter for each office and activity funded under this appropriation not later than 30 days after the end of each quarter.

*Office of the General Counsel [OGC].*—The Committee recommendation includes \$30,100,000, which is \$1,000,000 below the fiscal year 2021 level for OGC.

*Opioid Response Resources.*—The Committee continues to be concerned by the number of deaths and hospitalizations caused by the opioid epidemic. As such, the Committee encourages the Secretary

to consider data regarding the burden of opioid overdose such as fatality and hospitalization rates caused by the misuse of opioids and stimulants when considering applications for grant opportunities addressing this crisis.

*Pain Management Taskforce Report.*—The Committee requests an update on the dissemination of the HHS Pain Management Best Practices Inter-Agency Task Force Report in the fiscal year 2023 CJ.

*Prematurity and Maternal Mortality.*—The Committee requests an update on the interagency working group to improve coordination of programs and activities within the Department to prevent preterm birth, infant mortality, and related adverse birth outcomes in the fiscal year 2023 CJ. The Committee recognizes the disparities in outcomes by race, ethnicity, geography, and income related to maternal mortality and prematurity, and appreciates the work of the many agencies involved in addressing these disparities.

*Public Health in Indian Country.*—The Committee recommends that the Secretary examine current public health initiatives within the Department that address public health crises such as viral hepatitis, HIV/AIDS, and opioids that impact Indian Country. The Committee requests that HHS provide an update on these efforts in the fiscal year 2023 CJ.

*Rapid HIV Self-Test.*—The Committee notes the important role that rapid HIV self-testing can play towards meeting the public health objectives outlined by the Ending the HIV Epidemic initiative, particularly in regards to rural and otherwise hard to reach populations. HHS is encouraged to incorporate rapid HIV self-testing into emerging efforts.

*Rural Communities.*—The Committee encourages the Secretary to ensure that rural concerns and challenges are adequately represented in the Department's policies, programs, and activities, including policies related to the opioid epidemic. The Committee requests that the Secretary include a status report update on these activities in the fiscal year 2023 CJ.

*Sexually Transmitted Infections [STIs].*—The Committee is aware of the recent statistics regarding the rise in STIs across the Nation and is pleased that OASH is creating a National STI Action Plan to address these trends to be released later this year. The Department is directed to provide a progress report to the Committees on Appropriations of the House of Representatives and the Senate 180 days after enactment of this act on its Action Plan.

*Staffing Reports.*—The Committee includes a general provision requiring the Department to submit a biannual staffing report to the Committee. The Excel table will include: the names, titles, grades, agencies, and divisions of all of the political appointees, special government employees, and detailees that were employed by or assigned to the Department during the previous month.

*Supporting Community Violence Intervention Programs.*—The Department has a critical role to play in supporting community violence intervention, including by providing grant funding to eligible programs and technical assistance to grant recipients, and through evaluating the implementation of community violence intervention programs. The Committee urges the Department to evaluate its existing grant programs to determine which can be used to support

community-based violence intervention programs and ensure that relevant funding opportunity announcements clearly articulate that community violence interventions are an allowable use of funds. The Committee also urges the Department to conduct outreach to raise awareness about the funding available for community violence intervention programs, provide technical assistance to grant recipients and conduct research into program efficacy and implementation, particularly with regard to CDC's new \$100,000,000 community violence intervention initiative.

*Telehealth Report.*—The Committee directs HHS to submit a report no later than 180 days after enactment detailing the impact of the actions taken by the Secretary during the COVID-19 public health emergency [PHE] to increase telehealth services under the Medicare, Medicaid, and Children's Health Insurance Programs, as well as other HHS entities engaged in policy or programmatic telehealth changes during the PHE (i.e., FDA, HRSA, OCR, OIG, and SAMHSA). The report should assess the services made available under these agencies and an explanation for actions undertaken—to include measures to evaluate and ensure program integrity, the types of providers that were eligible to be reimbursed as well as the services that could only be furnished by providers in-person during this period. The report should also assess any interval evidence development that would help provide Congress with equity-driven best practices ensuring all residents in America, including those most vulnerable (e.g., persons with disabilities, aging populations, limited English proficiency, racial and ethnic minorities) have protected access to telehealth going forward.

*Tardive Dyskinesia [TD].*—The Committee understands that TD is a persistent, irreversible, and potentially disabling neurological condition that is associated with prolonged exposure to antipsychotics and other dopamine receptor blocking agents. It is characterized by involuntary movements and affects at least 500,000 people in the United States. TD can significantly disrupt a patient's life, not only due to the symptoms themselves, but also the impact these symptoms have on social and emotional well-being and mental health. The Committee encourages HHS to prioritize the importance of screening, diagnosing, and treating TD. The Committee directs the Secretary to submit a report, no later than 180 days after the enactment of this act, which outlines the Department's existing resources for patients, providers, and caregivers related to TD and identifies opportunities to update and expand such resources.

#### *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 2021 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 rec-

ommendation 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 \$66,835,000 for the Office of Minority Health [OMH], which is \$5,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request. 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.

*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. The Committee urges HHS to consider partnering with universities with a focus on Indigenous health research and policy among American Indians and Alaska Natives, as well as universities with a focus on Indigenous health policy and innovation among Native Hawaiians/Pacific Islanders.

*Language Access Services.*—The Committee directs OMH to research, develop, and test methods of informing limited English proficient [LEP] individuals about their right to and the availability of language access services, 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 consult external experts and organizations with knowledge on or connections to LEP communities and partner with non-profit community-based organizations to test solutions and solicit feedback from LEP populations. The Committee requests a briefing on this initiative within 180 days of enactment of this act.

*Lupus Initiative.*—The Committee continues to support the OMH National Lupus Outreach and Clinical Trial Education program and the goal of increasing minority participation in lupus clinical trials. The program has developed multiple resources that can be used by the broader lupus community to enhance trial enrollment. The Committee encourages OMH to continue to develop public-private partnerships with organizations representing lupus patients, implement action plans, and engage the lupus community to increase participation in clinical trials for all minority populations at highest risk of lupus.

*Racial and Ethnic Minority Health.*—The Committee supports the OMH effort to lead collaboration across the Department to assess the health status and quality of life for racial and ethnic mi-

norities in the United States. The Committee encourages OMH to support research or public health interventions related to Sickle Cell, Sickle Cell Trait, Lupus, Alzheimer's, Diabetes, and peripheral artery disease, as well as stomach, liver, and cervical cancer to help reduce the racial and ethnic disparities that exist in these diseases.

*Office of Women's Health*

The Committee recommends \$43,140,000 for the Office of Women's Health [OWH], which is \$8,000,000 above the fiscal year 2021 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 \$8,100,000, an increase of \$3,000,000, 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.

*Contraceptive Care.*—The Committee recommendation includes \$5,000,000 for OWH, in coordination with HRSA and CDC, to support State-level public and private partnerships that integrate high-quality contraceptive care into primary healthcare and safety net systems. The Committee is aware that nearly half of all pregnancies in the United States are unintended. Studies show that unplanned pregnancy disproportionately affects poor and low-income people-which, along with other social determinants, can perpetuate negative health, economic and social outcomes, including disparities in maternal and infant health. The Committee understands that State-level public and private partnerships that embed contraceptive care into primary healthcare settings are demonstrating statewide declines in unplanned pregnancies and abortion rates. Collaboration can be an effective means to maximize limited resources and expand access to high quality family planning services. The Committee commends efforts by individual health centers outside the Title X network to improve their contraceptive care and supports the implementation of lessons learned from these health centers across the health center network.

OFFICE OF MEDICARE HEARINGS AND APPEALS

Appropriations, 2021 .....	\$191,881,000
Budget estimate, 2022 .....	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 de-

cisions 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, 2021 .....	\$62,367,000
Budget estimate, 2022 .....	86,614,000
Committee recommendation .....	86,614,000

The Committee makes available \$86,614,000, an increase of \$24,247,000, to the Office of the National Coordinator for Health Information Technology [ONC]. ONC is responsible for coordinating Federal health information systems and collaborating with the private sector to develop standards for a nationwide interoperable health information technology infrastructure.

*Standards for Interoperability.*—The Committee includes not less than \$5,000,000 to support fast healthcare interoperable resource standards-related activities needed to successfully achieve interoperability and information sharing for better health and healthcare.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2021 .....	\$80,000,000
Budget estimate, 2022 .....	100,000,000
Committee recommendation .....	90,000,000

The Committee recommends \$90,000,000 for the HHS Office of Inspector General [OIG].

OIG conducts audits, investigations, and evaluations of the programs administered by the Department's operating and staff divisions, including the recipients of the Department's grant and 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, 2021 .....	\$38,798,000
Budget estimate, 2022 .....	47,931,000
Committee recommendation .....	47,931,000

The Committee recommends \$47,931,000 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, 2021 .....	\$653,023,000
Budget estimate, 2022 .....	656,504,000
Committee recommendation .....	656,504,000

The Committee provides an estimated \$656,504,000 in mandatory funds for Retirement Pay and Medical Benefits for Commis-



sioned 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, 2021 .....	\$2,847,458,000
Budget estimate, 2022 .....	3,523,116,000
Committee recommendation .....	3,523,116,000

The Committee recommends \$3,523,116,000 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 \$2,993,017,000 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 directs the Office of the Assistant Secretary for Health, NIH, ASPR/BARDA, CDC and AHRQ to jointly brief the Committees on Appropriations of the House of Representatives and Senate no later than 30 days after the enactment of this act detailing how HHS and its agencies are coordinating their AMR-related efforts.

*Development of Health Technologies.*—The Committee provides \$2,080,000 to continue to support a bilateral cooperative program with the Government of Israel for the development of health technologies, including but not limited to the following: artificial intelligence, biofeedback, sensors, monitoring devices, and kidney care. The program should also emphasize collaboratively advancing the use of technology, personalized medicine, and data in relation to aging.

*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 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.

*National Disaster Medical System*

The Committee includes \$111,807,000, an increase of \$48,403,000, for the National Disaster Medical System [NDMS] to improve the disaster readiness of the nation by better coordinating existing assets with states and regions.

*Mission Zero.*—The Committee includes \$5,000,000 for civilian trauma centers to train and incorporate military trauma care providers and teams into care centers.

*Pediatric Disaster Care.*—The Committee includes \$5,000,000 to support the pediatric disaster care program.

*Public Health Preparedness Equipment.*—The Committee includes \$20,000,000 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 \$296,777,000, an increase of \$16,222,000 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 public health emergencies.

*National Special Pathogen System.*—U.S. national healthcare readiness capacity and capabilities were severely stretched by the COVID-19 pandemic. The Committee commends ASPR for using emergency supplemental funds to begin establishing a National Special Pathogen System [NSPS]. The Committee urges ASPR to continue working with the National Emerging Special Pathogen Training and Education Center [NETEC] to establish the NSPS strategy and implementation plan, in which NETEC serves as the coordinating center that will establish the NSPS system's central body and support the NSPS network's ability to translate education and training to care delivery in public health emergencies. The Committee includes \$7,000,000, an increase of \$2,000,000, to continue to support the NETEC, the ten Regional Ebola and other Special Pathogen Treatment Centers [RESPTC], and the State and jurisdiction Special Pathogen Treatment Centers [SPTCs] to maintain the Nation's preparedness against high infectious pathogen threats. In addition, the Committee includes \$14,000,000, an increase of \$8,000,000, to expand the number of RESPTCs and SPTCs to improve preparedness for future pandemic threats. The RESPTC expansion shall be a competitive process and healthcare entities applying to join the RESPTC system must demonstrate a commitment to health equity and delivery of healthcare services to diverse and under-served low-income populations; an emphasis on population health; the capacity to serve pediatric patients; and the ability to translate lessons observed and health systems research into actionable healthcare emergency response implementation plans. The Committee requests both a written report and a 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.

*Biomedical Advanced Research and Development Authority [BARDA]*

The Committee recommendation includes \$823,380,000, an increase of \$226,680,000 and consistent with the budget request, for 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.

*Freeze-Dried Hemostatic Products.*—The Committee remains concerned regarding the vulnerability of the blood supply that has been amplified by the frequent blood shortages during the COVID-19 pandemic. Currently, there has been development of next generation blood products by BARDA to respond to nuclear threats, however the threats posed by future pandemics that involve 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 the further development of freeze-dried hemostatic products, especially platelet-derived products, to include a wide range of indications such as treatment of hemorrhagic disease, 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 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 develop vaccines, diagnostics, drugs, and therapeutics to minimize serious threats of infectious disease. The Committee supports robust funding for enhanced work by BARDA in this space to proactively prepare for emerging infectious disease outbreaks and other naturally occurring threats to American and global health security. The Committee encourages ASPR to delineate information on emerging infectious diseases, pandemic influenza, and AMR investments in its annual five-year budget plan for medical countermeasure [MCM] development to clarify how ASPR is considering such naturally occurring threats in relation to other priority areas of MCM development, particularly given their inclusion in the Strategic Initiatives section of the Pandemic and All-Hazards Preparedness and Advancing Innovation Act (Public Law 116-22).

*Tuberculosis [TB].*—Drug-resistant TB is identified as a serious threat level pathogen to the United States by the National Strategy for Combating Antibiotic-Resistant Bacteria. As drug resistant TB cases are on the rise globally, the threat to the United States also grows. BARDA's investments in new TB diagnostics, drugs, and

vaccines are critical. The Committee requests an update on BARDA's investments in drug resistant TB research in the fiscal year 2023 CJ.

*Trusted Domestic Vaccine Supplier Capability.*—The Committee recognizes the need for domestic manufacturing of key biological starting materials [KSM] to ensure timely response to unanticipated health emergencies. KSMs, including plasmid DNA and mRNA, antibodies and protein enzymes serve a critical role in the swift production of vaccines, therapeutics and other medical countermeasures for both civilian and military populations. Rapid production of KSMs allows for the sufficient allocation of medical countermeasures across the country to combat biological crises. Therefore, the Committee encourages the Department to expand domestic manufacturing of KSMs and collaborate with U.S. companies that have pharmaceutical capabilities in order to ensure the development and stockpiling of synthesized medicines for future pandemics and biothreats.

*Project BioShield Special Reserve Fund*

The Committee recommendation includes \$770,000,000 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 medical countermeasures developed through BARDA contracts for the most serious public health threats.

*Strategic National Stockpile*

The Committee includes \$905,000,000, an increase of \$200,000,000 and consistent with the budget request, for the Strategic National Stockpile [SNS]. In addition, the CARES Act (Public Law 116–136) provided up to \$16,000,000,000 and the Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (Public Law 116–260) included \$3,250,000,000 for the SNS.

*Adequate Elastomeric Components.*—Every vial and prefilled syringe used in the United States requires FDA-validated elastomeric components, including stoppers for the vials and plungers and needle shields for the prefilled syringes, to function adequately. The Coronavirus Response and Relief Supplemental Appropriations Act of 2021 (Public Law 116–260) provided funding to ensure that there is an adequate supply of ancillary components, such as stoppers, plungers, and needle shields, to support the COVID–19 vaccination campaign. However, the Committee remains concerned that there could be shortages of these components, especially as new variants of SARS–CoV–2 emerge, which could negatively impact the vaccine distribution campaign. The Committee expects the Secretary, in conjunction with ASPR, to ensure that it has the necessary elastomeric components to support the vaccination campaign. As such, the Committee requests the Secretary, or the Secretary's designate, to brief the Committees on Appropriations of the House of Representatives and the Senate, not later than 90 days after the date of enactment of this act, on its assessment of the estimated supply of elastomeric components, domestically and internationally, related to vaccine administration; an assessment of current and future domestic capacity for elastomeric components re-

lated to the administration of such vaccines, the identification of any gaps in capacity for manufacturing; and recommendations to ensure adequate supplies of elastomeric components.

*Influenza Antivirals.*—The Committee remains concerned about the perennial threat of pandemic influenza. In addition to vaccines, antivirals are a critical medical countermeasure against a potential pandemic. The Committee notes that the SNS currently includes only one type of influenza antiviral—a limitation that could severely hamper our public health in the event of an influenza pandemic. The Committee strongly urges HHS to consider diversifying its stockpile of emergency influenza antivirals to ensure the Nation has multiple treatment options in the event of an influenza pandemic.

*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 is no longer in effect, the Secretary shall report to the Committee on the current inventory of personal protective equipment [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 Public Health Emergency Medical Countermeasures Enterprise [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.

*Replenishing PPE.*—The Committee is concerned about the emergence of counterfeit PPE products in the U.S. healthcare system and the critical need to boost domestic manufacturing of PPE as we work to replenish depleted inventory in the SNS. This public health risk is a direct result of the United States being overly reliant on foreign suppliers for PPE products, including surgical masks, N95 respirators, medical gloves, and gowns. To ensure the safety and security of PPE in the SNS inventory, shorten the supply chain to provide greater efficiency, ensure the quality of products, and decrease the risk of purchasing counterfeit PPE for medical use, the Committee strongly urges the Secretary to develop a long-term sustainable procurement plan that gives preference to and results in purchases from domestic manufacturers of PPE and PPE raw materials.

*Re-envisioning the SNS.*—The Committee is concerned with the mission, management and operations of the SNS. COVID-19 exposed serious weaknesses in our Nation's preparedness and response for a global pandemic. Recent reports show that in the years before the COVID-19 pandemic, ASPR restructured and narrowed the scope of the PHEMCE, the advisory body responsible for examining SNS inventory and making recommendations for medical countermeasure procurement. The Committee is concerned these changes impeded interagency collaboration and transparency, and resulted in lapses in SNS annual reviews which examine inventory relative to threat priorities and inform procurement planning. A re-

cent GAO review indicates that ASPR did not conduct statutorily required SNS annual reviews in 2017, 2018, and 2019 and failed to maintain records of PHEMCE proceedings after 2017. This likely contributed to extensive confusion about the role of the SNS, its inventory, and policies and practices surrounding distribution of SNS inventory during the pandemic. The Committee is aware of an ongoing National Academies study to provide guidance to ASPR on PHEMCE programs, goals, and activities. The Committee directs the Secretary to develop plans for re-envisioning the PHEMCE and SNS to ensure a transparent and deliberative decision-making process for procurement that is scientifically justified, meets healthcare and national security needs, and engages interagency partners in the full range of PHEMCE outlined in the Pandemic All-Hazards Preparedness and Advancing Innovation Act of 2019 (Public Law 116–22). This process should consider a variety of topics, including real-time inventory transparency; data and analytics to enhance evidence-based policy decisions and risk mitigation strategies; elasticity to readily scale responses; exercises of the SNS with industry, State, and local partners; modeling and simulation to plan and exercise; supply chain risk management, including the identification and mitigation of over-reliance on foreign sources and limited sources of critical supplies; and revolving management inventory. The Committee requests a report and briefing on these efforts, including a timeline of key activities and an update on activities required by Executive Order 14001 within 60 days of enactment of this act.

#### *Other Activities*

The Committee recommendation includes the following amounts for activities within ASPR:

- Operations—\$32,176,000;
- Preparedness and Emergency Operations—\$25,640,000; and
- Policy and Planning—\$19,917,000.

#### *Cybersecurity*

The Committee recommends \$159,116,000, an increase of \$101,296,000, 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 Committee does not include funding to continue HHS Protect, as capabilities shall no longer be duplicated at the Departmental level or shall be delegated to the appropriate operating division.

#### *Office of the Assistant Secretary for Health/Medical Reserve Corps*

The Committee recommendation includes \$6,240,000, an increase of \$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 notes that the MRC provides an important community service, assisting in emergency response during a natural disaster, terrorist attack, or disease outbreak, and conducting staffing exercises to test local capacity to quickly dispense medicines and vaccines in an emer-

gency. MRC volunteers provide important community service, assisting in emergency response during a natural disaster, terrorist attack, or disease outbreak and staffing exercises to test local capacity to quickly dispense medicines and vaccines in an emergency. In 2020, MRC units provided 800,000 hours to respond to COVID-19.

*Office of the Assistant Secretary for Health*

The Committee recommendation includes \$27,000,000 for activities within the Office of the Secretary.

*Readiness and Training Programs.*—The Committee requests an assessment of HHS deployable personnel, including but not limited to Public Health Service Commission Corps Officers and National Disaster Medical System intermittent personnel. The assessment should include the coordination of established forces and identification of remaining gaps. The report is to be submitted with the fiscal year 2023 CJ.

*Pandemic Influenza Preparedness*

The Committee recommendation includes \$335,000,000, consistent with the budget request, for Pandemic Influenza Preparedness. Of the total, \$35,000,000 is provided in annual funding and \$300,000,000 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 2022, the level transferred from the PPH Fund after accounting for sequestration is \$943,000,000. The Committee includes bill language in section 222 of this act that requires that funds be transferred within 45 days of enactment of this act to the following accounts, for the following activities, and in the following amounts:

[In thousands of dollars]

Account	Program	Committee recommendation
Aging and Disability Services Programs .....	Alzheimer’s Disease Prevention Education and Outreach.	\$14,700
Aging and Disability Services Programs .....	Chronic Disease Self-Management .....	8,000
Aging and Disability Services Programs .....	Falls Prevention .....	5,000
Immunization and Respiratory Diseases .....	Section 317 Immunization Grants .....	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 & Quit Lines).	128,100
Chronic Disease Prevention and Health Promotion ..	Breast Feeding Grants (Hospitals Promoting Breastfeeding).	9,500
Chronic Disease Prevention and Health Promotion ..	Million Hearts Program .....	4,000
Chronic Disease Prevention and Health Promotion ..	Heart Disease & Stroke Prevention Program .....	57,075
Chronic Disease Prevention and Health Promotion ..	Diabetes .....	52,275

[In thousands of dollars]

Account	Program	Committee recommendation
Chronic Disease Prevention and Health Promotion ..	Early Care Collaboratives .....	4,000
Environmental Health .....	Lead Poisoning Prevention .....	17,000
CDC-Wide Activities .....	Preventive Health and Health Services Block Grants	160,000
Mental Health .....	Suicide Prevention (Garrett Lee Smith) .....	12,000

### GENERAL PROVISIONS

Section 201. The bill continues a provision placing a \$50,000 ceiling on official representation expenses.

Section 202. The bill continues a provision limiting the use of certain grant funds to pay individuals more than an annual rate of Executive Level II or capping NIH investigator salaries.

Section 203. The bill continues a provision restricting the Secretary's use of taps for program evaluation activities unless a report is submitted to the Committees on Appropriations of the House of Representatives and the Senate on the proposed use of funds.

Section 204. The bill modifies a provision authorizing the transfer of up to 3 percent of PHS Act (Public Law 78-410) funds for evaluation activities.

Section 205. The bill continues a provision restricting transfers of appropriated funds and requires a 15-day notification to the Committees on Appropriations of the House of Representatives and the Senate.

Section 206. The bill continues a general provision allowing National Health Service Corps contracts to be canceled up to 60 days after award.

Section 207. The bill continues a provision regarding requirements for family planning applicants.

Section 208. The bill continues language which States that no provider services under title X of the PHS Act (Public Law 78-410) may be exempt from State laws regarding child abuse.

Section 209. The bill continues language which restricts the use of funds to carry out the Medicare Advantage Program if the Secretary denies participation to an otherwise eligible entity.

Section 210. The bill continues a provision prohibiting the use of funds for lobbying activities related to gun control.

Section 211. The bill continues a provision that limits the assignment of certain public health personnel.

Section 212. The bill continues a provision which facilitates the expenditure of funds for international health activities.

Section 213. The bill continues a provision permitting the transfer of up to 3 percent of AIDS funds among ICs by the Director of NIH and the Director of the Office of AIDS Research at NIH.

Section 214. The bill continues language which requires that the use of AIDS research funds be determined jointly by the Director of NIH and the Director of the Office of AIDS Research and that those funds be allocated directly to the Office of AIDS Research for distribution to the ICs consistent with the AIDS research plan.



Section 215. The bill continues a provision authorizing the Director of NIH to enter into certain transactions to carry out research in support of the NIH Common Fund.

Section 216. The bill modifies a provision permitting NIH to use up to \$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 modifies 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 staffing reports.

Section 227. The bill continues a provision on HHS staff travel for medical care.

Section 228. The bill modifies a provision allowing private donations for the care of unaccompanied children.

Section 229. The bill modifies a provision limiting the use of funds for unlicensed shelters for unaccompanied children.

Section 230. The bill continues a provision requiring Congressional notification prior to the use of influx facilities as shelters for unaccompanied children.

Section 231. The bill continues a provision regarding Member access to unaccompanied children facilities.

Section 232. The bill continues a provision requiring monthly reporting of unaccompanied children.

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 new provision relating to providing of mental health and other services to families that were separated at the U.S. Mexico border.

Section 236. The bill includes a new provision related to the equipping of the new CDC biosafety level 4 laboratory.

Section 237. The bill includes a new 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 inter-agency reimbursable agreements.

Section 240. The bill includes a new provision related to the NIH Director's ability to transfer funds between institutes and centers.

Section 241. The bill includes a new provision related to the Secretary's ability to waive penalties and administrative requirements during fiscal year 2022.

Section 242. The bill includes a new provision requiring grantees to notify it when key personnel in an NIH notice of award are disciplined for harassment.

Section 243. The bill includes a new provision renaming the CDC Undergraduate Public Health Scholars Program the John R. Lewis Undergraduate Public Health Scholars Program.

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, 2021 .....	\$17,226,790,000
Budget estimate, 2022 .....	37,246,790,000
Committee recommendation .....	33,802,790,000

The Committee recommends \$33,802,790,000 for programs in the Education for the Disadvantaged account. Funds appropriated in this account primarily support activities in the 2022–2023 school year.

*Grants to Local Educational Agencies*

The Committee recommends \$33,086,802,000 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.

Of the funds available for title I–A grants to LEAs, up to \$5,000,000 shall be available on October 1, 2021, for transfer to the Census Bureau for poverty updates; \$22,240,625,000 will become available on July 1, 2022; and \$10,841,177,000 will become available on October 1, 2022. The funds that become available on July 1, 2022, and October 1, 2022, will remain available for obligation through September 30, 2023.

The President’s budget includes a proposal for new Title I equity grants, to be funded at \$20,000,000,000 and subject to legislative language to be transmitted at a later date. The CJ describes the proposed program as one that would provide grants through a new formula to Title I–A-eligible LEAs to support more equitable state education finance systems; competitive compensation for teachers; meaningful access to rigorous coursework; and access to high-quality preschool.

While these are important goals, the Committee allocates the largest increase in the Title I–A program’s history to the existing Title I–A grant program, equally split between targeted grants and

education finance incentive grants. These additional funds could allow grants to be made to 11,000 public schools eligible for a Title I–A grant in 2019–2020 that did not receive one and increase the size of Title I grants to the approximately 60,000 public schools, or roughly 60 percent of all public schools nationwide, that received a grant in 2019–2020.

Additionally, the existing Title I–A grant program authorizes the majority of the Federal 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. At the funding level recommended in the bill, the set-aside for school improvement activities will approximately double to an estimated \$2,300,000,000. According to a recent GAO report on school improvement, the average grant award in 2019–2020 ranged from a minimum of \$31,000 to a maximum of \$444,000. Additional resources provided in this bill would support more robust award amounts needed to help schools implement 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 additional resources provided in this bill, including additional administrative resources available to all States, 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 the school improvement requirements of ESEA. The Committee also requests that additional information on the total amount reserved for the school improvement set-aside and the Department’s actions and plans for supporting SEA and LEA implementation of ESEA school improvement requirements be included in the fiscal year 2023 and future CJs.

The Committee recommendation includes a new provision which allows the Secretary to use up to \$50,000,000 available on July 1, 2022 for Basic grants for grants to States for voluntary activities designed to improve state effort and equity factors used in the education finance incentive grant [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. The Committee is concerned by reports of fiscal disparities that many students of color experience. 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. These funding differences contribute to gaps in access to high quality instruction

and 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 and 9 percent of students who successfully completed the course. Latinx students accounted for 25 percent of total 8th grade enrollment but just 18 percent of students enrolled in Algebra I.

The Committee believes the Department should provide financial assistance to any State that requests aid to identify disparities in State or local funding within their State for high-need LEAs; engage with local communities in developing plans, goals and timelines for reducing identified disparities; and report on interim goals, progress and corrective actions. Any funds not needed for this purpose shall be reallocated under the Basic grant formula. The Committee requests the Department brief the authorizing and appropriations committees of the Senate and House of Representatives not later than 30 days before issuing a notice inviting applications for these funds. The Department shall notify the committees not later than 7 days before any announcements of awards of these funds.

The Committee also urges the Department to support LEAs’ development of plans under section 1112(b)(6) of the Elementary and Secondary Education Act [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 2023 CJ.

#### *Comprehensive Literacy State Development Grants*

The Committee recommendation includes \$192,000,000 for the Comprehensive Literacy State Development Grants program. This program provides competitive grants to SEAs that then subgrant at least 95 percent of such funds to eligible entities to support efforts to improve literacy instruction in high-need schools and early education programs in a State for each of several age bands ranging from birth through 12th grade. The fiscal year 2022 appropriation will support 24 continuation awards, and funding reservations for Bureau of Indian Education schools, the outlying areas and national activities, including evaluation.

#### *Innovative Approaches to Literacy*

The Committee recommendation includes \$34,000,000 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 \$48,239,000 for the title I Neglected and Delinquent program. This program provides financial assistance to SEAs for education services to neglected and delinquent children and youth in State-run institutions and for juveniles in adult correctional institutions. States are authorized to set aside at least 15 percent, but not more than 30 percent, of their Neglected and Delinquent funds to help students in State-operated institutions make the transition into locally operated programs, and to support the successful reentry of youth offenders who are age 20 or younger and have received a secondary school diploma or its recognized equivalent. The Department is authorized to reserve up to 2.5 percent of the appropriation for national activities, including technical assistance.

#### *Special Programs for Migrant Students*

The Committee recommends \$66,123,000 for Special Programs for Migrant Students, which consist of the High School Equivalency Program [HEP] and the College Assistance Migrant Program [CAMP]. HEP projects are 5-year grants to institutions of higher education and other nonprofit organizations to recruit migrant students ages 16 and older and provide the academic and support services needed to help them obtain a high school equivalency credential and subsequently gain employment, attain admission to a postsecondary institution or a job training program, or join the military. CAMP projects are 5-year grants to institutions of higher education and nonprofit organizations to provide tutoring, coun-

seling, and financial assistance to migrant students during their first year of postsecondary education.

IMPACT AID

Appropriations, 2021 .....	\$1,501,112,000
Budget estimate, 2022 .....	1,541,112,000
Committee recommendation .....	1,565,838,000

The Committee recommends \$1,565,838,000 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 \$1,417,000,000 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 25 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 \$17,406,000 for eligible LEAs for school construction activities allocated through the authority for formula grants to LEAs under section 7007(a) of the ESEA.

*Payments for Federal Property*

The Committee recommends \$78,281,000 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, 2021 .....	\$5,444,217,000
Budget estimate, 2022 .....	6,532,675,000
Committee recommendation .....	5,760,835,000

The Committee recommendation includes \$5,760,835,000 for the School Improvement Programs account.

*Supporting Effective Instruction State Grants*

The Committee recommends \$2,193,580,000 for Supporting Effective Instruction State Grants. States and LEAs may use funds for a range of activities related to the certification, recruitment, professional development, and support of teachers and administrators. Activities may include reforming teacher certification and licensure requirements, addressing alternative routes to State certification of teachers, recruiting teachers and principals, improving equitable access to effective teachers, and implementing teacher mentoring systems, evaluation and support systems, merit pay, and merit-based performance systems. These funds may also be used by districts to hire teachers to reduce class sizes.

The appropriation for this program primarily supports activities associated with the 2022–2023 academic year. Of the funds provided, \$512,139,000 will become available on July 1, 2022, and \$1,681,441,000 will become available on October 1, 2022. These funds will remain available for obligation through September 30, 2023.

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 is concerned that the Department does not have reliable performance information from States on important measures such as the number of States that decrease the gap between the percentage of inexperienced teachers in the highest poverty quartile and the lowest poverty quartile schools and the number of States that decrease the gap between the percentage of teachers with emergency or provisional credentials in the highest poverty quartile schools. The Committee appreciates the Department’s review of alternative sources of information and measures for understanding, reporting and improving equitable access to effective educators for all students. The Committee requests the Department describe actions taken and planned on this issue in the fiscal year 2023 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 \$19,657,000 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.

*Nita M. Lowey 21st Century Community Learning Centers*

The Committee recommends an appropriation of \$1,309,673,000 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.

The Committee strongly encourages the Department of Education to support technical assistance to SEAs in effectively using the sub state grant priority for applicants demonstrating that services would not otherwise be accessible to students. Such assistance could expand the availability of afterschool and other authorized programs using evidence-based practices to successfully assist vulnerable populations in rural afterschool programs. The Committee requests an update in the fiscal year 2023 CJ on actions taken and plans for supporting such technical assistance.

*State Assessments Grants*

The Committee recommends \$428,000,000 for the State Assessments Grants program. This program provides formula grants to States for developing and implementing standards and assessments required by the ESEA and helping States and LEAs carry out audits of their assessment systems to eliminate low-quality or duplicative assessments. It also provides competitive grants to States, including consortia of States, to improve the quality, validity, and reliability of academic assessments.

The Committee recommendation includes \$58,811,000 for competitive grants to SEAs or consortia of SEAs to carry out activities designed to improve the quality, validity, and reliability of State academic assessments. The Committee believes assessments must provide aligned, comparable, statewide data for all students and produce assessment data for use as a tool for improvement of student and school outcomes, particularly for improving equity and educational achievement for underserved students. The Committee is particularly interested in grants that measure student academic achievement of all ESEA subgroups of students through the use of multiple measures from multiple sources or evaluate achievement through the development of comprehensive instruments that em-

phasize mastery of academic standards and aligned competencies in a competency-based education model. The Committee notes the CJ also identifies these as potential priorities for competitive grants in fiscal year 2022. The Committee directs the Department to prioritize applications that address these issues for all ESEA subgroups of students and requests a briefing not later than 14 days prior to the posting of a notice inviting applications for such grants.

*Education for Homeless Children and Youth*

The Committee recommends \$146,500,000 for carrying out education activities authorized by title VII, subtitle B of the McKinney-Vento Homeless Assistance Act. This program provides assistance to each State to support an office of the coordinator of education for homeless children and youth to develop and implement State plans for educating 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 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.

*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 \$7,575,000. 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. Services provided also include supporting implementation strategies for socioeconomic integration, creating positive and safe school climates and diversifying the teaching workforce.

The Committee directs the Department to brief House and Senate authorizing and appropriations committees not later than 30 days prior to publishing a notice inviting applications for new awards under this program. Further, the Committee notes improvements in outcome reporting and continues to encourage the Department to expand such reporting on important policies and practices in next year's and future CJs.

*Native Hawaiian Education*

The Committee recommends \$42,397,000 for the Education for Native Hawaiian program. The Committee recognizes that Native Hawaiians and Pacific Islanders have been disproportionately impacted by COVID–19, and that budget shortfalls related to the COVID–19 pandemic negatively impact the education and opportunities available to Native Hawaiians. Additional investments made

by the American Rescue Plan Act of 2021 and recommended in this bill are intended to address these additional costs and needs. The Committee bill continues provisions that allow funding provided by this program to be used for construction, modernization and renovation of public elementary and secondary schools predominantly serving a Native Hawaiian student body, and stipulate that the administrative funding limitation applies only to direct administrative costs.

The Committee recommendation includes sufficient funding for the Native Hawaiian Education Council.

#### *Alaska Native Education*

The Committee recommends \$36,453,000 for the Alaska Native Education. These funds help address the unique educational needs of Alaska Native schoolchildren. Funds are used for the development of supplemental educational programs to benefit Alaska Natives.

The Committee continues language that allows funding provided by this program to be used for construction and overriding the authorizing statute's requirement to make noncompetitive awards to certain organizations.

The Committee directs the Department to make every effort to ensure that grants are awarded well in advance of the school year, to maximize grantees' ability to hire the necessary staff and have their programs ready to go with the start of Alaska's school year in mid-August. The Committee continues to direct the Department to ensure that Alaska Native tribes, Alaska Native regional nonprofits, and Alaska Native corporations have the maximum opportunity to successfully compete for grants under this program by providing these entities multiple opportunities for technical assistance in developing successful applications for these funds, both in Alaska and via various forms of telecommunications. The Committee also encourages the Department to include as many peer reviewers as possible who have experience with Alaska Native education and Alaska generally on each peer review panel.

#### *Rural Education*

The Committee recommends \$200,000,000 for rural education programs. The Committee expects that rural education funding will be equally divided between the Small, Rural School Achievement Program, which provides funds to LEAs that serve a small number of students, and the Rural and Low-Income School Program, which provides funds to LEAs that serve concentrations of poor students, regardless of the number of students served.

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 teachers.

Last year, the Department announced that it had inappropriately implemented the Rural Education Achievement Program by per-

mitting 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 last year's bill 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 directs the Department, in collaboration with the U.S. Census Bureau, to provide a briefing and related material for the authorizing and appropriations Committees of Congress within 180 days of enactment of this act that includes: 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, as it pivoted to supporting customers in delivering evidence-based literacy instruction in remote learning environments, evidence-based interventions needed to address the impact of lost instructional time and evidence-based approaches to summer learning and enrichment activities, among other activities. The Committee recognizes more work will be needed from the system in continuing to build state and local capacity to use evidence in im-

plementing approaches to addressing the continuing impact of lost instructional time, re-engaging students and eliminating educational inequities. The Department should continue to describe examples of the impact of centers' work in these areas and findings from relevant evaluations in next year's and future CJs.

*Student Support and Academic Enrichment Grants*

The Committee recommendation includes \$1,320,000,000 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 2022 CJ on current expenditures for the 2 percent set-aside for technical assistance and capacity building and requests additional information about planned activities or the process for identifying the technical assistance and capacity needs of SEAs and 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, funding is available for a similar purpose within the National Activities under the Safe Schools and Citizenship Education account.

*Climate Resilient Schools*

The Committee recommendation does not include funding for the proposed Climate Resilient Schools program.

INDIAN EDUCATION

Appropriations, 2021 .....	\$181,239,000
Budget estimate, 2022 .....	186,239,000
Committee recommendation .....	189,246,000

The Committee recommends \$189,246,000 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 \$70,000,000 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 \$19,900,000 for the Indian Education Professional Development Program to effectively prepare and address the need for American Indian/Alaska Native teachers and administrators.

*National Activities*

The Committee recommends \$8,865,000 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 does not include the requested language.

The recommendation includes \$4,000,000 for Native American Language Immersion Programs.

INNOVATION AND IMPROVEMENT

Appropriations, 2021 .....	\$1,114,250,000
Budget estimate, 2022 .....	1,284,250,000
Committee recommendation .....	1,355,585,000

The Committee recommends \$1,355,585,000 for programs within the Innovation and Improvement account. This amount includes an additional \$54,085,000 provided by a general provision at the end of this title of the bill.

*Education Innovation and Research*

The Committee recommendation includes \$270,000,000 for the Education Innovation and Research [EIR] program. This program supports the creation, development, implementation, replication, and scaling up of evidence-based, field-initiated innovations designed to improve student achievement and attainment for high-need students. EIR incorporates a tiered evidence framework that provides early-phase, mid-phase, and expansion and replication grants. This supports interventions throughout the pipeline, from smaller grants for early stage projects that are willing to undergo rigorous evaluation to test their efficacy to larger grants to scale-up proven-effective interventions that have demonstrated significant impacts through multiple rigorous evaluations.

*Grant Priorities.*—The Committee is aware the Department is considering priorities for projects proposing to address the impact

of the COVID–19 pandemic on underserved students and educators and promoting equity and adequacy in student access to educational opportunities and resources. The Committee supports these important priorities and notes such priorities could include projects addressing the social-emotional needs of students and increasing access to high quality STEM opportunities, including computer science education, for underserved students. The Committee also 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 requests the Department brief the Committees on Appropriations of the House of Representatives and the Senate on the fiscal year 2022 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 believes the Department needs to take stronger steps to publicly release and widely publicize the research findings from this critical program, and its predecessor, the Investing in Innovation program, to stakeholders at the Federal, State, and local level. The Committee is particularly interested in better showcasing those programs that have demonstrated, through rigorous research as required by the ESEA, that their innovations show specific evidence of achievement in educational outcomes. The Committee appreciates the Department is developing a technical assistance plan for disseminating findings and lessons learned to stakeholders. The Department should expeditiously and effectively implement this plan. The Committee requests an update in the fiscal year 2023 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.

#### *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 charter schools.

Within the total, the Committee recommendation includes not less than \$222,000,000 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); \$60,000,000 for Facilities Grants under section 4304,

of which not less than \$50,000,000 shall be for the Credit Enhancement program; and not more than \$18,000,000 for national activities to provide technical assistance, disseminate best practices, and evaluate the impact of the charter school program.

The Committee appreciates information included in the fiscal year 2022 CJ on activities taken or planned by State Entity grantees to strengthen charter school authorizing and oversight practices and looks forward to receiving the report on State Entity grantee use of funds expected in summer 2021. The Committee requests an update in the fiscal year 2023 CJ on actions the Department will take to ensure that charter schools receiving CSP grants are equipped to appropriately serve all students, including students with disabilities. Further, the Committee encourages the Department to ensure that technical assistance and dissemination activities funded elsewhere at the Department, as appropriate, support the provision and oversight of special education services in charter schools.

The Committee strongly supports the continued ineligibility of a for-profit entity receiving CSP awards. However, some charter schools receiving CSP funds enter into a contract with a for-profit entity to manage the charter school on a day-to-day basis. Reports have found excessive compensation at some of these schools, including virtual charter schools that produced poor outcomes for students. The Committee believes the Department must ensure such contracting relationships safeguard Federal funds from fraud, waste, and abuse; prioritize the educational needs of students; protect the independence of the charter school and its board; be fully transparent and sufficiently overseen; and provide reasonable terms and costs for services provided, among other factors necessary to eliminate the potential risk to Federal funds being used for unintended purposes. The Committee is aware of important oversight work currently underway by the GAO. The Committee eagerly anticipates reviewing findings from this important work and directs the Department to brief authorizing and appropriations committees of Congress on actions taken and planned for eliminating the risk to Federal funds of charter school contracting relationships with for profit entities not later than 30 days of enactment of this act.

The Committee also is concerned about the Department's recent record in ensuring that the Department is adequately staffed, including the Charter Schools Programs office, within the Office of Elementary and Secondary Education. Lack of sufficient staffing creates challenges for administering grant competitions efficiently, providing accurate and timely guidance and technical assistance to the field, and ensuring accountability and transparency for Federal funds, including CSP funds. In recent years, the office has launched competitions very late in the fiscal year. It still has not yet issued program guidance covering the changes made to the program's statute by the Every Student Succeeds Act, including developing capacity for and conducting fiscal oversight needed to safeguard Federal funds from risks associated with inappropriate contracting relationships with for-profit entities. Therefore, the Committee directs the Secretary describe in the fiscal year 2023 and fu-



ture CJs the Department's plan for ensuring sufficient staffing and oversight of CSP.

#### *Magnet Schools Assistance*

The Committee recommends \$179,000,000 for the Magnet Schools Assistance program [MSAP]. This program supports grants to LEAs to establish and operate magnet schools that are part of a court-ordered or federally approved voluntary desegregation plan. Magnet schools are designed to attract substantial numbers of students from different social, economic, ethnic, and racial backgrounds. Grantees may use funds for planning and promotional materials; salaries of instructional staff; transportation, as long as such expenses are sustainable beyond the grant period and not a significant portion of the grant; and the purchase of technology, educational materials, and equipment.

*Collaboration with the Department of Housing and Urban Development [HUD].*—The Committee strongly encourages the Department to include a priority for a portion of new grant funds in fiscal year 2022 for Magnet Schools Assistance applications that are connected to a nearby public housing redevelopment project, including developments funded through the HUD Choice Neighborhoods Initiative and the HUD Rental Assistance Demonstration. The notice inviting applications [NIA] shall prioritize MSAP applications that seek to provide an opportunity for children in the public housing redevelopment to attend a racially and economically integrated school in or near their neighborhood. The Department of Education is, to the extent feasible, directed to coordinate with HUD and the HUD Choice Neighborhoods Initiative, and to issue any 2022 MSAP NIA on or about the same date as the HUD Choice Neighborhoods notice of funding availability.

#### *Arts in Education*

The Committee recommendation includes \$32,000,000 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.

#### *Javits Gifted and Talented Students*

The Committee recommendation includes \$13,500,000 for the Javits Gifted and Talented Students Education program. Funds are used for awards to State and local educational agencies, institutions of higher education, and other public and private agencies for research, demonstration, and technical assistance activities designed to enhance the capability of elementary and secondary schools to meet the special educational needs of gifted and talented students. Under ESEA, the Department gives priority in making awards to 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

*American History and Civics Education*

The Committee recommendation includes \$10,000,000 for American History and Civics Education, including \$3,000,000 for Presidential and Congressional Academies for American History and Civics and \$7,000,000 for American History and Civics Education National Activities.

Presidential Academies for the Teaching of American History and Civics offer residential workshops to elementary and secondary school teachers to strengthen their knowledge through instruction and interaction with primary scholars and accomplished teachers in these fields. The Congressional Academies for Students of American History and Civics provide similar workshops to students to enrich their understanding of American history and civics.

The latest National Assessment of Educational Progress [NAEP] scores from 2018 show that just 24 percent of 8th grade students are proficient in civics, a level unchanged from 1998. The Committee recognizes the need to support improvement in these results and recommends additional funding to help accomplish that goal. The Committee notes the continued importance of civics education and the need to incorporate practices for civic engagement in the digital environment. Students must understand concepts such as media literacy, the role of cognitive bias in powering disinformation campaigns, responsible content sharing, and the prevalence of malicious online influence in order to effectively participate in our democracy and public discourse. Further, educational activities that 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 could help unite and strengthen our Nation. The Committee requests a briefing not later than 14 days prior to the publication of a notice inviting applications for fiscal year 2022 grants under this program. Further, the Committee requests to be notified not later than seven days before the announcement of any new awards.

*Teacher and School Leader Incentive Grants*

The Committee recommendation includes \$200,000,000 for Teacher and School Leader Incentive Grants. This program provides competitive grants to eligible entities to develop, implement, improve, or expand human capital management systems or performance-based compensation systems in schools. Funds can be used for a wide-range of activities, including developing or improving evaluation and support systems that are based in part on student achievement; providing principals with necessary tools to make school-level decisions; implementing a differentiated salary structure based on a variety of factors; improving the recruitment

and retention of effective teachers, principals, and other school leaders; and instituting career advancement opportunities that reward effective teachers, principals and other school leaders.

*Ready-To-Learn Television*

The Committee recommendation includes \$30,000,000 for the Ready-to-Learn Television program. This program is designed to facilitate student academic achievement by leveraging the power and reach of public television to develop and distribute educational video programming, and digital content, for preschool and elementary school children and their parents, caregivers, and teachers.

*Supporting Effective Educator Development*

The Committee recommendation includes \$80,000,000 for the Supporting Effective Educator Development [SEED] program. SEED provides competitive grants to improve teacher and principal effectiveness by supporting pathways that help teachers, principals, or other school leaders with non-traditional preparation and certification obtain employment in underserved LEAs; providing evidence-based professional development; and making services and learning opportunities freely available to LEAs.

*Effective School Leaders.*—The Committee recognizes the significant impact of effective 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.

*Statewide Family Engagement Centers*

The Committee recommendation includes \$17,000,000 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 will administer a new grant competition and make new awards in fiscal year 2022, expanding the number of States served by such centers. The Committee requests the Department report in the fiscal year 2023 CJ on how it has and will monitor and support implementation of parent and family engagement activities of SEAs and LEAs, including through its broader network of elementary and secondary education technical assistance centers not limited to those authorized under Title II of the Educational Technical Assistance Act.

*Student Leader Recruitment and Support*

The Committee recommendation includes \$30,000,000 for the School Leader Recruitment and Support [SLRS] program. This program is authorized, but not previously funded, 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.

*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 \$54,085,000 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, 2021 .....	\$217,000,000
Budget estimate, 2022 .....	650,000,000
Committee recommendation .....	1,417,000,000

The Committee recommends a total of \$1,417,000,000 for activities to promote safe schools, healthy students, and citizenship education.

*Promise Neighborhoods*

The Committee recommendation includes \$101,000,000 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.

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 first 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 \$916,000,000 for the School Safety National Activities, including up to \$5,000,000 for Project SERV. This funding supports activities to improve student safety and well-being, including improving school climates, access to mental healthcare, and emergency management response; preventing school violence; and addressing the consequences of school violence or other traumatic events such as natural disasters.

*Mental Health Services Professional Development and School-based Mental Health Services.*—The budget includes \$1,000,000,000 within the School Improvement account for a new School Based Health Professionals program. The Committee directs the Department to use \$800,000,000 from the Safe Schools National Activities Program 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. 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 requests a briefing within 45 days of enactment of this act

on plans for carrying out the fiscal year 2022 Mental Health Services Professional Demonstration Grants and the School-Based Mental Health Services Grants competitions. The Department should be prepared to explain how support for training, recruiting, hiring and retaining school nurses could be addressed through these activities and how these activities will be coordinated with related investments at the Department of HHS.

*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 notice inviting applications.

*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 \$400,000,000 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 strongly encourages the Department to prioritize applications from eligible entities in states that have a statewide community schools strategy. The Committee requests a briefing not later than 14 days prior to the publication of a notice inviting applications for fiscal year 2022 grants under this program.

ENGLISH LANGUAGE ACQUISITION

Appropriations, 2021 .....	\$797,400,000
Budget estimate, 2022 .....	917,400,000
Committee recommendation .....	917,400,000

The Committee recommends an appropriation of \$917,400,000 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 \$20,000,000 of these funds to States that have experienced a recent influx of unaccompanied migratory children,

based on data from January 1, 2021, provided by the Department of Health and Human Services [HHS], Office of Refugee Resettlement [ORR] or recent influx of students from Puerto Rico since January 1, 2020.

The Committee notes that ELA funds must be used to supplement effective language instruction educational programs that demonstrate success in increasing student English language proficiency and academic achievement of English Learners [ELs] and for activities that increase the knowledge and skills of teachers who serve ELs. The Committee is aware that bilingual and dual language approaches have proven effective in the teaching of English to ELs, as well as in academic instruction in reading, math, science, and social studies. The Committee also understands the Department is considering changes in organizational responsibilities among its Office of Elementary and Secondary Education and Office of English Language Acquisition to improve support for English learners and their educators. The Committee believes such changes must include consideration of support for effective instructional educational programs, including bilingual and dual language approaches, implemented at the discretion of SEAs and LEAs. The Committee also encourages the Department to consider the needs of ELs who are also older students, classified as ELs for an extended amount of years, and ELs who are also students with disabilities. The Committee requests updates on actions and plans related to these changes and other efforts for supporting such programs and approaches in the fiscal year 2023 and future CJs.

SPECIAL EDUCATION

Appropriations, 2021 .....	\$14,070,743,000
Budget estimate, 2022 .....	17,193,256,000
Committee recommendation .....	17,154,604,000

The Committee recommends an appropriation of \$17,154,604,000 for special education programs.

*Grants to States*

The Committee recommendation includes \$15,537,429,000 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 2022–2023 academic year. Of the funds available for this program, \$6,254,046,000 will become available on July 1, 2022, and \$9,283,383,000 will become available on October 1, 2022. These funds will remain available for obligation through September 30, 2023.

*Preschool Grants*

The Committee recommends \$502,620,000 for Preschool Grants. This program provides formula grants to States to assist them in making available special education and related services for children with disabilities aged 3 through 5. States distribute the bulk of the

funds to LEAs. States must serve all eligible children with disabilities aged 3 through 5 and have an approved application under the IDEA.

#### *Grants for Infants and Families*

The Committee recommends \$731,850,000 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 appropriations language in three areas. The first would require all States to reserve 10 percent of their part C funding to implement a State equity plan approved by the Secretary. The second 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 third would 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. Finally, language would allow States to use Federal funds to continue to offer part C services to eligible children with disabilities from their third birthday until the beginning of the next school year. The Committee bill includes language in each of these areas, intending additional resources combined with focused efforts to reduce service gaps that have been reported for families of color and families with low incomes.

#### *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 \$79,028,000 for Technical Assistance and Dissemination. This program supports awards for technical assistance, model demonstration projects, the dissemination of useful information, and other activities. Funding supports activities that are designed to improve the services provided under the IDEA.

*Special Olympics.*—Within the total, the Committee recommendation includes \$29,683,000 to support activities authorized by the Special Olympics Sport and Empowerment Act, including Project UNIFY. This funding supports efforts to expand Special Olympics programs and the design and implementation of Special



Olympics education programs that can be integrated into classroom instruction and are consistent with academic content standards.

#### *Personnel Preparation*

The Committee recommends \$200,000,000 for the Personnel Preparation program. Funds support competitive awards to help address State-identified needs for personnel who are qualified to work with children with disabilities, including special education teachers and related services personnel. The program is required to fund several other broad areas, including training leadership personnel and personnel who work with children with low-incidence disabilities, and providing enhanced support for beginning special educators.

#### *Parent Information Centers*

The Committee recommends \$33,000,000 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 \$32,047,000 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 ongoing progress made with the tools and services provided under the Educational Technology, Media and Materials program that have allowed more than 803,000 students with disabilities free access to more than 830,000 books in digitally accessible formats while creating systemic change in the publishing industry by equipping publishers with tools and processes to make their product “Born Accessible,” ensuring all students, with and without disabilities, can use the same educational materials. The Committee strongly encourages continued effort to expand this program’s reach to elementary and secondary students in underserved areas.

The Committee also includes no less than \$2,500,000 for model demonstration programs to support improved access to postsecondary instructional materials for students with print disabilities, as authorized by section 773 of the Higher Education Act. The purpose of the program is to improve the quality and timeliness of delivery of instructional materials in specialized formats to postsecondary students with print disabilities, including systems to improve efficiency and reduce duplicative efforts across multiple institutions of higher education, as recommended by the Advisory Commission on Accessible Instructional Materials in Postsecondary Education for Students with Disabilities.

## REHABILITATION SERVICES

Appropriations, 2021 .....	\$3,814,220,000
Budget estimate, 2022 .....	3,894,820,000
Committee recommendation .....	3,874,145,000

*Vocational Rehabilitation State Grants*

The Committee recommends \$3,719,121,000 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 recommendation continues authority within the DIF that allows the Department to use unallocated funding, in consultation with the Department of Labor, for competitive grants to improve opportunities for competitive integrated employment, as defined in the Rehabilitation Act, for individuals with disabilities. The Committee directs the Department to continue to brief the Committees on Appropriations; the Committee on Health, Education, Labor, and Pensions of the Senate; the Committee on Education and Labor of the House of Representatives; the Committee on Finance of the Senate; and the Committee on Ways and Means of the House of Representatives at least every 6 months with updates on implementation of this initiative.

*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 \$15,796,000 for demonstration and training programs. These programs support activities designed to increase employment opportunities for individuals with disabilities by expanding and improving the availability and provision of rehabilitation and other services.

The Committee recommendation includes no less \$4,200,000 for Parent Information and Training Programs, an increase of \$1,500,000 over the fiscal year 2021 level.

*Protection and Advocacy of Individual Rights*

The Committee recommends \$20,150,000 for the Protection and Advocacy of Individual Rights program. This program provides grants to agencies to protect and advocate for the legal and human rights of persons with disabilities who are ineligible for the protection and advocacy services available through the Developmental Disabilities Assistance and Bill of Rights Act (Public Law 106–402)

or the Protection and Advocacy for Individuals with Mental Illness Act (Public Law 99–319).

*Supported Employment State Grants*

The Committee recommendation includes \$22,548,000 for the Supported Employment State Grants Program. This program provides grants to States to provide supported employment services for individuals with the most significant disabilities, including youth with disabilities.

*Independent Living Services for Older Individuals Who Are Blind*

The Committee recommends \$33,317,000 for Independent Living State Grants. This program supports assistance to individuals over age 55 to help them adjust to their blindness and continue to live independently, including daily living skills training, counseling, community integration information and referral, the provision of low-vision and communication devices, and low-vision screening.

*Helen Keller National Center*

The Committee recommends \$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.

*Congressionally Directed Spending*

The Committee recommendation includes \$2,325,000 for the projects, and in the amounts, specified in the table at the end of this explanatory statement.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

AMERICAN PRINTING HOUSE FOR THE BLIND

Appropriations, 2021 .....	\$34,431,000
Budget estimate, 2022 .....	37,431,000
Committee recommendation .....	41,431,000

The Committee recommends \$41,431,000 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 applauds APH for rapidly developing training resources to assist schools, teachers, parents, and students to adapt

to the changes in education brought about because of the COVID pandemic. The Committee recommendation includes an increase for APH to 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 recommendation also includes \$4,000,000 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, 2021 .....	\$81,500,000
Budget estimate, 2022 .....	84,500,000
Committee recommendation .....	90,700,000

The Committee recommends \$90,700,000 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 \$7,500,000 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 postsecondary STEM education and employment for students who are deaf or hard of hearing in underserved areas. This has included professional development for teachers, developing relationships with business and industry to promote employment opportunities, and preparing students to be successful in STEM fields.

#### GALLAUDET UNIVERSITY

Appropriations, 2021 .....	\$140,361,000
Budget estimate, 2022 .....	143,361,000
Committee recommendation .....	164,361,000

The Committee recommends \$164,361,000 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 \$20,000,000 for construction.

*Early Language Acquisition Project [ELAP].*—Within the total, the Committee recommendation includes \$4,500,000 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, 2021 .....	\$2,030,936,000
Budget estimate, 2022 .....	2,183,936,000
Committee recommendation .....	2,132,848,000

*Career and Technical Education*

The Committee recommends \$1,409,848,000 for the Career and Technical Education [CTE] account.

*State Grants.*—The Committee recommends \$1,384,848,000 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 retraining to adapt to changing technological and labor market conditions. Per the authorization of the program, after reservations for required set-asides and small State minimums, funds are distributed to a baseline level of the amount awarded to each State in fiscal year 2018, with any remaining funds allocated according to a formula based on State population and State per capita income.

Under the Indian and Hawaiian Natives programs, competitive grants are awarded to federally recognized Indian Tribes or Tribal organizations and to organizations primarily serving and representing Hawaiian Natives for services that are additional to what these groups receive under other provisions of the Perkins Act (Public Law 109–270).

Of the funds available for this program, \$593,848,000 will become available July 1, 2022, and \$791,000,000 will become available on October 1, 2022. These funds will remain available for obligation until September 30, 2023.

*National Activities.*—The Committee recommendation includes \$25,000,000 for national activities. This includes up to \$15,000,000 for innovative middle and high school CTE projects aimed at advancing equity and building the evidence-base for what works in CTE, particularly for underserved students, which may include expanding career pathways opportunities for middle and high school students.

The recommendation also supports evaluation and technical assistance related to such projects, as well as continued support for research, development, demonstration, dissemination, evaluation, and assessment of activities aimed at improving the quality and effectiveness of CTE.

The Committee directs the Department to work with the Departments of Defense, Labor, and Commerce to develop a pilot project to increase the quality of, and participation in, career and technical education programs related to the skills needed for new submarine construction. The Committee requests a briefing on the status of this effort within 60 days of enactment.

*Adult Education*

The Committee recommends \$723,000,000 for Adult Education programs.

*Adult Education State Grants.*—The Committee recommendation includes \$700,000,000 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 \$23,000,000 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, 2021 .....	\$24,545,352,000
Budget estimate, 2022 .....	27,545,352,000
Committee recommendation .....	26,413,460,000

The Committee recommends an appropriation of \$26,413,460,000 for programs under the Student Financial Assistance account.

*Federal Pell Grant Program*

The Committee recommends \$24,278,460,000 in current year discretionary funding for the Pell grant program.

The Committee recommendation includes \$5,835 for the discretionary portion of the maximum Pell grant award, an increase of \$400. Combined with mandatory funding, under current law, this would provide a total maximum award of \$6,895 for the 2022–2023 award year.

*Federal Supplemental Educational Opportunity Grant Program*

The Committee recommends \$905,000,000 for the Supplemental Educational Opportunity Grant [SEOG] program. The SEOG program provides funds to approximately 3,600 postsecondary institutions for need-based grants to 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 \$1,230,000,000 for the Federal Work-Study [FWS] program. This program provides grants to approximately 3,200 institutions 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 \$10,650,000, for the Work Colleges program authorized under section 448 of the Higher Education Act (Public Law 89-329), as amended.

The Committee notes that SEOG and FWS are allocated according to long-standing statutory formulas with stringent hold-harmless provisions that result in allocations to institutions that do not target the students with the greatest financial need. The Committee supports legislative efforts to improve equity in the distribution of campus-based aid programs.

## FEDERAL DIRECT STUDENT LOAN PROGRAM ACCOUNT

Appropriations, 2021 .....	\$50,000,000
Budget estimate, 2022 .....	25,000,000
Committee recommendation .....	50,000,000

The Committee recommendation includes \$50,000,000 for the Federal Direct Student Loan Program Account.

The Committee directs the Department to continue to provide quarterly updates to the Committees on Appropriations of the House of Representatives and the Senate; the Senate Committee on Health, Education, Labor, and Pensions; and the House Committee on Education and Labor, on actions taken to implement GAO's recommendations related to the Federal Direct Student Loan Program and to comply with other requirements in this and prior appropriations acts related to this program.

The Committee recommendation includes \$50,000,000 in additional discretionary funding for the Federal Direct Student Loan Program Account to provide student loan borrower forgiveness under the Temporary Expanded Public Service Loan Forgiveness [TEPSLF] 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 its recent announcement to address many of these eligibility issues through the PSLF program, and supports the Department's efforts to continue to expand and simplify access to PSLF during the current negotiated rulemaking. The Committee recommendation continues funding for the TEPSLF program, and modifies existing language to simplify that program, including allowing previously appropriated funds for TEPSLF to be used under these same terms and conditions. The Committee looks forward to working with the Department on improvements to PSLF and to evaluate how those changes effect the continued role of TEPSLF to ensure borrowers do not face unnecessary challenges while pursuing loan forgiveness.

The Committee further notes that all federally-held student loan borrowers who have met the required terms of public service but

did not previously satisfy the 12-month payment amount requirement, should now qualify for TEPSLF because their payments have been \$0 under the CARES Act forbearance for more than 12 months. Accordingly, the Committee expects the Department to approve borrowers who have previously been denied based on this payment amount requirement, and to ensure such requirement does not apply to TEPSLF applicants throughout the remainder of the forbearance period.

The Committee also applauds recent action by the Department to streamline discharges for borrowers with total and permanent disabilities, including automatic data matches that remove the need for qualifying borrowers to submit formal applications for relief. The Committee urges the Department to further expand access to closed school discharge by ensuring the regulations are consistent with section 437(c)(1) of the HEA, which provides loan discharges to borrowers who are unable to complete a program of study at an institution that closes, and does not limit such discharge based on whether a student transfers to another institution. The Committee encourages the Department to pursue early implementation for all borrower relief rules.

The Committee additionally notes that all federally-held student loan borrowers who entered default status on or before March 2020 are eligible to have such loans rehabilitated, in accordance with section 3513(c) of the CARES Act that considers such period to satisfy the requirements for rehabilitation and cancelation, and as such borrowers have now completed more than 9 on-time payments. The Committee strongly encourages the Department to automatically rehabilitate the loans of such borrowers without requiring an application for such rehabilitation and to remove associated negative credit reporting.

#### STUDENT AID ADMINISTRATION

Appropriations, 2021 .....	\$1,853,943,000
Budget estimate, 2022 .....	2,053,943,000
Committee recommendation .....	2,033,943,000

The Committee recommends \$2,033,943,000 for the Student Aid Administration account. These funds are available until September 30, 2023, 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, and support the continued transition to a future servicing environment. The Committee recommendation also includes funding necessary to implement the FAFSA Simplification Act and FUTURE Act no later than July 1, 2024.

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 is 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 directs the Department to develop procedures for holding executives, owners, and board members liable for such misconduct and closures, in order to deter future predatory or illegal behavior and to alleviate negative consequences for students and taxpayers.

*FAFSA Data Sharing with Student Aid Organizations.*—The Committee notes the Consolidated Appropriations Act, 2018, modified in fiscal year 2019, provides institutions of higher education with clear authority to provide information from a student's FAFSA to certain scholarship granting organizations, with the consent of the applicant, to help students apply for and receive student aid and State and Federal means-tested benefits. However, these provisions have not yet been widely utilized due to a lack of guidance from the Department, and the COVID-19 pandemic has increased the need for students to understand resources available to assist them with basic needs. The Committee directs the Department to publish guidance on this provision within 90 days of enactment of this act.

*Office of Enforcement.*—The Committee has been concerned about the low level of staffing in, and the utilization of, the Student Aid Enforcement Unit, which is critical to fighting fraud and abuse. Accordingly, the Committee strongly supports the Department's recent announcement to establish an Office of Enforcement within FSA 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 a briefing within 60 days of enactment on the priorities of the office and the number of staff it will include.

*Pell Grant Restoration and Prison Education Programs.*—The Committee recognizes the significance of restoring Pell Grant access for incarcerated individuals and the positive impact that will have on reestablishing effective prison education programs across the country, and ultimately reducing recidivism, and saving taxpayer dollars otherwise spent on the cost of incarceration. The Committee encourages the Department to use the expertise and best practices from the Second Chance Pilot in its efforts to develop regulations for full Pell Grant reinstatement in the current negotiated rulemaking process. The Committee further directs the Department to work with Second Chance Pell Pilot sites as they transition to the new requirements to ensure that incarcerated students do not experience a gap in their educational programming. The Committee further directs the Department to work with the Department of Justice to develop and provide technical assistance and guidance to the Bureau of Prisons, State departments of corrections, and other entities that are responsible for overseeing correctional facilities that operate a prison education program. This guidance should address improving the accessibility of educational materials and equipment for incarcerated individuals with disabilities. In addition, the Committee encourages the Department to establish a clearinghouse for research and best practices on developing, implementing, and sustaining effective prison education programs, which should include the development of curricula and instructional frameworks, easing credit transfers both to another correc-

tional facility or an institution of higher education, and the continuation of an individual's education post-release.

*Public Service Loan Forgiveness and Department of Defense.*—The Committee is concerned about the low rate of approval of Department of Defense [DOD] employees for PSLF. An April 2021 GAO Report found that 94 percent of the PSLF applicants in military service or DOD civilian jobs were denied relief. The GAO recommended that the Department of Education could take additional steps to improve information sharing about PSLF with DOD about military service members and DOD civilian personnel seeking to participate as well with potential beneficiaries. Accordingly, the Committee strongly supports the Department's recent announcement to enter into data-matching agreements with other Federal agencies, including DOD, to automatically give credit towards loan forgiveness, and to identify borrowers who may also be eligible.

*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 Further Consolidated Appropriations Act, 2021 (Public Law 116-260) but with important modifications. The Committee recommendation continues to require the Department to retain multiple contractors in the current and future servicing environment, evaluate such contractors on the basis of performance on service levels, and hold such contractors accountable for noncompliance. The Committee recommendation also contains new requirements to ensure that borrowers have a centralized website, phone line, and other customer assistance portals with Department of Education branding for managing their accounts and repaying their loans in the future servicing environment, but also requires that borrowers and State and Federal law enforcement can still identify any contractors involved in customer service interactions upon request or complaint.

The Committee further notes and appreciates the challenges facing Federal student loan servicing as the CARES Act forbearance period comes to an end at the same time as several legacy servicers are choosing not to renew their contracts. The Committee looks forward to working with the Department to support successful reentry to repayment and ensure that borrowers receive the support and

high-quality customer service they deserve. At the same time, the Committee is concerned with the potential disruption for borrowers, including with the Department’s plans to remove certain borrowers from auto-debit status upon the expiration of the CARES Act forbearance period if they do not respond to communications, which could lead to an increase in delinquency and default, and loss of loan benefits, for such borrowers. Therefore, the Committee recommendation includes new language preventing borrowers enrolled in auto-debit payment methods from being removed from such status unless the borrower specifically requests to be removed. Further, the Committee is concerned with the lack of detail as the Department develops its plan for a future servicing environment and continues the requirement that FSA provide quarterly briefings on such plans.

HIGHER EDUCATION

Appropriations, 2021 .....	\$2,541,661,000
Budget estimate, 2022 .....	3,308,802,000
Committee recommendation .....	3,383,375,000

The Committee recommends an appropriation of \$3,383,375,000 for higher education programs.

*Aid for Institutional Development*

The Committee recommends \$1,084,054,000 for Aid for Institutional Development. These totals do not include separately authorized and appropriated mandatory funding.

*Strengthening Institutions.*—The Committee recommends \$187,413,000 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 \$226,529,000 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 \$27,106,000 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 \$395,082,000 for the Strengthening HBCUs program. The program makes formula grants to HBCUs that may be used to purchase equipment; con-

struct 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 \$100,574,000 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 \$22,175,000 for the Strengthening PBIs program. This program provides 5-year grants to PBIs to plan and implement programs to enhance the institutions' capacities to serve more low- and middle-income students. Funding may be used for establishing or enhancing a program of teacher education designed to qualify students to teach in a public elementary school or secondary school in the State that shall include, as part of such program, preparation for teacher certification or licensure.

*Strengthening Asian American and Native American Pacific Islander-Serving Institutions [AANAPISIs].*—The Committee recommends \$18,381,000 for competitive grants to AANAPISIs that have an enrollment of undergraduate students that is at least 10 percent Asian American or Native American Pacific Islander students. Grants may be used to improve their capacity to serve Asian American and Native American Pacific Islander students and low-income individuals.

*Strengthening Alaska Native and Native Hawaiian-Serving Institutions [ANNHs].*—The Committee recommends \$24,348,000 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 \$11,308,000 for this program, which serves institutions that enroll at least 10 percent Native American students and at least 50 percent low-income students. This program helps institutions plan, develop, and implement activities that encourage faculty and curriculum development; improve administrative management; renovate educational facilities; enhance student services; and purchase library and other educational materials.

The Committee urges the Secretary to continue supporting the preparation and development of aspiring rural and Indigenous teachers and leaders towards implementation of effective cultural

and heritage language programs for elementary and secondary school students, particularly in states with high enrollment of Native American students.

*Strengthening Tribally Controlled Colleges and Universities.*—The Committee recommends \$51,341,000 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 \$19,797,000 for this program, authorized by section 723 of the HEA. This program provides grants to specified colleges and universities making a substantial contribution to graduate education opportunities at the master's level in mathematics, engineering, the physical or natural sciences, computer science, information technology, nursing, allied health, or other scientific disciplines.

*International Education and Foreign Language Studies*

The bill includes a total of \$85,164,000 for International Education and Foreign Language Studies programs. Funds are used to increase the number of experts in foreign languages and area or international studies to meet national security needs through visits and study in foreign countries.

*Domestic Programs.*—The Committee recommends \$74,353,000 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 \$10,811,000 for overseas programs authorized under the Mutual Educational and Cultural Exchange Act of 1961 (Public Law 87-256), popularly known as the Fulbright-Hays Act. Funding is provided for group, faculty, or doctoral dissertation research abroad, as well as special bilateral projects. Grants focus on training American instructors and students to improve foreign language and area studies education in the United States.

*Model Comprehensive Transition and Postsecondary Programs for Students With Intellectual Disabilities*

The Committee recommendation includes \$15,180,000 for the Transition Programs for Students with Intellectual Disability [TPSID] Model Demonstrations and TPSID National Coordinating Center [NCC]. The Department awards competitive grants to institutions of higher education or consortia of institutions of higher education to enable them to create or expand high quality, inclusive model comprehensive transition and postsecondary programs for students with intellectual disabilities. The program also supports an NCC.

*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.

*Aviation and Aerotechnology Curriculum.*—The Committee encourages the Department to prioritize awards to HBCUs for the establishment of Aviation and Aerotechnology programs.

*Tribally Controlled Postsecondary Career and Technical Institutions*

The Committee recommends \$12,634,000 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 \$1,282,761,000 for Federal TRIO programs, which provide a variety of services to improve postsecondary education opportunities for low-income individuals and first-generation college students.

Upward Bound offers disadvantaged high school students academic services to develop the skills and motivation needed to pursue and complete a postsecondary education; Student Support Services provides developmental instruction, counseling, summer programs, and grant aid to disadvantaged college students to help them complete their postsecondary education; Talent Search identifies and counsels individuals between ages 11 and 27 regarding opportunities for completing high school and enrolling in postsecondary education; Educational Opportunity Centers provide information and counseling on available financial and academic assistance to low-income adults who are first-generation college students; and the Ronald E. McNair Postbaccalaureate Achievement Program supports research internships, seminars, tutoring, and other activities to encourage disadvantaged college students to enroll in doctoral programs.

The Committee directs the Department to allocate increases to each TRIO program, including funding down the slate of unfunded high-quality applications from the Student Support Services competition held in fiscal years 2020 and Talent Search and Educational Opportunity Centers competitions in fiscal year 2021. The Committee encourages the Department to manage any new awards by putting them on the same funding cycle as other grants funded within the same program. Further, such grantees shall be eligible for prior experience points for demonstrated performance outcomes in subsequent competitions. The Committee directs the Department to include estimated funding for each TRIO program in the operating plan required under section 513 of this act.

*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, 2022, will be eligible to receive a new State GEAR UP award funded in whole or in part by this appropriation. The Secretary is further directed to ensure that no request from a State Grant applicant to receive an exception to the GEAR UP scholarship described in 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 \$25,547,000 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 \$90,000,000 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 \$110,000,000 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 recommendation lifts the statutory cap on grant awards to institutions to reflect the costs of providing high-quality, convenient child care options for students. The Committee directs the Department to use a portion of these funds to provide supplemental grants to current grantees, consistent with a higher grant award cap.

The Committee supports the Department's recent CCAMPIS priorities for applications that support single parents and promote access to wrap-around services, including access to public benefits. 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.

*Fund for the Improvement of Post-Secondary Education*

The Committee recommendation includes \$239,665,000 for the Fund for the Improvement of Post-Secondary Education.

*Basic Needs Systems Grants.*—The Committee recognizes 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 \$14,000,000 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 \$7,000,000 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 supports 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 en-



courages the Department to prioritize HBCUs, MSIs, and under-resourced institutions to support our Nation's veterans.

*HBCU and MSI Teaching Assistant Initiative.*—The Committee recommendation includes \$3,000,000 to establish teaching assistant initiatives at HBCUs and MSIs that have partnerships with high-need local educational agencies.

*National Center for College Students with Disabilities.*—The National Center for College Students with Disabilities should continue to provide technical assistance and best practice information about disability 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 \$14,000,000 for the Open Textbook Pilot program. This amount includes \$8,263,000 in continuation awards to complete funding for the second and third year of funding for awards first funded in fiscal year 2021. The remaining funds will support a new grant competition in fiscal year 2022. The Committee directs the Department to issue a notice inviting applications and allow for a 60-day application period and the funding should support a significant number of grant awards under the same terms and conditions as specified for this activity in fiscal year 2021. 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.

*Postsecondary Student Success Grants.*—The Committee recommendation includes \$15,000,000 for a new Postsecondary Student Success Grants program, to support evidence-based activities to improve postsecondary retention and completion rates.

*Remote Learning Technical Assistance and IT Modernization.*—The Committee recommendation includes \$3,000,000 to support IT modernization at HBCUs and MSIs, including technical assistance for HBCUs and MSI to improve their digital learning infrastructure.

*Rural Postsecondary and Economic Development Grant Program.*—The Committee recommendation includes \$15,000,000 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 po-

tential 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 \$167,665,000 for the projects, and in the amounts, specified in the table at the end of this explanatory statement.

HOWARD UNIVERSITY

Appropriations, 2021 .....	\$251,018,000
Budget estimate, 2022 .....	261,018,000
Committee recommendation .....	311,018,000

The Committee recommends an appropriation of \$311,018,000 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 recommends \$84,325,000 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 \$57,000,000 to support construction of a new 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. The Committee expects that as a condition of receiving these funds, the Hospital must continue to be maintained as the teaching hospital for Howard University and any labor-management agreements would be continued.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM

Appropriations, 2021 .....	\$435,000
Budget estimate, 2022 .....	435,000
Committee recommendation .....	435,000

*Federal Administration.*—The Committee bill includes \$435,000 for Federal administration of the CHAFL, College Housing Loans, and Higher Education Facilities Loans programs. Prior to fiscal year 1994, these programs provided financing for the construction, reconstruction, and renovation of housing, academic, and other educational facilities. While no new loans have been awarded since fiscal year 1993, costs for administering the outstanding loans will

continue through 2030. These funds will be used to reimburse the Department for administrative expenses incurred in managing the existing loan portfolio.

HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING PROGRAM ACCOUNT

Appropriations, 2021 .....	\$48,484,000
Budget estimate, 2022 .....	20,484,000
Committee recommendation .....	20,484,000

The Committee recommends \$20,484,000 for the HBCU Capital Financing Program. The HBCU Capital Financing Program makes capital available to HBCUs for construction, renovation, and repair of academic facilities by providing a Federal guarantee for private sector construction bonds. Construction loans will be made from the proceeds of the sale of the bonds.

The Committee recommendation includes \$20,150,000 for loan subsidy costs in guaranteed loan authority under this program (not including subsidy costs related to specific funding available for loan deferments described below). This will support an estimated \$274,149,000 in new loan volume in fiscal year 2022. In addition, the Committee recommendations includes \$334,000 for administrative expenses.

INSTITUTE OF EDUCATION SCIENCES

Appropriations, 2021 .....	\$642,462,000
Budget estimate, 2022 .....	737,465,000
Committee recommendation .....	814,492,000

The Committee recommends \$814,492,000 for the Institute of Education Sciences [IES]. This amount includes \$67,527,000 requested within the program administration account for administrative expenses for the Institute of Education Sciences which receives funding directly for such costs in this act. Adjusted for comparability, prior year funding for this account is \$705,869,000, and the budget request is \$804,992,000.

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.”

To better support this statutory mission, the Committee provides an appropriation for administrative expenses directly to IES. Previously, administrative expenses for IES were supported from the appropriation for Program Administration under the control of the

Secretary. The Committee recommendation is \$67,527,000, an increase of 23 percent from comparable fiscal year 2020 spending.

Not later than 30 days after enactment of this act and each quarter thereafter, the Committee requests that the IES director submit an administrative and staffing plan 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 IES's portion of the Committee's staffing report directive under the Program Administration account.

The Committee continues to direct the Department to ensure that its employees, contractors, and grantees, including States that receive funds from Statewide Longitudinal Data System grants, adhere to the strictest and highest standards for protecting personally identifiable information.

#### RESEARCH, DEVELOPMENT, AND DISSEMINATION

The Committee recommends \$267,880,000 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 \$111,500,000 for data gathering and statistical analysis activities at the National Center for Education Statistics [NCES].

NCES collects, analyzes, and reports statistics on education in the United States. Activities are carried out directly and through grants and contracts. The Center collects data on educational institutions at all levels, longitudinal data on student progress, and data relevant to public policy. NCES also provides technical assistance to SEAs, LEAs, and postsecondary institutions.

The Committee is very concerned about the current "student services" metric found in the Finance Survey of the Integrated Postsecondary Education Data System [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 \$60,022,000 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. The Committee is particularly interested in the outcomes from the increased emphasis on translating evidence-based practices into user-friendly tools that will be a key part of the work under the new contracts.

#### RESEARCH AND INNOVATION IN SPECIAL EDUCATION

The Committee recommends \$65,000,000 for research and innovation in special education conducted by the National Center for Special Education Research [NCSEER].

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 \$21,318,000 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.

The Committee supports the request of \$10,000,000 to conduct a nationwide study on special education expenditures and understands the Department plans to consult with Congress and special education administrators and researchers to incorporate their interests and input into the design of the study. The Committee encourages the IES to allow for comparability to previously collected data almost two decades ago by following a similar scale and scope as the Special Education Expenditure Project.

#### STATEWIDE DATA SYSTEMS

The Committee recommendation includes \$33,500,000 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 and effectively use data from such systems. 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.

ASSESSMENT

The Committee recommends \$187,745,000 to provide support for the National Assessment of Educational Progress [NAEP], a congressionally mandated assessment created to measure and report the educational achievement of American students in a range of subjects and analyze trends over time.

Within the funds appropriated, the Committee recommends \$7,745,000 for the National Assessment Governing Board [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 administration in 2022 of the delayed Civics and U.S. History assessment in 8th grade, and support research and development activities to improve assessment quality while reducing future program costs. The Committee is aware IES contracted with the National Academies of Sciences [NAS] to identify strategies to achieve cost efficiencies in the development and administration of IES-sponsored assessments. NAGB and IES should continue to consult with the authorizing and appropriations committees of Congress as it considers strategies, including those identified by NAS, in achieving cost efficiencies in and upgrades of its assessment program. Further, the Committee requests that the fiscal year 2023 and future CJs describe implemented and planned strategies for cost efficiencies and necessary research and development projects.

DEPARTMENTAL MANAGEMENT

PROGRAM ADMINISTRATION

Appropriations, 2021 .....	\$430,000,000
Budget estimate, 2022 .....	480,000,000
Committee recommendation .....	419,973,000

The Committee recommends \$419,973,000 for program administration. This amount excludes \$67,527,000 requested for administrative expenses for the Institute of Education Sciences which receives funding directly for such costs in this act. Adjusted for comparability, prior year funding for this account is \$366,593,000, and the budget request is \$412,473,000.

Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, automated data processing, and other services required to award, administer, and monitor Federal education programs. Support for program evaluation and studies and advisory councils is also provided under this account.

The budget requests \$13,000,000, to remain available until expended, to relocate staff and renovate and repair Department-occupied buildings. The Committee includes requested funding and notes the Department's statement of General Services Administration financial and logistical support for this effort.

*Use of Funds for Transportation.*—The Committee notes that Congress has taken important steps 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 out-

reach effort to inform SEAs and LEAs of the availability of Federal funds for this purpose.

*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 not been fully implemented more than 5 years after the law’s passage. The Committee requests an update on actions taken and planned to support the full implementation of this requirement in the fiscal year 2023 and future CJs.

*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.

*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.

*Performance Partnerships.*—The Committee recommendation continues authority for Performance Partnerships as requested in the budget which proposed a priority for communities disproportionately impacted by the COVID—19 pandemic. 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.

*Pooled Evaluation Authority.*—The Committee requests that the Department provide a report to the Committee on the planned use of pooled evaluation funds under section 8601 of the ESEA, consistent with the required plan under such section, not later than 15 days prior to any transfer of funds.

*“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 funding streams. The Committee requests that Secretary provide a report to the Committee no later than 180 days after the enactment of this act 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 Federal opportunities to support “Grow Your Own” programs and additional Federal opportunities for consideration.

*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.

*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 addressing recruitment, preparation, effectiveness, and retention of teachers, particularly in schools and teaching areas where there are shortages of effective teachers; teacher diversity; competitive teacher compensation; and socio-emotional and other supports for teachers that improve retention and job satisfaction. 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.

*Work-Based Learning.*—The Committee notes that quality work-based learning opportunities in high school can play a critical role in preparing students for future careers. The Committee supports efforts in the Every Student Succeeds Act (Public Law 114–95) and Strengthening Career and Technical Education for the 21st Century Act (Public Law 115–224) that allow States to include work-based learning indicators as part of their Statewide accountability systems.

*Post-Secondary Transfer Articulation Agreements.*—Transfer articulation agreements between community colleges and four-year colleges and universities can play an important role in promoting access, affordability, and completion in higher education. The Committee encourages the Department to gather input from States to develop and disseminate best practices on implementing and scaling up comprehensive State-wide systems on articulation agreements.

#### OFFICE FOR CIVIL RIGHTS

Appropriations, 2021 .....	\$131,000,000
Budget estimate, 2022 .....	144,000,000
Committee recommendation .....	144,000,000

The Committee recommends \$144,000,000 for the Office of Civil Rights [OCR].

OCR is responsible for the enforcement of laws that prohibit discrimination on the basis of race, color, national origin, sex (including 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 discrimina-



tory practices by recipients of Federal education funds, and provides technical assistance to recipients of funds to help them meet these civil rights requirements.

*Disaggregated Data on Student Bullying During COVID-19.*—The Committee is concerned about the rates of anti-Asian bullying of Asian American students during the COVID-19 pandemic. There have been numerous reports of students being bullied, shunned, verbally abused, and in some cases, physically assaulted due to them being scapegoated for the spread of COVID-19. As schools are reopening for in-person learning, the Committee is concerned about reports of parents foregoing in-person learning due to fear of the discrimination their students may face. The Committee recognizes data collections by the Department, OCR, and the NCES on student bullying insufficiently reflects the diversity of Asian American Pacific Islander [AAPI] sub-ethnic groups, as the U.S. Census Bureau reports data on at least 25 distinct AAPI ethnic groups. The Committee strongly encourages the Department to collect and report data on student bullying related to anti-Asian sentiment during the COVID-19 pandemic, disaggregated by all racial and ethnic groups and sub-groups identified in the American Community Survey, no later than 60 days from the enactment of this act. The Committee believes OCR must promptly investigate such student bullying, conduct compliance reviews and effectively support LEAs in meeting their nondiscrimination obligations.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2021 .....	\$63,000,000
Budget estimate, 2022 .....	70,115,000
Committee recommendation .....	70,115,000

The Committee recommends \$70,115,000 for OIG. Of this amount, \$2,000,000 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 2022 mandatory funding to pay for mandatory costs of increasing the maximum discretionary Pell award.

Section. 309. The bill modifies a provision regarding administrative costs for Public Service Loan Forgiveness.

Section. 310. The bill modifies a provision regarding Temporary Expanded Public Service Loan Forgiveness.

Section. 311. 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 312. The bill includes new language providing Congressionally Directed Spending within the Innovation and Improvement account.

TITLE IV

RELATED AGENCIES

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

SALARIES AND EXPENSES

Appropriations, 2021 .....	\$10,500,000
Budget estimate, 2022 .....	12,000,000
Committee recommendation .....	12,000,000

The Committee recommends \$12,000,000, an increase of \$1,500,000, for the Committee for Purchase from People Who Are Blind or Severely Disabled, of which no less than \$3,000,000 shall be made available for the Office of Inspector General.

The Commission provides approximately 45,000 blind or severely disabled Americans with employment opportunities each year. The primary purpose of this program is to increase the employment opportunities for people who are blind or have other severe disabilities and, whenever possible, to prepare them to engage in competitive employment. Encompassing more than \$3,900,000,000 in contracts, it is the Federal Government's largest employment program for the severely disabled. The Committee is encouraged by the steps the Commission has taken to address concerns regarding the oversight of the central nonprofit agencies [CNA], the independent contracted organizations which administer the program. The Committee is concerned that CNAs are required to report to the AbilityOne Commission prior to any significant meetings, including congressional oversight meetings, and directs the agency to remove this requirement from the CNA cooperative agreements.

The Committee for Purchase From People Who Are Blind or Severely Disabled shall submit in an electronic format quarterly reports on CNA Fees and CNA Expenditures, due no later than 60 days after the end of the fiscal quarter, to the Committees on Oversight and Government Reform and Education and the Workforce of the House of Representatives, Committees on Homeland Security and Governmental Affairs and Health, Education, Labor, and Pensions of the Senate, and Committees on Appropriations of the House of Representatives and the Senate.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

The Corporation for National and Community Service [CNCS], a corporation owned by the Federal Government, was established to enhance opportunities for national and community service. CNCS administers programs authorized under the Domestic Volunteer Service Act (Public Law 93-113), the National and Community Service Trust Act (Public Law 103-82), and the SERVE America

Act (Public Law 111–13). Grants are awarded to States, public and private nonprofit organizations, and other entities to create service opportunities for students, out-of-school youth, adults, and seniors.

The Committee recommendation for CNCS provides a total program level of \$1,185,266,000, an increase of \$64,164,000 above the fiscal year 2021 level.

OPERATING EXPENSES

Appropriations, 2021 .....	\$843,115,000
Budget estimate, 2022 .....	921,210,000
Committee recommendation .....	900,120,000

The Committee recommends \$900,120,000 for the operating expenses of CNCS, an increase of \$57,005,000 above the fiscal year 2021 level.

*Volunteers in Service to America [VISTA]*

The Committee recommends \$103,864,000, an increase of \$6,500,000, 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 \$244,537,000, an increase of \$19,520,000, 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 \$480,096,000, 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.

*AmeriCorps Competitive Grants.*—When establishing priority areas for national service resources in fiscal year 2022, the Committee encourages CNCS to prioritize awards to organizations that provide services to support individuals seeking recovery from substance use disorders, including but not limited to programs employing recovery coaching. The Committee also notes the record number of people who died in 2020 from drug overdoses during the COVID–19 pandemic, as evidence shows isolation, stress, and uncertainty resulting from the pandemic increased the incidence of substance misuse and abuse. The Committee, therefore, encourages CNCS to prioritize opioid recovery efforts alongside funding oppor-

tunities to help local communities recover from the COVID-19 pandemic.

*Commission Investment Fund [CIF].*—The Committee recommendation includes no less than the fiscal year 2021 level, for CIF, which provides funds to State commissions for training and technical assistance activities to expand the capacity of current and potential AmeriCorps programs, particularly in underserved areas.

*Fixed Amount Grants.*—The Committee continues to encourage CNCS to expand opportunities for AmeriCorps programs to utilize fixed amount grants, which could reduce unnecessary administrative burdens on current and potential AmeriCorps programs. The Committee encourages CNCS to increase the current maximum cost per member service year of fixed amount grants to make it more comparable to cost reimbursement grant levels and allow new AmeriCorps programs to be eligible to apply for full-time fixed amount grants, while also ensuring that fixed amount grantees provide a comparable amount of matching funds and that there is sufficient oversight and accountability of fixed amount grantees.

*Professional Corps.*—The Committee continues to direct CNCS to include a determination of need by the local community among the factors that a professional corps program may use to demonstrate an inadequate number of professional in a community. Further, the Committee continues to strongly encourage CNCS to increase the maximum amount of operating funds per member service year that a professional corps program may request as part of their grant application. The Committee continues to direct CNCS to provide professional corps programs flexibility in justifying the need for operating funds to ensure that these programs are able to provide high-quality services in all communities.

*Public Awareness Campaign.*—The National Commission on Military, National, and Public Service recently submitted its final report and recommendations, which included proposals for a national awareness campaign that informs the public about the various military, national, and public service opportunities available to them and ways to increase participation. The Committee directs the Corporation to collaborate with the Department of Defense, the Office of Personnel Management, and the Peace Corps on developing a strategy for a public awareness campaign on service opportunities.

*National Civilian Community Corps [NCCC]*

The Committee recommendation includes \$37,735,000 for NCCC, a full-time, team-based residential program for men and women ages 18 to 24. Members are assigned to one of five campuses for a 10-month service commitment.

*Innovation, Demonstration, and Assistance Activities*

The Committee recommendation includes \$10,100,000 for innovation, demonstration, and assistance activities.

*Volunteer Generation Fund.*—Within the total, the Committee recommendation includes \$6,700,000 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 \$3,400,000 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.

*Service Learning.*—The Committee encourages CNCS to continue to be a convener of the important work surrounding service learning. The Committee requests a report not later than 120 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 \$4,250,000 for CNCS evaluation activities.

*State Commission Grants*

The Committee recommendation includes \$19,538,000 for State Commission Grants.

PAYMENT TO THE NATIONAL SERVICE TRUST

Appropriations, 2021 .....	\$185,000,000
Budget estimate, 2022 .....	191,000,000
Committee recommendation .....	187,000,000

The Committee recommends an appropriation of \$187,000,000 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, 2021 .....	\$86,487,000
Budget estimate, 2022 .....	91,186,000
Committee recommendation .....	91,186,000

The Committee recommends an appropriation of \$91,186,000 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, 2021 .....	\$6,500,000
Budget estimate, 2022 .....	6,960,000
Committee recommendation .....	6,960,000

The Committee recommends an appropriation of \$6,960,000 for the CNCS OIG. The OIG’s goals are to increase organizational efficiency and effectiveness within the Corporation and to prevent fraud, waste, and abuse.

ADMINISTRATIVE PROVISIONS

The Committee recommendation includes the following general provisions for CNCS: requiring CNCS to make any significant

changes to program requirements or policy through rule making (section 401); stipulating minimum share requirements (section 402); requiring that donations supplement and not supplant operations (section 403); aligning requirements regarding the use of Education Awards at GI bill-eligible institutions (section 404); allowing the required background check of certain applicants to be processed by States under terms of the National Child Protection Act (Public Law 103–209) (section 405); and allowing CNCS to fund 1,200 hour member service positions (section 406).

CORPORATION FOR PUBLIC BROADCASTING

Appropriations, 2023 .....	\$495,000,000
Budget estimate, 2024 .....	495,000,000
Committee recommendation .....	585,000,000

The Committee recommends \$585,000,000 for the Corporation for Public Broadcasting [CPB] as an advance appropriation for fiscal year 2024.

The majority of these funds go directly to local public television and radio stations to support their programming. CPB funds also support the creation of content for radio, television, and other platforms; system support activities that benefit the entire public broadcasting community; and CPB’s administrative costs. This funding supports America’s local public television and radio stations and their mission of developing and ensuring universal access to noncommercial, high-quality programming and telecommunications services for the American public.

Technology and distribution systems have greatly evolved since Congress established the practice of funding public broadcasting interconnection. Recognizing technology’s power in creating further cost efficiencies across the public media system, the Committee recommendation includes \$20,000,000 for continued support of CPB in replacing and upgrading the public broadcasting interconnection system and further investing in system-wide infrastructure and services that benefit the American people.

*Diverse and Independent Programming.*—The Committee notes CPB’s support of the Independent Television Service and the National Multicultural Alliance help it fulfill a statutory mandate to support innovative programming addressing the needs of unserved and underserved audiences through the public media system. CPB experienced a decade of level funding before realizing increases in appropriations in the last 2 years. Increased funding in prior bills and this bill should help CPB further support independent producers from underrepresented backgrounds and the development of independent programming that lifts the voices of underrepresented communities.

FEDERAL MEDIATION AND CONCILIATION SERVICE

SALARIES AND EXPENSES

Appropriations, 2021 .....	\$48,600,000
Budget estimate, 2022 .....	50,000,000
Committee recommendation .....	50,000,000

The Committee recommends \$50,000,000 for the Federal Mediation and Conciliation Service [FMCS]. FMCS provides mediation,

conciliation, and arbitration services to labor and management organizations to prevent and minimize work stoppages and promote stable labor-management relationships. FMCS is also authorized to provide dispute resolution consultation and training to all Federal agencies.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriations, 2021 .....	\$17,184,000
Budget estimate, 2022 .....	17,539,000
Committee recommendation .....	17,539,000

The Committee recommends \$17,539,000 for the Federal Mine Safety and Health Review Commission [FMSHRC], which provides administrative trial and appellate review of legal disputes under the Federal Mine Safety and Health Act of 1977 (Public Law 91-173). Most cases involve civil penalties proposed by MSHA. FMSHRC’s administrative law judges [ALJs] decide cases at the trial level and the five-member Commission provides review of the ALJ’s decisions.

The Committee continues to direct FMSHRC to prioritize the allocation of resources and assignment of staff to reducing the time substantive cases on appeal are awaiting a decision.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

OFFICE OF MUSEUM AND LIBRARIES: GRANTS AND ADMINISTRATION

Appropriations, 2021 .....	\$257,000,000
Budget estimate, 2022 .....	265,000,000
Committee recommendation .....	282,000,000

The Committee recommends \$282,000,000, an increase of \$25,000,000, for the Institute of Museum and Library Services [IMLS]. This agency supports programs for museums and libraries that encourage innovation, provide lifelong learning opportunities, promote cultural and civic engagement, and improve access to a variety of services and information.

The Committee recognizes the need to confront the challenges faced by people of all ages by misinformation and disinformation in its many forms, from financial scams to health hoaxes to digital falsehoods. It is imperative to increase access to information literacy instruction so that children, students, adults, and seniors can gain the tools needed to understand and think critically about all the information that bombards them on a daily basis.

As such, the Committee directs the creation of an information literacy taskforce at the Institute of Museum and Library Services tasked with developing guidance, instructional materials, and national strategies on information literacy, to include at a minimum the creation of a website to disseminate best practices on information literacy and toolkits specially designed to help children, students, adults, and seniors understand, evaluate, and discern the reliability and accuracy of information. In particular, the website shall disseminate best practices on information literacy, serve as a clearinghouse of information about information literacy programs, include information literacy strategies and tools that are tailored to



both native and non-native English speakers and communities in the United States, provide a coordinated entry point for accessing information about Federal initiatives, programs, grants, publications, and materials promoting enhanced information literacy, and offer such other information as the Taskforce finds appropriate to share with the public in the fulfillment of its purpose.

The Taskforce shall take such steps as are necessary to coordinate and promote information literacy efforts across departments and agencies throughout the Federal government and with libraries and museums at the State and local level, including promoting partnerships among Federal, State, and local governments, non-profit organizations, and private enterprises.

The Director of the Institute of Museum and Library Services shall appoint and lead the Taskforce. Not later than 18 months after the date of the establishment of the Taskforce, the Taskforce shall issue a report, Strategies for Assuring Information Literacy, to the Committees on Appropriations of both the Senate and the House of Representatives, on the progress of the Taskforce.

Within the total for IMLS, the Committee recommendation includes the amounts below:

Budget activity	Fiscal year 2021 appropriation	Fiscal year 2022 request	Committee recommendation
<b>Library Services Technology Act (LSTA):</b>			
Grants to States .....	166,803,000	168,803,000	173,803,000
Native American Library Services .....	5,263,000	5,263,000	6,263,000
National Leadership: Libraries .....	13,406,000	13,406,000	13,406,000
Laura Bush 21st Century Librarian .....	10,000,000	10,000,000	10,000,000
Subtotal, LSTA .....	195,472,000	197,472,000	203,472,000
<b>Museum Services Act:</b>			
Museums for America .....	26,899,000	26,899,000	33,899,000
Native American/Hawaiian Museum Services .....	2,272,000	2,272,000	3,272,000
National Leadership: Museums .....	8,113,000	8,113,000	8,113,000
Subtotal, MSA .....	37,284,000	37,284,000	45,284,000
African American History and Culture Act .....	2,731,000	5,231,000	5,231,000
National Museum of the American Latino Act .....		4,000,000	4,000,000
Research, Analysis and Data Collection .....	3,513,000	4,513,000	4,513,000
Administration .....	15,500,000	16,500,000	19,500,000
IMLS, Total .....	257,000,000	265,000,000	282,000,000

#### MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION

##### SALARIES AND EXPENSES

Appropriations, 2021 .....	\$8,780,000
Budget estimate, 2022 .....	9,350,000
Committee recommendation .....	9,350,000

The Committee recommends \$9,350,000 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, 2021 .....	\$12,905,000
Budget estimate, 2022 .....	13,310,000
Committee recommendation .....	13,310,000

The Committee recommends \$13,310,000 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, 2021 .....	\$3,350,000
Budget estimate, 2022 .....	3,750,000
Committee recommendation .....	3,750,000

The Committee recommends \$3,750,000 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, 2021 .....	\$274,224,000
Budget estimate, 2022 .....	301,925,000
Committee recommendation .....	301,925,000

The Committee recommends \$301,925,000, an increase of \$27,701,000, 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 continue to rebuild its field staffing level, consistent with prior directives of this Committee. To ensure progress continues on addressing the critical personnel shortage, the Committee directs the Board to provide staffing reports to the Committees on Appropriations of the House of Representatives and the Senate every 90 days that will include the number of employees in each position for each regional office and new hires for each regional office.

#### ADMINISTRATIVE PROVISIONS

The Committee removes language restricting the use of electronic voting.

## NATIONAL MEDIATION BOARD

## SALARIES AND EXPENSES

Appropriations, 2021 .....	\$14,300,000
Budget estimate, 2022 .....	14,542,000
Committee recommendation .....	14,542,000

The Committee recommends \$14,542,000 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, 2021 .....	\$13,225,000
Budget estimate, 2022 .....	15,028,000
Committee recommendation .....	15,028,000

The Committee recommends \$15,028,000 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, 2021 .....	\$13,000,000
Budget estimate, 2022 .....	11,000,000
Committee recommendation .....	11,000,000

The Committee recommends \$11,000,000 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, 2021 .....	\$150,000
Budget estimate, 2022 .....	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, 2021 .....	\$123,500,000
Budget estimate, 2022 .....	125,049,000
Committee recommendation .....	125,049,000

The Committee recommends \$125,049,000 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 recommendation does not include a set-aside for RRB’s fully funded information technology systems modernization efforts. The American Rescue Plan (Public Law 117–2) included \$27,975,000 in funding, of which \$6,800,000 increased staffing levels in the Bureau of Field Service and the Sickness and Unemployment Benefits Sections of the Office of Programs in order to manage increased workloads resulting from the pandemic and \$21,175,000 fully funded RRB’s information technology systems modernization efforts

Since fiscal year 2018, the Committee has provided \$65,175,000 within the Limitation on Administration account for the implementation of information technology systems modernization efforts. The Committee directs RRB to provide a comprehensive update on the project status, including timelines to completion, total anticipated cost of development, funding obligations, and contracts no later than 60 days after enactment and quarterly updates thereafter.

The Committee maintains bill language giving RRB the authority to hire new attorneys in the excepted service.

LIMITATION ON THE OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2021 .....	\$11,500,000
Budget estimate, 2022 .....	12,650,000
Committee recommendation .....	12,650,000

The Committee recommends \$12,650,000 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, 2021 .....	\$11,000,000
Budget estimate, 2022 .....	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, 2021 .....	\$40,158,768,000
Budget estimate, 2022 .....	46,210,256,000
Committee recommendation .....	46,122,423,000

The Committee recommends \$46,122,423,000 in fiscal year 2022 mandatory funds for the SSI program. This is in addition to the \$19,600,000 provided in the fiscal year 2021 appropriations act for the first quarter of fiscal year 2022. In addition, the Committee recommends \$15,600,000,000 in advance funding for the first quarter of fiscal year 2023. 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 2022 program level of \$60,691,142,000 for Federal benefit payments.

*Beneficiary Services*

The Committee recommendation includes \$205,000,000 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 \$4,740,281,000 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, 2021 .....	\$12,929,945,000
Budget estimate, 2022 .....	14,188,896,000
Committee recommendation .....	13,937,945,000

This account provides resources for SSA to administer the OASI, DI, and SSI programs, and to support CMS in administering the

Medicare program. The LAE account is funded by the Social Security and Medicare trust funds for their share of administrative expenses, the general fund for the SSI program's share of administrative expenses, and applicable user fees. These funds support core administrative activities including processing retirement and disability claims, conducting hearings to review disability determination appeals, issuing Social Security numbers and cards, processing individuals' annual earnings information, and ensuring the integrity of Social Security programs through continuing disability reviews [CDR] and SSI redeterminations of non-medical eligibility.

The Committee recommendation includes \$1,708,000,000 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 \$1,435,000,000 in allocation adjustment funding.

*Delayed Disability Payments.*—The delayed payment of Social Security Disability Insurance claims can create a significant burden on claimants. The Committee requests a briefing within 90 days of enactment on the issues that can result in delayed payments, and the policies SSA has implemented, or has considered, to streamline the disability payments' process.

*Disability Hearing and Initial Claims Backlogs.*—The Committee commends SSA for the progress it has made reducing the average disability hearing processing time and the disability hearing backlog. The Committee recommendation combined with investments in recent years will help SSA stay on schedule to eliminate the backlog in fiscal year 2022 and further reduce the average disability hearing processing time. At the same time COVID-19 has created significant challenges for SSA, and has contributed to a growing backlog of initial disability claims. The Committee recommendation will support additional hires for Disability Determination Services to help address the growing backlog and an estimated increase in initial claims. The Committee requests a briefing within 60 days of enactment, and quarterly thereafter, on its progress towards reducing initial disability claim and hearings processing times and backlogs.

*Field Offices Closures.*—The Committee remains concerned about decisions to permanently close field offices and the impact on the public. The Committee encourages SSA to find an appropriate balance between in-person field office services and online services for beneficiaries. While the SSA's Inspector General reviews decisions to close field offices, the Committee directs SSA to take every action possible to maintain operations at the offices under review.

*Occupational Information System [OIS].*—The Committee is aware that SSA continues to operationalize OIS using BLS ORA data, O\*NET, and other DOL-derived occupational statistics. The Committee commends SSA's progress in implementing OIS, and directs SSA to provide an update in writing to the Committees on Appropriations and Finance within 60 days of enactment detailing 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.

*User Fees.*—Within the total for LAE, the Committee recommendation includes up to \$139,000,000 for administrative activities funded from user fees. This includes up to \$138,000,000 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.

*Work Incentives Planning and Assistance [WIPA] and Protection and Advocacy for Beneficiaries of Social Security [PABSS].*—The Committee recommendation includes \$23,000,000 for WIPA and \$7,000,000 for PABSS, the same as the comparable fiscal year 2021 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. The Committee strongly encourages SSA to address any delays in the suitability determination process and to ensure that the process is consistent with government-wide practices.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2021 .....	\$105,500,000
Budget estimate, 2022 .....	112,000,000
Committee recommendation .....	112,000,000

The Committee recommends \$112,000,000 for SSA’s OIG. This includes \$80,000,000 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.*—There has been a significant increase in Social Security impersonation scams in recent years. According to the SSA OIG, in the first half of fiscal year 2021, the OIG received more than 400,000 allegations of Social Security-related and government imposter scams compared to only 15,000 in fiscal year 2018. The Committee commends the work that the OIG has done thus far to combat these scams, and encourages the OIG to continue to prioritize working with SSA to increase awareness of this scam and to pursue the criminals perpetrating this fraud.

## TITLE V

### GENERAL PROVISIONS

Section 501. The bill continues a provision authorizing transfers of unexpended balances.

Section 502. The bill continues a provision limiting funding to 1-year availability unless otherwise specified.

Section 503. The bill continues a provision limiting lobbying and related activities.

Section 504. The bill continues a provision limiting official representation expenses.

Section 505. The bill continues a provision clarifying Federal funding as a component of State and local grant funds.

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 agencies to respond to Questions for the Record within 45 business days.

Section 524. The bill rescinds certain unobligated balances.

Section 525. The bill modifies a provision rescinding funds from the Children's Health Insurance Program child enrollment contingency fund.

Section 526. The bill includes a new provision establishing Evaluation Funding Flexibility for certain agencies funded in the bill.

COMPLIANCE WITH PARAGRAPH 7, RULE XVI, OF THE  
STANDING RULES OF THE SENATE

Paragraph 7 of rule XVI requires that Committee reports on general appropriations bills identify each Committee amendment to the House bill “which proposes an item of appropriation which is not made to carry out the provisions of an existing law, a treaty stipulation, or an act or resolution previously passed by the Senate during that session.”

The Committee is filing an original bill, which is not covered under this rule, but reports this information in the spirit of full disclosure.

The Committee recommends funding for the following programs and activities which currently lack authorization: Institute of Education Sciences; parts C and D of the Individuals with Disabilities Education Act; Nurse Education Loan Repayment; Education and Training Related to Geriatrics; Mental and Behavioral Health Training; Children’s Hospital Graduate Medical Education; Title XVII of the PHS Act; Ryan White CARE Act; Universal Newborn Hearing Screening; Organ Transplantation; Family Planning; Rural Health programs; Traumatic Brain Injury programs; Autism Collaboration, Accountability, Research, Education, and Support Act; Public Health Improvement Act; Healthy Start; Telehealth; Health Professions Education Partnership Act; Children’s Health Act; Women’s Health Research and Prevention Amendments of 1998; Birth Defects Prevention, Preventive Health Amendments of 1993; Substance Abuse and Mental Health Services programs; Low Income Home Energy Assistance Program; Refugee and Entrant Assistance programs (except for Victims of Trafficking); Head Start; Runaway and Homeless Youth programs; Adoption Incentives; Developmental Disabilities programs; Voting Access for Individuals with Disabilities; Native American Programs; Community Services Block Grant Act programs; National Institutes of Health; Assets for Independence; Alzheimer’s Disease Demonstration Grants; Office of Disease Prevention and Health Promotion; YouthBuild Transfer Act; Assistive Technology Act; Elementary and Secondary Education Act of 1965; Carl D. Perkins Career and Technical Education Improvement Act; Corporation for Public Broadcasting; National Council on Disability; Older Americans Act; Second Chance Act; Work Incentive Planning and Assistance; and Protection and Advocacy for Beneficiaries of Social Security.

COMPLIANCE WITH PARAGRAPH 12, RULE XXVI OF THE  
STANDING RULES OF THE SENATE

Paragraph 12 of rule XXVI requires that the Committee report on a bill or joint resolution repealing or amending any statute or part of any statute include “(a) the text of the statute or part thereof which is proposed to be repealed; and (b) a comparative print of that part of the bill or joint resolution making the amendment and of the statute or part thereof proposed to be amended, showing by stricken-through type and italics, parallel columns, or other appropriate typographical devices the omissions and insertions which would be made by the bill or joint resolution if enacted in the form recommended by the Committee.”

In compliance with this rule, changes in existing law proposed to be made by the bill are shown as follows: existing law to be omitted is enclosed in black brackets; new matter is printed in italic; and existing law in which no change is proposed is shown in roman.

**TITLE 20—EDUCATION**

**CHAPTER 28—HIGHER EDUCATION RESOURCES AND STUDENT ASSISTANCE**

SUBCHAPTER I—GENERAL PROVISIONS

PART B—ADDITIONAL GENERAL PROVISIONS

**§ 1011c. National Advisory Committee on Institutional Quality and Integrity**

**(a) Establishment**

\* \* \* \* \*

**(f) Termination**

The Committee shall terminate on September 30, **[2021]** 2022.

\* \* \* \* \*

SUBCHAPTER IV—STUDENT ASSISTANCE

PART D—WILLIAM D. FORD FEDERAL DIRECT LOAN PROGRAM

**§ 1087h. Funds for administrative expenses**

**(a) Administrative expenses**

**(1) Mandatory funds for fiscal year 2006**

\* \* \* \* \*

**(4) Continuing mandatory funds for account maintenance fees**

For each of the fiscal years 2007 through **[2021]** 2022, there shall be available to the Secretary, from funds not otherwise appropriated, funds to be obligated for account maintenance fees payable to guaranty agencies under part B and calculated in accordance with subsection (b).

## TITLE 29—LABOR

## CHAPTER 12—DEPARTMENT OF LABOR

**§ 563. Working capital fund; establishment; availability; capitalization; reimbursement**

There is established a working capital fund, to be available without fiscal year limitation, for expenses necessary for the maintenance and operation of a comprehensive program of centralized services which the Secretary of Labor may prescribe and deem appropriate and advantageous to provide on a reimbursable basis: *Provided*, That such Working Capital Fund may receive advances and reimbursements from funds available to bureaus, offices, and agencies for which such centralized services are performed at rates which will return in full all expenses of operation, including reserves for accrued annual leave, workers' compensation, depreciation of capitalized equipment and amortization of human resources software and systems (either acquired or donated): *Provided further*, That, through September 30, 2019, the Secretary of Labor may transfer an amount not to exceed \$3,000,000 from unobligated balances in the Department's salaries and expenses accounts to the Working Capital Fund, to be merged with the Working Capital Fund and used for the acquisition of capital equipment and the improvement of financial management, information technology, infrastructure technology investment activities related to support systems and modernization, and other support systems, and to remain available until expended: *Provided further*, [That the Secretary of Labor may transfer to the Working Capital Fund, to remain available for obligation for five fiscal years after the fiscal year of such transfer, annually an amount not to exceed \$9,000,000 from unobligated balances in the Department's salaries and expenses accounts made available in this Act and hereafter, and annually an amount not to exceed \$9,000,000 from unobligated balances in the Department's discretionary grants accounts made available in this Act and hereafter, for the acquisition of capital equipment and the improvement of financial management, information technology, infrastructure technology investment activities related to support systems and modernization, and other support systems:] *That the Secretary of Labor may transfer to the Working Capital Fund, to remain available for obligation for five fiscal years after the fiscal year of such transfer, annually an amount not to exceed \$9,000,000 from unobligated balances in the Department's salaries and expenses accounts made available in Public Laws 115-245, 116-94, or 116-260, and annually an amount not to exceed \$9,000,000 from unobligated balances in the Department's discretionary grants accounts made available in Public Laws 115-245, 116-94, 116-260, for the acquisition of capital equipment and the improvement of financial management, information technology, infrastructure technology investment activities related to support systems and modernization, and other support systems: Provided further, That the Secretary of Labor may transfer to the Working Capital Fund, to remain available for obligation for five fiscal years after the fiscal year of such transfer, annually an amount not to exceed \$18,000,000 from unobligated balances in the Department's salaries and ex-*

*penses accounts made available in this Act and hereafter, and \$18,000,000 from unobligated balances in the Department's discretionary grants accounts made available in this Act and hereafter for the acquisition of capital equipment and the improvement of financial management, information technology, infrastructure technology investment activities related to support systems and modernization, and other support systems: Provided further, That none of the funds transferred pursuant to the preceding proviso shall be available unless the Chief Information Officer of the Department of Labor has submitted a plan, approved by the Office of Management and Budget, describing the amounts to be transferred by account, the planned use of funds, including descriptions of projects, project status, including any scheduled delays and cost overruns, financial expenditures, planned activities, and expected benefits, to the Committees on Appropriations of the House of Representatives and the Senate by July 31 of the calendar year prior to the fiscal year in which the transfer will occur: Provided further, That the Working Capital Fund may receive reimbursements from entities or persons for use of Departmental facilities, including associated utilities and security services, and such reimbursements shall be credited to and merged with the Working Capital Fund: Provided further, That pursuant to section 11319 of title 40, the Secretary shall ensure that the Department's Chief Information Officer shall, at a minimum, be a principal advisor to the Secretary and a member on any board or governance structure of the Department responsible for advising and setting Department-wide information technology budgets: Provided further, That none of the funds available for information technology modernization under this section or under the heading "IT Modernization" shall be used for information technology modernization projects unless an experienced project manager, employed by the Department of Labor, is assigned oversight responsibility, including but not limited to, ensuring such projects are completed within established timeframes and budgets.*

## TITLE 42—THE PUBLIC HEALTH AND WELFARE

### CHAPTER 6A—PUBLIC HEALTH SERVICE

#### SUBCHAPTER III—NATIONAL RESEARCH INSTITUTES

##### PART A—NATIONAL INSTITUTES OF HEALTH

#### § 282a. Authorization of appropriations

##### (a) In general

\* \* \* \* \*

##### (d) Transfer authority

Of the total amount appropriated [under subsection (a)(1)] to carry out this title for a fiscal year, the Director of NIH may (in addition to the reservation under subsection (c)(1) for such year) transfer not more than 1 percent for programs or activities that are authorized in this subchapter and identified by the Director to receive funds pursuant to this subsection. In making such transfers,

the Director may not decrease any appropriation [account under subsection (a)(1)] by more than 1 percent.

#### 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	State	Amount	Requestor(s)
Labor	Employment and Training Administration	American Indian OIC, for job training programs in heavy equipment operation and elder care.	MN	350,000	Smith
Labor	Employment and Training Administration	Applied Behavioral Rehabilitation Institute, Inc., for vocational and educational programming for veterans.	CT	25,000	Blumenthal, Murphy
Labor	Employment and Training Administration	AS220, for youth and adult workforce development and education programs.	RI	500,000	Reed
Labor	Employment and Training Administration	Autism Society of America Nassau Suffolk Chapter, for job skills and training for individuals with autism and other disabilities.	NY	200,000	Schumer
Labor	Employment and Training Administration	Baker Technical Institute, for heavy equipment and trucking and logistics training programs, including the purchase of equipment.	OR	544,000	Merkley, Wyden
Labor	Employment and Training Administration	Beat the Street Community Center Inc., for career development services	CT	25,000	Blumenthal, Murphy
Labor	Employment and Training Administration	Bedford-Stuyvesant Restoration Corporation, for technology career advancement and mobility initiatives.	NY	500,000	Schumer
Labor	Employment and Training Administration	Benedict College, for workforce development, including equipment and supportive services.	SC	3,200,000	Graham
Labor	Employment and Training Administration	Berks Latino Workforce Development Corporation, for dual-language programs in adult education and occupational training.	PA	500,000	Casey
Labor	Employment and Training Administration	Brattleboro Development Credit Corporation, for a software-based workforce development program to guide new and longtime residents into career pathways.	VT	900,000	Leahy
Labor	Employment and Training Administration	California Workforce Association Foundation, for a youth apprenticeship initiative.	CA	1,000,000	Feinstein
Labor	Employment and Training Administration	Capital Workforce Partners, for the integrated Basic Education and Skills Training program.	CT	593,000	Blumenthal, Murphy
Labor	Employment and Training Administration	Catalyst Connecticut, for a worker training program	PA	1,000,000	Casey
Labor	Employment and Training Administration	City of Charleston, West Virginia, for a workforce development initiative, including equipment and curriculum development.	WV	500,000	Capito, Manchin
Labor	Employment and Training Administration	City of Jersey City, for the integration and career advancement program	NJ	250,000	Booker, Menendez
Labor	Employment and Training Administration	City of Pawtucket, for job training and lifelong learning activities	RI	3,000,000	Reed, Whitehouse
Labor	Employment and Training Administration	City of Richmond, for southside parks workforce development activities	VA	1,000,000	Warner
Labor	Employment and Training Administration	City of Rochester, MN, for workforce development programs in construction and related fields.	MN	750,000	Klobuchar, Smith
Labor	Employment and Training Administration	City of South San Francisco, for workforce development services at the Economic Mobility Resource Hub.	CA	500,000	Feinstein
Labor	Employment and Training Administration	City of Stamford, for pre-apprenticeship career training	CT	513,000	Blumenthal, Murphy
Labor	Employment and Training Administration	City of Syracuse, for a job training program for opportunity youth	NY	300,000	Gillibrand, Schumer

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	State	Amount	Requestor(s)
Labor	Employment and Training Administration	Clovis Community College, to expand the Allied Health Program in high-need occupations.	NM	1,073,000	Heinrich, Luján
Labor	Employment and Training Administration	Concordance Leadership Academy, for a training program, including equipment, curriculum development, and other supportive services.	MO	650,000	Blunt
Labor	Employment and Training Administration	Cook County Health, for an emergency medical technician apprenticeship program.	IL	315,000	Durbin
Labor	Employment and Training Administration	Covenant House MO, to expand a workforce development program	MO	150,000	Blunt
Labor	Employment and Training Administration	Danville Community College, for a cybersecurity short-term training initiative.	VA	850,000	Kaine, Warner
Labor	Employment and Training Administration	Dorcas International Institute of Rhode Island, to expand career services and training.	RI	230,000	Reed
Labor	Employment and Training Administration	Eastern Maine Development Corporation, for a training initiative, including stipends and supportive services.	ME	600,000	Collins, King
Labor	Employment and Training Administration	Eastern Maine Development Corporation, for the Jail Diversion through Work and Wellness program.	ME	750,000	King
Labor	Employment and Training Administration	Employ Milwaukee, for employment and job training services	WI	2,000,000	Baldwin
Labor	Employment and Training Administration	Evergreen Rural Water of Washington, for rural water and wastewater industry workforce development and registered apprenticeship program.	WA	2,500,000	Murray
Labor	Employment and Training Administration	Generation West Virginia, for a technology skills training program	WV	167,000	Manchin
Labor	Employment and Training Administration	Goodwill of Southern New England, for workforce development and re-integration services.	CT	372,000	Blumenthal, Murphy
Labor	Employment and Training Administration	Greater Baltimore Urban League, for a returning citizens workforce development program.	MD	800,000	Van Hollen
Labor	Employment and Training Administration	Hanaford Regional Technical School District, for a high-tech manufacturing workforce development program.	VT	100,000	Leahy
Labor	Employment and Training Administration	Hire Heroes USA, for a career transition program	GA	720,000	Ossoff, Warnock
Labor	Employment and Training Administration	Humanim, Inc., for workforce development programs	MD	500,000	Van Hollen
Labor	Employment and Training Administration	International Institute of Minnesota, for workforce development programs	MN	500,000	Klobuchar, Smith
Labor	Employment and Training Administration	JEVS Human Services, to expand its vocational program	PA	1,000,000	Casey
Labor	Employment and Training Administration	Jewish Vocational and Career Counseling Service, for an IT training program.	CA	412,000	Feinstein
Labor	Employment and Training Administration	Jewish Vocational Service (JVS) Boston, for workforce development program expansion.	MA	750,000	Markey, Warren
Labor	Employment and Training Administration	La Colaborativa, for a rapid re-employment program	MA	300,000	Markey, Warren
Labor	Employment and Training Administration	Literacy Pittsburgh, for workforce development programs	PA	675,000	Casey



Labor .....	Employment and Training Administration .....	Living Classrooms Foundation, for essential skills training, job training, and job placement activities.	MD ...	750,000	Cardin, Van Hollen
Labor .....	Employment and Training Administration .....	Lorain County Community College District, for the TRAIN advanced technology and applied engineering earn-and-learn program, including the purchase of equipment.	OH ...	688,000	Brown
Labor .....	Employment and Training Administration .....	Los Angeles Community College District, for career training in healthcare and biotechnology.	CA ...	1,320,000	Padilla
Labor .....	Employment and Training Administration .....	Los Angeles Conservation Corps, for a job training program .....	CA ...	1,500,000	Padilla
Labor .....	Employment and Training Administration .....	Macomb Community College, for the Michigan Apprenticeship Program Plus.	MI ...	610,000	Peters
Labor .....	Employment and Training Administration .....	Marshall University, for an apprenticeship initiative .....	WV ...	4,500,000	Capito, Manchin
Labor .....	Employment and Training Administration .....	Mayor's Office of Employment Development, for the Baltimore Grads to Careers Demonstration Project.	MD ...	500,000	Cardin
Labor .....	Employment and Training Administration .....	Meristem, for training programs for young adults with autism .....	CA ...	1,000,000	Fenstein
Labor .....	Employment and Training Administration .....	Mississippi Rural Water Association, for an apprenticeship program, including supportive services.	MS ...	1,000,000	Hyde-Smith
Labor .....	Employment and Training Administration .....	Mississippi State University and East Mississippi Community College, for a training program, including equipment.	MS ...	1,000,000	Hyde-Smith
Labor .....	Employment and Training Administration .....	National Rural Water Association, to expand an apprenticeship program	MO ...	150,000	Blunt
Labor .....	Employment and Training Administration .....	Nevada Workforce Connections, for workforce development programs .....	NV ...	800,000	Cortez Masto, Rosen
Labor .....	Employment and Training Administration .....	Newport Community School, for career services and training .....	RI ...	100,000	Reed
Labor .....	Employment and Training Administration .....	Next Generation & Futures, for workforce training programs .....	RI ...	300,000	Whitehouse
Labor .....	Employment and Training Administration .....	Northern Maine Community College, for a training program, including equipment and curriculum development.	ME ...	1,000,000	Collins, King
Labor .....	Employment and Training Administration .....	Northern Maine Community College, for the electrical construction and maintenance program.	ME ...	567,000	King
Labor .....	Employment and Training Administration .....	Northwest Regional Workforce Investment Board, for workforce development activities.	CT ...	650,000	Blumenthal, Murphy
Labor .....	Employment and Training Administration .....	Opportunities Industrialization Center, Inc., for training services .....	CT ...	300,000	Blumenthal, Murphy
Labor .....	Employment and Training Administration .....	Oregon Tradeswomen, for expansion of registered apprenticeships .....	OR ...	500,000	Merkley, Wyden
Labor .....	Employment and Training Administration .....	Ozarks Technical Community College, for a training initiative, including equipment and curriculum development.	MO ...	3,000,000	Blunt
Labor .....	Employment and Training Administration .....	Pacific Intl. Center for High Technology Research, for a workforce development training program for cesspool remediation.	HI ...	1,000,000	Hirono
Labor .....	Employment and Training Administration .....	Parents and Children Together, for the Work with a Future program .....	HI ...	270,000	Schatz
Labor .....	Employment and Training Administration .....	Polytech Education, Adult Education Division, for a partnership in transportation and logistics training.	DE ...	800,000	Cooms
Labor .....	Employment and Training Administration .....	Portland Opportunities Industrialization Center, for career training and placement services.	OR ...	500,000	Merkley, Wyden
Labor .....	Employment and Training Administration .....	Providence Preservation Society, for workforce training .....	RI ...	140,000	Reed, Whitehouse

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	State	Amount	Requestor(s)
Labor	Employment and Training Administration	Rhode Island Institute for Labor Studies and Research, for workforce development and teacher training pipeline program.	RI	175,000	Reed, Whitehouse
Labor	Employment and Training Administration	San Bernardino County Workforce Development Dept. for connecting employers to job seekers with disabilities.	CA	250,000	Feinstein, Padilla
Labor	Employment and Training Administration	Skills for Rhode Island's Future, for a work-based learning program for youth.	RI	3,700,000	Reed, Whitehouse
Labor	Employment and Training Administration	Skills for Rhode Island's Future, for the Ready,Set,Work program	RI	1,250,000	Reed, Whitehouse
Labor	Employment and Training Administration	Southern Maine Community College, for a training program, including equipment and a mobile training lab.	ME	996,000	Collins, King
Labor	Employment and Training Administration	The Moore Wright Group, for warehouse and logistics workforce development training.	MN	2,000,000	Klobuchar, Smith
Labor	Employment and Training Administration	Summit Academy OLC, for the Minnesota at Work program	WA	2,306,000	Murray
Labor	Employment and Training Administration	University of Delaware, for an offshore wind technician training program	DE	1,060,000	Carper, Coons
Labor	Employment and Training Administration	Urban League of Portland, for workforce development and training	OR	400,000	Merkley, Wyden
Labor	Employment and Training Administration	VBR Research and Education Foundation, to strengthen nursing career pipelines.	VT	1,200,000	Leahy
Labor	Employment and Training Administration	Vehicles for Change, for workforce training and job placement activities	MD	1,000,000	Van Hollen
Labor	Employment and Training Administration	Vermont Adult Learning, for adult education and workforce training in high-demand careers.	VT	1,000,000	Sanders
Labor	Employment and Training Administration	Vermont Wood Works Council, for a workforce development program	VT	165,000	Leahy
Labor	Employment and Training Administration	West Virginia Community and Technical College System, for a training program, including equipment and curriculum development.	WV	300,000	Capito
Labor	Employment and Training Administration	West Virginia Rural Water Association, for workforce development and apprenticeship activities.	WV	6,341,000	Mancin
Labor	Employment and Training Administration	Western Nevada College, for the commercial drivers license training program.	NV	700,000	Cortez Masto, Rosen
Labor	Employment and Training Administration	Workforce Alliance, for information technology professional development and guided pathways for disconnected youth.	CT	823,000	Blumenthal, Murphy
Labor	Employment and Training Administration	Workforce Southwest Washington, for the SummerWorks youth employment program.	WA	1,500,000	Murray
Labor	Employment and Training Administration	World Arts Focus, Inc. dba Joe's Movement Emporium, for the CreativeWorks job training program.	MD	300,000	Van Hollen
Labor	Employment and Training Administration	York College, CUNY, for the Workforce Step Up program	NY	527,000	Gillibrand, Schumer
Labor	Employment and Training Administration	YouthCare, for workforce development activities	WA	3,057,000	Murray
Labor	Employment and Training Administration	YWCA Northern NJ, for a workforce development program	NJ	500,000	Booker, Menendez
Health and Human Services	Health Resources and Services Administration	AAA Ambulance Service, for equipment	MS	2,761,000	Hyde-Smith

Health and Human Services	Health Resources and Services Administration	Adams County Public Hospital District No. 2, for facilities and equipment	WA ...	812,000	Cantwell
Health and Human Services	Health Resources and Services Administration	Adventist Health White Memorial, for facilities and equipment	CA ...	1,850,000	Feinstein, Padilla
Health and Human Services	Health Resources and Services Administration	Alameda Health System, for equipment	CA ...	316,000	Feinstein
Health and Human Services	Health Resources and Services Administration	Alaska Native Tribal Health Consortium, for facilities and equipment	AK ...	27,669,000	Murkowski
Health and Human Services	Health Resources and Services Administration	Alutians East Borough, City of Cold Bay, for facilities and equipment	AK ...	2,000,000	Murkowski
Health and Human Services	Health Resources and Services Administration	American Red Cross Central Appalachia Region, for equipment	WV ...	165,000	Manchin
Health and Human Services	Health Resources and Services Administration	American Red Cross, Northern New England Region, for facilities and equipment	ME ...	871,000	Collins, King
Health and Human Services	Health Resources and Services Administration	Amnonosuc Community Health Services, for facilities and equipment	NH ...	500,000	Shaheen
Health and Human Services	Health Resources and Services Administration	Androscoggin Home Health Services, Inc., for a health workforce training initiative	ME ...	150,000	Collins
Health and Human Services	Health Resources and Services Administration	Ann & Robert H. Lurie Children's Hospital of Chicago, for facilities and equipment	IL ...	600,000	Durbin
Health and Human Services	Health Resources and Services Administration	Appalachian Agency for Senior Citizens, to expand senior services	VA ...	25,000	Warner
Health and Human Services	Health Resources and Services Administration	Aroostook County Action Program Inc., for equipment	ME ...	643,000	Collins, King
Health and Human Services	Health Resources and Services Administration	Aroostook Mental Health Services, Inc., for facilities and equipment	ME ...	1,000,000	Collins
Health and Human Services	Health Resources and Services Administration	AtlantaCare Health Services Mission Health, for facilities and equipment	GA ...	1,000,000	Booker, Menendez
Health and Human Services	Health Resources and Services Administration	Augusta University Medical Center, for facilities and equipment	GA ...	3,512,000	Osoff
Health and Human Services	Health Resources and Services Administration	Aurora University, for facilities and equipment	IL ...	775,000	Durbin
Health and Human Services	Health Resources and Services Administration	Bandon Community Health Center, for facilities and equipment	OR ...	850,000	Merkley, Wyden
Health and Human Services	Health Resources and Services Administration	Beaufort Memorial Hospital, for facilities and equipment	NC ...	17,997,000	Graham
Health and Human Services	Health Resources and Services Administration	Beebe Medical Foundation, for equipment	SC ...	680,000	Carper, Coons
Health and Human Services	Health Resources and Services Administration	Bethel School District, for facilities and equipment	ME ...	3,500,000	Cantwell, Murray
Health and Human Services	Health Resources and Services Administration	BIC HealthCare, for facilities and equipment	MO ...	7,320,000	Blunt
Health and Human Services	Health Resources and Services Administration	Blood Bank of Hawaii, for facilities and equipment	HI ...	1,175,000	Schatz
Health and Human Services	Health Resources and Services Administration	Blue Hill Memorial Hospital, for facilities and equipment	ME ...	1,000,000	Collins
Health and Human Services	Health Resources and Services Administration	Bluefield State College, for facilities and equipment	WV ...	300,000	Capito
Health and Human Services	Health Resources and Services Administration	Bradley University, for nurse education and equipment	IL ...	850,000	Durbin
Health and Human Services	Health Resources and Services Administration	Bridges Healthcare, Inc., for facilities and equipment	CT ...	29,000	Blumenthal, Murphy
Health and Human Services	Health Resources and Services Administration	Bridges Healthcare, Inc., to replace the HVAC system	CT ...	849,000	Blumenthal, Murphy
Health and Human Services	Health Resources and Services Administration	Bridges Healthcare, Inc., to upgrade technology systems	CT ...	151,000	Blumenthal, Murphy
Health and Human Services	Health Resources and Services Administration	Brookhaven Memorial Hospital Medical Center DBA Long Island Community Hospital, for hemodialysis facilities and equipment	NY ...	5,500,000	Schumer
Health and Human Services	Health Resources and Services Administration	Brooklyn Hospital Center, Emergency Department, for facilities and equipment	NY ...	9,200,000	Gillibrand, Schumer
Health and Human Services	Health Resources and Services Administration	Butler Health System, to support disease prevention services	PA ...	268,000	Casey
Health and Human Services	Health Resources and Services Administration	Cabelt Huntington Hospital Foundation, for an electronic medical records initiative	WV ...	267,000	Capito, Manchin
Health and Human Services	Health Resources and Services Administration	Cambridge Public Health Commission, for facilities and equipment	MA ...	4,627,000	Markey, Warren
Health and Human Services	Health Resources and Services Administration	Capital Health System, for facilities and equipment	NC ...	925,000	Booker, Menendez

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	State	Amount	Requestor(s)
Health and Human Services ..	Health Resources and Services Administration ..	CareConnect Health, for facilities and equipment .....	CA ...	430,000	Ossoff
Health and Human Services ..	Health Resources and Services Administration ..	Catholic Medical Center & Saint Anselm College, for facilities and equip- ment.	NH ...	2,000,000	Shaheen
Health and Human Services ..	Health Resources and Services Administration ..	Catholic Medical Center, for facilities and equipment .....	NH ...	500,000	Shaheen
Health and Human Services ..	Health Resources and Services Administration ..	Central Maine Healthcare Corporation, for facilities and equipment .....	ME ...	948,000	Collins, King
Health and Human Services ..	Health Resources and Services Administration ..	Centre Volunteers in Medicine, for facilities and equipment .....	PA ...	1,125,000	Casey
Health and Human Services ..	Health Resources and Services Administration ..	Charles A Dean Memorial Hospital, for equipment .....	ME ...	1,027,000	Collins
Health and Human Services ..	Health Resources and Services Administration ..	Charleston Area Medical Center, for clinical imaging equipment .....	WV ...	5,000,000	Capito, Manchin
Health and Human Services ..	Health Resources and Services Administration ..	Charleston Area Medical Center, for equipment .....	WV ...	5,000,000	Capito
Health and Human Services ..	Health Resources and Services Administration ..	Charleston Area Medical Center, for simulation center facilities and equipment.	WV ...	6,000,000	Capito
Health and Human Services ..	Health Resources and Services Administration ..	Charter Oak Cultural Center, for facilities and equipment .....	CT ...	50,000	Blumenthal, Murphy
Health and Human Services ..	Health Resources and Services Administration ..	Chestnut Health Systems, for facilities and equipment .....	IL ...	1,000,000	Durbin
Health and Human Services ..	Health Resources and Services Administration ..	Chicago State University, for equipment .....	IL ...	450,000	Durbin
Health and Human Services ..	Health Resources and Services Administration ..	Children's Hospital at Dartmouth-Hitchcock Manchester, for facilities and equipment.	NH ...	1,000,000	Shaheen
Health and Human Services ..	Health Resources and Services Administration ..	Children's Hospital of The King's Daughters', for facilities and equipment .....	VA ...	2,500,000	Kaine, Warner
Health and Human Services ..	Health Resources and Services Administration ..	Children's Hospital Los Angeles, for equipment .....	CA ...	1,500,000	Padilla
Health and Human Services ..	Health Resources and Services Administration ..	Children's Mercy Hospital, for telehealth initiative and equipment .....	MO ...	1,900,000	Blunt
Health and Human Services ..	Health Resources and Services Administration ..	Children's National Hospital, for equipment .....	DC ...	2,000,000	Collins, Wicker
Health and Human Services ..	Health Resources and Services Administration ..	Chiricahua Community Health Centers, Inc., for facilities and equipment .....	AZ ...	628,000	Kelly
Health and Human Services ..	Health Resources and Services Administration ..	Choptank Community Health System, for facilities and equipment .....	MD ...	2,889,000	Cardin, Van Hollen
Health and Human Services ..	Health Resources and Services Administration ..	Cincinnati Children's Hospital Medical Center, for facilities and equip- ment.	OH ...	530,000	Brown
Health and Human Services ..	Health Resources and Services Administration ..	City of Elgin, for equipment .....	OR ...	199,000	Merkley, Wyden
Health and Human Services ..	Health Resources and Services Administration ..	City of Racine, for facilities and equipment .....	WI ...	2,000,000	Baldwin
Health and Human Services ..	Health Resources and Services Administration ..	City of Rochester, for equipment .....	NY ...	220,000	Schumer
Health and Human Services ..	Health Resources and Services Administration ..	City of West Wendover, for facilities and equipment .....	NV ...	320,000	Cortez Masto, Rosen
Health and Human Services ..	Health Resources and Services Administration ..	City of Wheeling, West Virginia, for facilities and equipment .....	WV ...	500,000	Capito, Manchin
Health and Human Services ..	Health Resources and Services Administration ..	Clinica Family Health, for facilities and equipment .....	CO ...	5,407,000	Bennet
Health and Human Services ..	Health Resources and Services Administration ..	CODAC Behavioral Healthcare, for facilities and construction .....	RI ...	750,000	Reed, Whitehouse
Health and Human Services ..	Health Resources and Services Administration ..	Colby-Sawyer College School of Nursing & Health Sciences, for facilities and equipment.	NH ...	1,500,000	Shaheen
Health and Human Services ..	Health Resources and Services Administration ..	Community Action Program of East Central Oregon, for facilities and equipment.	OR ...	2,000,000	Merkley, Wyden
Health and Human Services ..	Health Resources and Services Administration ..	Community Care Clinic of Dare, for facilities and equipment .....	NC ...	423,000	Burr

Health and Human Services ..	Health Resources and Services Administration ..	Community Health Association of Spokane, for facilities and equipment ..	WA ...	3,000,000	Murray
Health and Human Services ..	Health Resources and Services Administration ..	Community Health Centers of Burlington, Champlain Islands Dental Clinic, for facilities and equipment.	VT ...	1,000,000	Leahy
Health and Human Services ..	Health Resources and Services Administration ..	Community Health Centers of the Rutland Region, for equipment ..	VT ...	149,000	Sanders
Health and Human Services ..	Health Resources and Services Administration ..	Community Health Centers of the Rutland Region, for facilities and equipment.	VT ...	1,170,000	Leahy
Health and Human Services ..	Health Resources and Services Administration ..	Community Health Centers of the Rutland Region, to expand dental services.	VT ...	160,000	Sanders
Health and Human Services ..	Health Resources and Services Administration ..	Community Health Systems, Inc., to support the expansion of the behavioral health department.	WI ...	300,000	Baldwin
Health and Human Services ..	Health Resources and Services Administration ..	Community Mental Health Affiliates, Inc. (CMHA), for facilities and equipment.	CT ...	1,200,000	Blumenthal, Murphy
Health and Human Services ..	Health Resources and Services Administration ..	Concord University, for facilities and equipment ..	WV ...	1,600,000	Capito
Health and Human Services ..	Health Resources and Services Administration ..	Concord University, for a health workforce initiative, including equipment	WV ...	850,000	Capito, Manchin
Health and Human Services ..	Health Resources and Services Administration ..	Cooley Dickinson Hospital, for facilities and equipment ..	MA ...	670,000	Markey, Warren
Health and Human Services ..	Health Resources and Services Administration ..	Cooperative Health, for facilities and equipment ..	SC ...	2,175,000	Graham
Health and Human Services ..	Health Resources and Services Administration ..	Coos County Family Health Services, for facilities and equipment ..	NH ...	1,500,000	Shaheen
Health and Human Services ..	Health Resources and Services Administration ..	Cornell Scott—Hill Health Center—Hamden Health, for facilities and equipment.	CT ...	650,000	Blumenthal, Murphy
Health and Human Services ..	Health Resources and Services Administration ..	County of Contra Costa, for facilities and equipment ..	CA ...	1,000,000	Feinstein, Padilla
Health and Human Services ..	Health Resources and Services Administration ..	County of Los Angeles Department of Mental Health, for facilities and equipment.	CA ...	1,500,000	Feinstein, Padilla
Health and Human Services ..	Health Resources and Services Administration ..	Creek Valley Health Clinic, for facilities and equipment ..	AZ ...	700,000	Kelly
Health and Human Services ..	Health Resources and Services Administration ..	Crisp Regional Health Services, to increase access to health care services.	GA ...	399,000	Osoff, Warnock
Health and Human Services ..	Health Resources and Services Administration ..	Dartmouth-Hitchcock Health, to address persistent health disparities ..	NH ...	448,000	Shaheen
Health and Human Services ..	Health Resources and Services Administration ..	Day One, for equipment ..	RI ...	500,000	Whitehouse
Health and Human Services ..	Health Resources and Services Administration ..	Deborah Heart and Lung Center, for equipment ..	NC ...	1,000,000	Booker, Menendez
Health and Human Services ..	Health Resources and Services Administration ..	Delta Health System, for facilities and equipment ..	MS ...	4,238,000	Hyde-Smith
Health and Human Services ..	Health Resources and Services Administration ..	Deschutes Rim Clinic Foundation, for facilities and equipment ..	OR ...	1,300,000	Merkley, Wyden
Health and Human Services ..	Health Resources and Services Administration ..	DuBois Regional Medical Center dba Penn Highlands, to support telehealth equipment.	PA ...	530,000	Casey
Health and Human Services ..	Health Resources and Services Administration ..	East Boston Neighborhood Health Center, for facilities and equipment ..	MA ...	4,500,000	Markey, Warren
Health and Human Services ..	Health Resources and Services Administration ..	East Central Mississippi Health Network, for a health workforce initiative	MS ...	75,000	Hyde-Smith
Health and Human Services ..	Health Resources and Services Administration ..	East Central Mississippi Health Network, for equipment ..	MS ...	46,000	Hyde-Smith
Health and Human Services ..	Health Resources and Services Administration ..	East Millinocket Fire Department, for equipment ..	ME ...	139,000	King
Health and Human Services ..	Health Resources and Services Administration ..	Esperanza Health Centers, for facilities and equipment ..	IL ...	1,000,000	Duckworth, Durbin
Health and Human Services ..	Health Resources and Services Administration ..	Fish River Rural Health, for equipment ..	ME ...	200,000	Collins
Health and Human Services ..	Health Resources and Services Administration ..	Forrest General Hospital, for facilities and equipment ..	MS ...	7,565,000	Wicker
Health and Human Services ..	Health Resources and Services Administration ..	Free Clinic of Meridian, for facilities and equipment ..	MS ...	314,000	Hyde-Smith, Wicker

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	State	Amount	Requestor(s)
Health and Human Services	Health Resources and Services Administration	Fry Fire District, for equipment	AZ	105,000	Kelly, Sinema
Health and Human Services	Health Resources and Services Administration	Gateway Foundation Inc., for facilities and equipment	IL	1,330,000	Duckworth
Health and Human Services	Health Resources and Services Administration	Gaudenza Foundation, Inc., for facilities and equipment	DE	337,000	Carper, Coons
Health and Human Services	Health Resources and Services Administration	Gaudenza, Inc., for facilities and equipment	MD	83,000	Cardin
Health and Human Services	Health Resources and Services Administration	Gaylord Hospital, Inc., for facilities and equipment	CT	1,200,000	Blumenthal, Murphy
Health and Human Services	Health Resources and Services Administration	Genesee Intermediate School District, for nursing workforce development and training	MI	1,000,000	Peters
Health and Human Services	Health Resources and Services Administration	Girdwood Health Clinic, Inc., for facilities and equipment	AK	800,000	Murkowski
Health and Human Services	Health Resources and Services Administration	Grafton-Taylor County Health Department, for equipment	WV	75,000	Manchin
Health and Human Services	Health Resources and Services Administration	Greater Flint Mental Health Facilities, Inc. for facilities and equipment	MI	1,000,000	Stabenow
Health and Human Services	Health Resources and Services Administration	Grover C. Dils Medical Center, for facilities and equipment	NV	765,000	Cortez Masto, Rosen
Health and Human Services	Health Resources and Services Administration	Gundersen Health System, for equipment	WI	231,000	Baldwin
Health and Human Services	Health Resources and Services Administration	Hale Makua Health Services, for facilities and equipment	HI	3,000,000	Schatz
Health and Human Services	Health Resources and Services Administration	Hary Davis Partnership for Children's Oral Health, for telehealth initiative.	ME	648,000	Collins, King
Health and Human Services	Health Resources and Services Administration	Hawaii Hospital Education and Research Foundation, for health care education and training.	HI	475,000	Schatz
Health and Human Services	Health Resources and Services Administration	Health Hub, for facilities and equipment	VT	350,000	Sanders
Health and Human Services	Health Resources and Services Administration	HealthFirst Family Health Center, for facilities and equipment	NH	1,000,000	Shaheen
Health and Human Services	Health Resources and Services Administration	HealthNet of Rock County, for facilities and equipment	WI	300,000	Baldwin
Health and Human Services	Health Resources and Services Administration	Hennepin Healthcare, for facilities and equipment	MN	4,600,000	Klobuchar, Smith
Health and Human Services	Health Resources and Services Administration	Henry Ford Allegiance Health, for healthcare services	MI	700,000	Stabenow
Health and Human Services	Health Resources and Services Administration	Hiawatha Valley Mental Health Center, for facilities and equipment	MN	136,000	Smith
Health and Human Services	Health Resources and Services Administration	Holy Cross Hospital, for facilities and equipment	IL	900,000	Durbin
Health and Human Services	Health Resources and Services Administration	Hope Within Community Health, Counseling & Dental, for equipment	PA	23,000	Casey
Health and Human Services	Health Resources and Services Administration	ICHS Foundation, AIPACE, for facilities and equipment	WA	1,591,000	Murray
Health and Human Services	Health Resources and Services Administration	Ironbound Community Health Center, for facilities and equipment	NJ	550,000	Menendez
Health and Human Services	Health Resources and Services Administration	J. Walter Cameron Center, for facilities and equipment	HI	383,000	Schatz
Health and Human Services	Health Resources and Services Administration	Jennings Center for Older Adults, for facilities and equipment	OH	700,000	Brown
Health and Human Services	Health Resources and Services Administration	Johnson Memorial Hospital, for facilities and equipment	CT	900,000	Blumenthal, Murphy
Health and Human Services	Health Resources and Services Administration	Jordan Valley Community Health Center, for facilities and equipment	MO	10,000,000	Blunt
Health and Human Services	Health Resources and Services Administration	Kansas City University—Joplin, for a health workforce initiative	MO	3,000,000	Blunt
Health and Human Services	Health Resources and Services Administration	Kids in Need of Dentistry (KIND), for facilities and equipment	CO	100,000	Bennet, Hickenlooper
Health and Human Services	Health Resources and Services Administration	Kuakini Medical Center, for facilities and equipment	HI	560,000	Hirono, Schatz
Health and Human Services	Health Resources and Services Administration	La Clinica Tepeyac, Inc., for facilities and equipment	CO	2,000,000	Bennet, Hickenlooper
Health and Human Services	Health Resources and Services Administration	La Pine Rural Fire Protection District, for equipment	OR	660,000	Merkley, Wyden

Health and Human Services	Health Resources and Services Administration	Lackey Memorial Hospital, for facilities and equipment	MS	3,598,000	Hyde-Smith
Health and Human Services	Health Resources and Services Administration	Lahai Health, for facilities and equipment	WA	350,000	Cantwell
Health and Human Services	Health Resources and Services Administration	Lake County Free Clinic, for facilities and equipment	OH	100,000	Brown
Health and Human Services	Health Resources and Services Administration	Lamelle Health Partners, to expand dental services	VT	200,000	Sanders
Health and Human Services	Health Resources and Services Administration	Lane County, for facilities and equipment	OR	1,500,000	Merkeley, Wyden
Health and Human Services	Health Resources and Services Administration	Lansing Community College, for facilities and equipment	MI	400,000	Peters, Stabenow
Health and Human Services	Health Resources and Services Administration	Little Rivers Health Care, for facilities and equipment	VT	1,334,000	Sanders
Health and Human Services	Health Resources and Services Administration	Louisiana State University at Eunice, for equipment	LA	1,000,000	Cassidy
Health and Human Services	Health Resources and Services Administration	LSU Health Shreveport, for facilities and equipment	LA	7,000,000	Cassidy
Health and Human Services	Health Resources and Services Administration	Maine Medical Center, for facilities and equipment	ME	3,000,000	Collins
Health and Human Services	Health Resources and Services Administration	Manna Ministries, for facilities and equipment	MS	216,000	Wicker
Health and Human Services	Health Resources and Services Administration	Mano a Mano Family Center, for workforce development	OR	250,000	Merkeley, Wyden
Health and Human Services	Health Resources and Services Administration	Marquette University College of Nursing, to support continuing education for clinicians.	WI	217,000	Baldwin
Health and Human Services	Health Resources and Services Administration	Marquette University School of Dentistry, for facilities and equipment	WI	1,021,000	Baldwin
Health and Human Services	Health Resources and Services Administration	Mary Harvin Transformation Center CDC, for facilities and equipment	MD	5,000,000	Cardin
Health and Human Services	Health Resources and Services Administration	Mercy Hospital Oklahoma City, for facilities and equipment	OK	1,000,000	Inhofe
Health and Human Services	Health Resources and Services Administration	Mercy Hospital St. Louis, for equipment	MO	1,500,000	Blunt
Health and Human Services	Health Resources and Services Administration	Mercy Hospital, for facilities and equipment	ME	510,000	Collins
Health and Human Services	Health Resources and Services Administration	Metropolitan Family Health Network, Inc., for facilities and equipment	NY	798,000	Menendez
Health and Human Services	Health Resources and Services Administration	Milwaukee County, for facilities and equipment	WI	2,539,000	Baldwin
Health and Human Services	Health Resources and Services Administration	Mississippi Rural Health Association, for a health workforce initiative	MS	731,000	Hyde-Smith
Health and Human Services	Health Resources and Services Administration	Missouri Coalition for Primary Health Care, for facilities and equipment	MO	12,000,000	Blunt
Health and Human Services	Health Resources and Services Administration	Missouri State University, for facilities and equipment	MO	30,000,000	Blunt
Health and Human Services	Health Resources and Services Administration	Missouri State University, West Plains, for facilities and equipment	MO	2,500,000	Blunt
Health and Human Services	Health Resources and Services Administration	Mon Health Preston Memorial Hospital, for facilities and equipment	WV	580,000	Capito, Manchin
Health and Human Services	Health Resources and Services Administration	Morehouse School of Medicine, for facilities and equipment	GA	500,000	Ossoff
Health and Human Services	Health Resources and Services Administration	Morton County Health Systems, for facilities and equipment	KS	950,000	Moran
Health and Human Services	Health Resources and Services Administration	Mountain Family Health Centers, for facilities and equipment	CO	1,500,000	Hickenlooper
Health and Human Services	Health Resources and Services Administration	Mountain Health Center, to expand dental services	VT	46,000	Sanders
Health and Human Services	Health Resources and Services Administration	Mountain Park Health Center, for facilities and equipment	AZ	5,000,000	Kelly
Health and Human Services	Health Resources and Services Administration	MRIGlobal, for facilities and equipment	MO	2,000,000	Blunt
Health and Human Services	Health Resources and Services Administration	Native American Community Clinic, for facilities and equipment	MN	1,000,000	Smith
Health and Human Services	Health Resources and Services Administration	Neosho Memorial Regional Medical Center, for equipment	KS	1,000,000	Moran
Health and Human Services	Health Resources and Services Administration	Nevada State College, for equipment	NV	648,000	Cortez Masto
Health and Human Services	Health Resources and Services Administration	Nevada State College, for facilities and equipment	NV	1,882,000	Cortez Masto
Health and Human Services	Health Resources and Services Administration	New Mexico Department of Health, for facilities and equipment	NM	920,000	Lujan
Health and Human Services	Health Resources and Services Administration	New River Health Association, for facilities and equipment	WV	5,000,000	Capito, Manchin
Health and Human Services	Health Resources and Services Administration	North Memorial Health Hospital, for facilities and equipment	MN	1,000,000	Klobuchar, Smith
Health and Human Services	Health Resources and Services Administration	Northeastern Vermont Regional Hospital, for facilities and equipment	VT	3,000,000	Leahy

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	State	Amount	Requestor(s)
Health and Human Services	Health Resources and Services Administration	Northern Counties Health Care, to expand dental services	VT	200,000	Sanders
Health and Human Services	Health Resources and Services Administration	Northern New England Perinatal Quality Improvement, for workforce training.	NH	192,000	Shaheen
Health and Human Services	Health Resources and Services Administration	Northern Tier Center for Health, to expand dental services	VT	199,000	Sanders
Health and Human Services	Health Resources and Services Administration	Northwest Mothers Milk Bank, for equipment	OR	165,000	Merkley, Wyden
Health and Human Services	Health Resources and Services Administration	Nuvance Health, for capital equipment	CT	2,150,000	Blumenthal, Murphy
Health and Human Services	Health Resources and Services Administration	NYC Health + Hospitals/Elmhurst, for facilities and equipment	NY	3,000,000	Gillibrand, Schumer
Health and Human Services	Health Resources and Services Administration	Oakland University, for facilities and equipment	MI	1,600,000	Peters
Health and Human Services	Health Resources and Services Administration	OCHN, Inc., for equipment	OR	500,000	Merkley, Wyden
Health and Human Services	Health Resources and Services Administration	Office of Mississippi Physician Workforce, for a health workforce initiative	MS	800,000	Hyde-Smith
Health and Human Services	Health Resources and Services Administration	Ohio University, for facilities and equipment	OH	250,000	Brown
Health and Human Services	Health Resources and Services Administration	Oklahoma Children's Hospital, for facilities and equipment	OK	1,000,000	Inhofe
Health and Human Services	Health Resources and Services Administration	Oklahoma Medical Research Foundation, for facilities and equipment	OK	1,910,000	Inhofe
Health and Human Services	Health Resources and Services Administration	One Sky Community Services, for facilities and construction	NH	1,000,000	Shaheen
Health and Human Services	Health Resources and Services Administration	Oregon Coast Community College, for equipment	OR	503,000	Merkley, Wyden
Health and Human Services	Health Resources and Services Administration	Oregon Health & Science University, for equipment	OR	943,000	Merkley, Wyden
Health and Human Services	Health Resources and Services Administration	Oregon Institute of Technology (Oregon Tech), to improve health care services.	OR	1,000,000	Merkley
Health and Human Services	Health Resources and Services Administration	OSF St. Francis Hospital, for facilities and equipment	MI	1,500,000	Peters
Health and Human Services	Health Resources and Services Administration	Ozarks Technical Community College, for facilities and equipment	MO	1,500,000	Blunt
Health and Human Services	Health Resources and Services Administration	PACE Organization of Rhode Island, for facilities and construction	RI	300,000	Reed, Whitehouse
Health and Human Services	Health Resources and Services Administration	Parkview Medical Center, for facilities and equipment	CO	500,000	Bennet, Hickenlooper
Health and Human Services	Health Resources and Services Administration	Parrott Creek Child & Family Services, for facilities and equipment	OR	1,000,000	Merkley, Wyden
Health and Human Services	Health Resources and Services Administration	Partnership Community Health Center, to expand and improve oral health care.	WI	600,000	Baldwin
Health and Human Services	Health Resources and Services Administration	Petersburg Medical Center, for facilities and equipment	AK	8,000,000	Murkowski
Health and Human Services	Health Resources and Services Administration	Philadelphia Department of Public Health, for facilities and equipment	PA	1,900,000	Casey
Health and Human Services	Health Resources and Services Administration	Phoenix House of Long Island, Inc, for facilities and equipment	NY	3,633,000	Gillibrand, Schumer
Health and Human Services	Health Resources and Services Administration	Pillars Community Health, for a telehealth initiative and equipment	IL	345,000	Duckworth
Health and Human Services	Health Resources and Services Administration	Potomac Valley Hospital, for facilities and equipment	WV	750,000	Manchin
Health and Human Services	Health Resources and Services Administration	Presbyterian Medical Services, for facilities and equipment	NM	1,000,000	Heinrich, Lujan
Health and Human Services	Health Resources and Services Administration	Pushing Boundaries, for equipment	WA	581,000	Cantwell, Murray
Health and Human Services	Health Resources and Services Administration	Rhode Island Quality Institute, for a quality of care initiative	RI	450,000	Whitehouse
Health and Human Services	Health Resources and Services Administration	RI Public Health Foundation, for facilities and equipment	RI	200,000	Reed
Health and Human Services	Health Resources and Services Administration	Riverside County—Riverside University Health System, for facilities and equipment.	CA	1,000,000	Fenstein



Health and Human Services ..	Health Resources and Services Administration ..	Rush University, to support an emerging infectious disease pilot program	IL .....	1,000,000	Durbin
Health and Human Services ..	Health Resources and Services Administration ..	San Miguel County, for facilities and equipment .....	NM .....	1,500,000	Lujan
Health and Human Services ..	Health Resources and Services Administration ..	Sharkey Issaquena Community Hospital, for facilities and equipment .....	MS .....	2,340,000	Hyde-Smith
Health and Human Services ..	Health Resources and Services Administration ..	Shawnee Health Service and Development Corporation, for facilities and equipment.	IL .....	3,750,000	Duckworth
Health and Human Services ..	Health Resources and Services Administration ..	Shepherd Center, Inc. for equipment .....	GA .....	61,000	Warnock
Health and Human Services ..	Health Resources and Services Administration ..	Sierra Nevada Memorial Miners Hospital, for facilities and equipment .....	CA .....	750,000	Feinstein
Health and Human Services ..	Health Resources and Services Administration ..	Silver Cross Hospital, for facilities and equipment .....	IL .....	500,000	Durbin
Health and Human Services ..	Health Resources and Services Administration ..	Singing River Health System, for equipment .....	MS .....	3,400,000	Hyde-Smith, Wicker
Health and Human Services ..	Health Resources and Services Administration ..	SIU School of Medicine, for facilities and equipment .....	IL .....	1,050,000	Duckworth
Health and Human Services ..	Health Resources and Services Administration ..	Skagit County Public Hospital District No. 2, for facilities and equipment .....	WA .....	2,500,000	Cantwell
Health and Human Services ..	Health Resources and Services Administration ..	Southeast Georgia Health System, Inc., for facilities and equipment .....	GA .....	5,000,000	Warnock
Health and Human Services ..	Health Resources and Services Administration ..	SoutheastHealth Center of Stoddard County, for facilities and equipment .....	MO .....	4,600,000	Blunt
Health and Human Services ..	Health Resources and Services Administration ..	Southern Illinois Healthcare, for facilities and equipment .....	IL .....	1,000,000	Durbin
Health and Human Services ..	Health Resources and Services Administration ..	Southern Illinois University, for facilities and equipment .....	IL .....	1,000,000	Durbin
Health and Human Services ..	Health Resources and Services Administration ..	Southern Regional Medical Center, for facilities and equipment .....	GA .....	1,154,000	Ossoff
Health and Human Services ..	Health Resources and Services Administration ..	Southwest Mississippi Regional Medical Center, for facilities and equipment.	MS .....	5,700,000	Hyde-Smith
Health and Human Services ..	Health Resources and Services Administration ..	SPOON Foundation, for workforce development .....	OR .....	175,000	Merkley, Wyden
Health and Human Services ..	Health Resources and Services Administration ..	Springfield Medical Care Systems, for equipment .....	VT .....	50,000	Sanders
Health and Human Services ..	Health Resources and Services Administration ..	Spurwink, for facilities and equipment .....	ME .....	366,000	Collins, King
Health and Human Services ..	Health Resources and Services Administration ..	St Johns Riverside Hospital, for facilities and equipment .....	NY .....	990,000	Schumer
Health and Human Services ..	Health Resources and Services Administration ..	St. Joseph Hospital, for facilities and equipment .....	ME .....	1,500,000	Collins, King
Health and Human Services ..	Health Resources and Services Administration ..	St. Joseph's Health, to expand and renovate a mental health facility .....	NI .....	1,000,000	Booker
Health and Human Services ..	Health Resources and Services Administration ..	St. Louis Children's Hospital, for facilities and equipment .....	MO .....	2,000,000	Blunt
Health and Human Services ..	Health Resources and Services Administration ..	St. Mary's Health Wagon, for facilities and equipment .....	VA .....	1,250,000	Warner
Health and Human Services ..	Health Resources and Services Administration ..	Star Community Health, Inc., for equipment .....	PA .....	400,000	Casey
Health and Human Services ..	Health Resources and Services Administration ..	Stiwell Memorial Hospital, for equipment .....	OK .....	720,000	Inhofe
Health and Human Services ..	Health Resources and Services Administration ..	Stony Brook University, for facilities and equipment .....	NY .....	10,000,000	Schumer
Health and Human Services ..	Health Resources and Services Administration ..	Sullivan County, for facilities and equipment .....	NH .....	2,000,000	Shaheen
Health and Human Services ..	Health Resources and Services Administration ..	Sun Life Family Health Center, for facilities and equipment .....	AZ .....	6,000,000	Kelly
Health and Human Services ..	Health Resources and Services Administration ..	Superstition Fire & Medical District, for equipment .....	AZ .....	116,000	Kelly, Sinema
Health and Human Services ..	Health Resources and Services Administration ..	Temple University Health System, for facilities and equipment .....	PA .....	400,000	Casey
Health and Human Services ..	Health Resources and Services Administration ..	The Curators of the University of Missouri, for facilities and equipment ..	MO .....	61,000,000	Blunt
Health and Human Services ..	Health Resources and Services Administration ..	The Knowledge Center at Chaddock, for facilities and equipment .....	IL .....	800,000	Durbin
Health and Human Services ..	Health Resources and Services Administration ..	The Medical University of South Carolina, for facilities and equipment .....	SC .....	12,727,000	Graham
Health and Human Services ..	Health Resources and Services Administration ..	The Memorial Hospital at Gulfport Foundation, Inc., for facilities and equipment.	MS .....	5,400,000	Hyde-Smith
Health and Human Services ..	Health Resources and Services Administration ..	The Nord Center, for facilities and equipment .....	OH .....	1,500,000	Brown
Health and Human Services ..	Health Resources and Services Administration ..	The Queens Health System, for facilities and equipment .....	HI .....	3,000,000	Schatz

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	State	Amount	Requestor(s)
Health and Human Services ..	Health Resources and Services Administration ..	The Thresholds, for facilities and equipment ..	IL ...	1,000,000	Durbin
Health and Human Services ..	Health Resources and Services Administration ..	The Valley Hospital, for facilities and equipment ..	NY ...	513,000	Menendez
Health and Human Services ..	Health Resources and Services Administration ..	Thomas Health System, Inc., for Cancer Infusion Center facilities and equipment.	WV ...	495,000	Capito
Health and Human Services ..	Health Resources and Services Administration ..	Thomas Health System, Inc., for equipment ..	WV ...	5,500,000	Capito
Health and Human Services ..	Health Resources and Services Administration ..	Thomas Health System, Inc., for St. Francis Hospital facilities and equipment.	WV ...	1,200,000	Capito, Manchin
Health and Human Services ..	Health Resources and Services Administration ..	Thundermist Health Center, for clinical workforce development ..	RI ...	1,498,000	Reed, Whitehouse
Health and Human Services ..	Health Resources and Services Administration ..	TidalHealth Nanitcote, for equipment ..	DE ...	341,000	Carper, Coons
Health and Human Services ..	Health Resources and Services Administration ..	Town of Palsade, for facilities and equipment ..	CO ...	1,000,000	Bennet, Hickenlooper
Health and Human Services ..	Health Resources and Services Administration ..	Trillium Family Services, for equipment ..	OR ...	189,000	Merkley, Wyden
Health and Human Services ..	Health Resources and Services Administration ..	Truckee Meadows Community College, for facilities and equipment ..	NV ...	2,000,000	Cortez Masto, Rosen
Health and Human Services ..	Health Resources and Services Administration ..	Truman State University, for facilities and equipment ..	MO ...	3,420,000	Blunt
Health and Human Services ..	Health Resources and Services Administration ..	Trustees of Saint Joseph's College, for facilities and equipment ..	ME ...	810,000	Collins
Health and Human Services ..	Health Resources and Services Administration ..	Trustees Under Will And Estate of William Lunalilo, for facilities and equipment.	HI ...	300,000	Schatz
Health and Human Services ..	Health Resources and Services Administration ..	Tuba City Regional Health Care Center, for facilities and equipment ..	AZ ...	8,000,000	Kelly, Sinema
Health and Human Services ..	Health Resources and Services Administration ..	Tulsa Community College, for facilities and equipment ..	OK ...	866,000	Inhofe
Health and Human Services ..	Health Resources and Services Administration ..	Turning Point Center of Central Vermont Inc., for facilities and equipment.	VT ...	750,000	Leahy
Health and Human Services ..	Health Resources and Services Administration ..	UAB School of Medicine, for facilities and equipment ..	AL ...	76,000,000	Shelby
Health and Human Services ..	Health Resources and Services Administration ..	Unity Care Northwest, for facilities and equipment ..	WA ...	2,000,000	Cantwell
Health and Human Services ..	Health Resources and Services Administration ..	University Health, for facilities and equipment ..	MO ...	2,500,000	Blunt
Health and Human Services ..	Health Resources and Services Administration ..	University Hospital, for facilities and equipment ..	NU ...	3,870,000	Booker, Menendez
Health and Human Services ..	Health Resources and Services Administration ..	University of Alaska, Anchorage, for facilities and equipment ..	AK ...	295,000	Murkowski
Health and Human Services ..	Health Resources and Services Administration ..	University of Charleston, for equipment ..	WV ...	786,000	Capito
Health and Human Services ..	Health Resources and Services Administration ..	University of Delaware, Biopharmaceutical Manufacturing Innovation Facility, for facilities and equipment.	DE ...	5,000,000	Carper, Coons
Health and Human Services ..	Health Resources and Services Administration ..	University of Georgia, for facilities and equipment ..	GA ...	5,000,000	Graham
Health and Human Services ..	Health Resources and Services Administration ..	University of Kansas Cancer Center, for cancer research equipment ..	KS ...	10,000,000	Moran
Health and Human Services ..	Health Resources and Services Administration ..	University of Kansas Cancer Center, for imaging equipment ..	KS ...	1,000,000	Moran
Health and Human Services ..	Health Resources and Services Administration ..	University of Maine System, for health education equipment ..	ME ...	1,000,000	Collins, King
Health and Human Services ..	Health Resources and Services Administration ..	University of Maryland, Baltimore School of Nursing, for facilities and equipment.	MD ...	1,250,000	Van Hollen
Health and Human Services ..	Health Resources and Services Administration ..	University of Mississippi Medical Center, for a health workforce initiative ..	MS ...	1,300,000	Hyde-Smith, Wicker
Health and Human Services ..	Health Resources and Services Administration ..	University of Missouri—Kansas City, for facilities and equipment ..	MO ...	13,000,000	Blunt

Health and Human Services	Health Resources and Services Administration	University of Missouri—Kansas City, for health workforce initiative, including equipment	MO	2,500,000	Blunt
Health and Human Services	Health Resources and Services Administration	University of Missouri—St. Louis, for facilities and equipment	MO	2,500,000	Blunt
Health and Human Services	Health Resources and Services Administration	University of Nevada, Las Vegas, for dental facilities and equipment	NV	2,000,000	Cortez Masto, Rosen
Health and Human Services	Health Resources and Services Administration	University of Nevada, Las Vegas, for equipment	NV	1,565,000	Cortez Masto, Rosen
Health and Human Services	Health Resources and Services Administration	University of Nevada, Reno, for facilities and equipment	NV	3,100,000	Cortez Masto, Rosen
Health and Human Services	Health Resources and Services Administration	University of New England, for facilities and equipment	ME	5,000,000	Collins
Health and Human Services	Health Resources and Services Administration	University of New Mexico, Renovation of Research Facilities, for facilities and equipment	NM	1,500,000	Heinrich, Luján
Health and Human Services	Health Resources and Services Administration	University of New Mexico, to support rural health services	NM	473,000	Heinrich, Luján
Health and Human Services	Health Resources and Services Administration	University of Saint Joseph, for facilities and equipment	CT	900,000	Blumenthal, Murphy
Health and Human Services	Health Resources and Services Administration	University of Southern Mississippi, for facilities and equipment	MS	7,900,000	Hyde-Smith
Health and Human Services	Health Resources and Services Administration	University of Vermont, for facilities and equipment	VT	5,750,000	Leahy
Health and Human Services	Health Resources and Services Administration	Valley-Wide Health Systems, Inc., for facilities and equipment	CO	250,000	Bennet
Health and Human Services	Health Resources and Services Administration	Veterans Inc., for facilities and equipment	MA	305,000	Markley, Warren
Health and Human Services	Health Resources and Services Administration	Virginia Garcia Memorial Health Center, for facilities and equipment	OR	2,124,000	Markley, Wyden
Health and Human Services	Health Resources and Services Administration	Virginia Polytechnic Institute and State Uni., for facilities and equipment	VA	1,000,000	Kaine, Warner
Health and Human Services	Health Resources and Services Administration	Visiting Nurse Association of Central Jersey, for facilities and equipment	VA	500,000	Booker
Health and Human Services	Health Resources and Services Administration	Wabanaki Public Health and Wellness, for facilities and equipment	ME	1,000,000	King
Health and Human Services	Health Resources and Services Administration	Washington Hospital Foundation, for facilities and equipment	PA	500,000	Casey
Health and Human Services	Health Resources and Services Administration	Washoe County, for facilities and equipment	NV	2,335,000	Cortez Masto
Health and Human Services	Health Resources and Services Administration	Wellington Fire Protection District, for mental health training	CO	18,000	Hickenlooper
Health and Human Services	Health Resources and Services Administration	Wentworth-Douglass Hospital, for equipment	NH	500,000	Shaheen
Health and Human Services	Health Resources and Services Administration	West Virginia Health Right, for facilities and equipment	WV	4,000,000	Capito, Manchin
Health and Human Services	Health Resources and Services Administration	West Virginia University Hospitals, for facilities and equipment	WV	2,790,000	Manchin
Health and Human Services	Health Resources and Services Administration	West Virginia University Wastewater Testing, for facilities and equipment	WV	930,000	Manchin
Health and Human Services	Health Resources and Services Administration	West Virginia University, for a telehealth initiative	WV	262,000	Capito
Health and Human Services	Health Resources and Services Administration	Westside Family Healthcare, Inc., for facilities and construction	DE	2,000,000	Carper, Coons
Health and Human Services	Health Resources and Services Administration	Whidbey Health, facilities and equipment	WA	500,000	Murray
Health and Human Services	Health Resources and Services Administration	Whiteside County, for facilities and equipment	IL	1,000,000	Durbin
Health and Human Services	Health Resources and Services Administration	Williams County Department of Health, for facilities and equipment	OH	641,000	Brown
Health and Human Services	Health Resources and Services Administration	Williamson Health and Wellness Center, for facilities and equipment	WV	2,000,000	Manchin
Health and Human Services	Health Resources and Services Administration	Williamson Valley Fire and Moyer Fire Districts, for equipment	AZ	160,000	Kelly, Sinema
Health and Human Services	Health Resources and Services Administration	Windham County Dental Clinic, for facilities and equipment	VT	549,000	Sanders
Health and Human Services	Health Resources and Services Administration	Winooski School District, School Based Health Center, for facilities and equipment	VT	614,000	Leahy, Sanders
Health and Human Services	Health Resources and Services Administration	Wood River Health Services, for facilities and equipment	RI	750,000	Reed
Health and Human Services	Health Resources and Services Administration	Yakima Valley College, for nurse training initiative	WA	1,759,000	Murray
Health and Human Services	Health Resources and Services Administration	YMCA of Greater Seattle, for facilities and equipment	WA	850,000	Murray
Health and Human Services	Health Resources and Services Administration	YWCA Greenwich, for facilities and equipment	CT	75,000	Blumenthal, Murphy

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	State	Amount	Requestor(s)
Health and Human Services	Administration for Children and Families	Abriendo Puertas/Opening Doors, for providing services to families	NM	950,000	Heinrich, Luján
Health and Human Services	Administration for Children and Families	Association of Africans Living in Vermont, for services to reduce poverty	VT	220,000	Sanders
Health and Human Services	Administration for Children and Families	Childhaven, for behavioral health support to children, caregivers, and educators.	WA	996,000	Murray
Health and Human Services	Administration for Children and Families	Children's Advocacy Centers of Mississippi, for child advocacy studies training.	MS	1,620,000	Hyde-Smith
Health and Human Services	Administration for Children and Families	City of Burlington, for services provided at a daytime warming shelter	VT	405,000	Leahy
Health and Human Services	Administration for Children and Families	Connecticut Council of Family Service Agencies, to improve mental health care access for children and youth.	CT	368,000	Blumenthal, Murphy
Health and Human Services	Administration for Children and Families	Covenant House Alaska, for training to address homelessness	AK	500,000	Murkowski
Health and Human Services	Administration for Children and Families	Early Childhood Council of the San Luis Valley, to expand access to high-quality early childhood care.	CO	110,000	Bennet
Health and Human Services	Administration for Children and Families	Emerald Isle Immigration Center, for services to reduce poverty	NY	55,000	Schumer
Health and Human Services	Administration for Children and Families	Georgia State University, for child welfare training	GA	200,000	Warrock
Health and Human Services	Administration for Children and Families	Gonzaga University, to provide services to families facing homelessness	WA	576,000	Cantwell
Health and Human Services	Administration for Children and Families	Greater Boston Legal Services, for services to low-income families	MA	700,000	Markey, Warren
Health and Human Services	Administration for Children and Families	Maine Community Action Partnership, to provide services to help families achieve self-sufficiency and reduce poverty.	ME	2,000,000	King
Health and Human Services	Administration for Children and Families	Make the Road New York, for education and services to promote self-sufficiency.	NY	400,000	Schumer
Health and Human Services	Administration for Children and Families	Many Mothers, to provide community resources and trainings for parents	NM	160,000	Heinrich, Luján
Health and Human Services	Administration for Children and Families	Marshall University, for a center on foster care studies	WV	1,000,000	Capito
Health and Human Services	Administration for Children and Families	MyHouse Mat-Su, for a homelessness and human trafficking services project.	AK	1,000,000	Murkowski
Health and Human Services	Administration for Children and Families	New Mexico Coalition of Sexual Assault Programs, for the prevention of child abuse.	NM	46,000	Heinrich, Luján
Health and Human Services	Administration for Children and Families	Oregon Association of Relief Nurseries, for the prevention of child abuse	OR	500,000	Merkeley, Wyden
Health and Human Services	Administration for Children and Families	Oregon Social Learning Center Developments Inc., to promote child welfare.	OR	1,276,000	Merkeley, Wyden
Health and Human Services	Administration for Children and Families	Reclaiming Our Community, to support an anti-poverty initiative	MO	500,000	Blunt
Health and Human Services	Administration for Children and Families	RI Department of Children, Youth, & Families, for foster family recruitment and retention.	RI	750,000	Reed
Health and Human Services	Administration for Children and Families	Rosalynn Carter Institute for Caregivers, for services for caregivers	GA	1,100,000	Warrock
Health and Human Services	Administration for Children and Families	Rutland County Parent Child Center, for training and skills development to improve the financial stability of families.	VT	176,000	Leahy
Health and Human Services	Administration for Children and Families	Safari Youth Club, for services and educational programs for families	NH	150,000	Shaheen

Health and Human Services ...	Administration for Children and Families	SASH—Cathedral Square, for services to families to reduce poverty	VT ...	395,000	Sanders
Health and Human Services ...	Administration for Children and Families	Southern Oregon Success, for services to prevent abuse and neglect, homelessness, and addiction.	OR ...	840,000	Merkeley
Health and Human Services ...	Administration for Children and Families	Southwestern Vermont Medical Center, for child care services	VT ...	77,000	Sanders
Health and Human Services ...	Administration for Children and Families	Springfield School District, River Valley Tech Cen, to improve access to child care.	VT ...	503,000	Sanders
Health and Human Services ...	Administration for Children and Families	Star House, for services to prevent youth homelessness	OH ...	760,000	Brown
Health and Human Services ...	Administration for Children and Families	Stepping Stones, for services for homeless youth	NH ...	100,000	Shaheen
Health and Human Services ...	Administration for Children and Families	The Center for Grieving Children, for peer support groups for grieving children.	ME ...	264,000	Collins, King
Health and Human Services ...	Administration for Children and Families	United Way of Anchorage, for improving the 2-1-1 system	AK ...	1,000,000	Murkowski
Health and Human Services ...	Administration for Children and Families	United Way of Bucks County, for services to reduce poverty	PA ...	220,000	Casey
Health and Human Services ...	Administration for Children and Families	United Way of Western Connecticut, to provide services to low-income families.	CT ...	1,200,000	Blumenthal, Murphy
Health and Human Services ...	Administration for Children and Families	University of Illinois Springfield, for child welfare training	IL ...	720,000	Durbin
Health and Human Services ...	Administration for Children and Families	UW Health, to increase care coordination to improve health outcomes	WI ...	3,000,000	Baldwin
Health and Human Services ...	Administration for Children and Families	Voices for Tomorrow, for child care provider training	WA ...	2,500,000	Murray
Health and Human Services ...	Administration for Children and Families	West Virginia 211, for improving the 2-1-1 system	WV ...	500,000	Manchin
Health and Human Services ...	Administration for Children and Families	Youth Advocates of Sitka, for services to vulnerable youth experiencing human trafficking.	AK ...	250,000	Murkowski
Health and Human Services ...	Administration for Children and Families	YWCA of Oahu, to provide services to improve self-sufficiency and to reduce poverty.	HI ...	200,000	Schatz
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	180, Turning Lives Around, Inc., to provide mental health support for youth.	NJ ...	500,000	Booker, Menendez
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Alliance for Living, for access to treatment for individuals with opioid use disorders.	CT ...	270,000	Blumenthal, Murphy
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Ashley Addiction Treatment Center, to provide mental health services	MD ...	1,150,000	Cardin
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Baltimore City, for a mobile treatment van for substance use treatment	MD ...	459,000	Van Hollen
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Boys & Girls Clubs in Colorado, Inc., to provide mental health services to promote social-emotional well-being among youth, including those exposed to trauma.	CO ...	2,000,000	Bennet, Hickenlooper
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Brattleboro Memorial Hospital, to provide mental health care services to individuals experiencing homelessness.	VT ...	681,000	Leahy
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Cascade AIDS Project, to provide behavioral health care services to underserved populations.	WA ...	390,000	Murray
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Central Michigan University, for a telehealth initiative for mental and behavioral health care services.	MI ...	960,000	Peters, Stabenow

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	State	Amount	Requestor(s)
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Charter Oak Cultural Center, for adverse childhood experiences training to reduce trauma experienced by youth.	CT ...	47,000	Blumenthal, Murphy
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Children's Service Society of Wisconsin, to expand access to school-based mental and behavioral health care.	WI ...	300,000	Baldwin
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	City of Augusta, Maine, for substance use treatment and recovery services, including support services.	ME ...	264,000	Collins, King
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	City of Charleston, West Virginia, for mental health and substance use prevention and treatment services, including outreach and wraparound services.	WV ...	300,000	Capito
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	City of Huntington Beach, to establish a mobile crisis response program	CA ...	500,000	Fenstein
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	City of Los Angeles, for crisis response to de-escalate emergency calls involving mental health or substance use issues.	CA ...	1,500,000	Feinstein, Padilla
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Clark County School District, to provide mental and behavioral health care services in schools.	NV ...	944,000	Cortez Masto, Rosen
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Community Care of West Virginia, for school-based mental and behavioral health services.	WV ...	1,250,000	Capito, Manchin
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Community Mental Health Authority of Clinton, Eaton, and Ingham Counties, for a crisis stabilization unit that will provide behavioral health care services.	MI ...	3,366,000	Stabenow
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	County of Contra Costa, for the expansion of mobile crisis response teams.	CA ...	1,062,000	Padilla
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Covenant House Georgia, Inc., for mental health services for families	GA ...	191,000	Warnock
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Covenant House, New Orleans, for mental health and wellness services	LA ...	250,000	Cassidy
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Detroit Wayne Integrated Health Network, for mobile crisis units	MI ...	4,475,000	Stabenow
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Dismas Home of New Hampshire, for substance use disorder treatment	NH ...	25,000	Shaheen
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	EmblemHealth, for behavioral health care services	NY ...	200,000	Schumer
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	First Behavioral Health Urgent Care Center, for mental health services	CA ...	301,000	Feinstein, Padilla
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Friends of the Children, for mental health care services to youth and families.	OR ...	535,000	Merkley, Wyden

Health and Human Services	Substance Abuse and Mental Health Services Administration.	NY	200,000	Schumer
Health and Human Services	Substance Abuse and Mental Health Services Administration.	NU	300,000	Booker
Health and Human Services	Substance Abuse and Mental Health Services Administration.	MD	500,000	Van Hollen
Health and Human Services	Substance Abuse and Mental Health Services Administration.	MA	1,000,000	Markley, Warren
Health and Human Services	Substance Abuse and Mental Health Services Administration.	PA	60,000	Casey
Health and Human Services	Substance Abuse and Mental Health Services Administration.	MI	811,000	Stabenow
Health and Human Services	Substance Abuse and Mental Health Services Administration.	DE	3,500,000	Carper, Coons
Health and Human Services	Substance Abuse and Mental Health Services Administration.	CT	16,000	Blumenthal, Murphy
Health and Human Services	Substance Abuse and Mental Health Services Administration.	CT	137,000	Blumenthal, Murphy
Health and Human Services	Substance Abuse and Mental Health Services Administration.	OR	433,000	Merkley, Wyden
Health and Human Services	Substance Abuse and Mental Health Services Administration.	MD	970,000	Van Hollen
Health and Human Services	Substance Abuse and Mental Health Services Administration.	WV	4,961,000	Capito, Manchin
Health and Human Services	Substance Abuse and Mental Health Services Administration.	HI	100,000	Hirono, Schatz
Health and Human Services	Substance Abuse and Mental Health Services Administration.	OR	100,000	Merkley, Wyden
Health and Human Services	Substance Abuse and Mental Health Services Administration.	MO	500,000	Blunt
Health and Human Services	Substance Abuse and Mental Health Services Administration.	ME	690,000	Collins, King
Health and Human Services	Substance Abuse and Mental Health Services Administration.	WV	200,000	Manchin
Health and Human Services	Substance Abuse and Mental Health Services Administration.	OR	375,000	Merkley, Wyden
Health and Human Services	Substance Abuse and Mental Health Services Administration.	IL	90,000	Durbin
Health and Human Services	Substance Abuse and Mental Health Services Administration.	NV	2,661,000	Cortez Masto, Rosen
	Gay Men's Health Crisis, Inc, for mental health care services .....			
	Government of Burlington County, for a mobile access unit to support individuals and families with behavioral health care.			
	Grassroots Crisis Intervention Center, Inc., for behavioral health care services.			
	Greater Lawrence Family Health Center (GLFHC), for mental and behavioral health care services.			
	Greater Susquehanna Valley United Way, to address mental health care needs for youth.			
	Jewish Family Service of Metropolitan Detroit, for suicide prevention .....			
	Jewish Family Services of Delaware, to establish a workforce development program for mental health counselors.			
	Liberation Programs, Inc., for necessary renovations and improvements at the Pelletier Wellness Center.			
	Liberation Programs, Inc., to support family-focused recovery services .....			
	Lines for Life, for mental health care and crisis intervention services .....			
	Louie Center for Infants and Young Children, Inc., to provide services to children experiencing trauma.			
	Marshall University, for expansion of recovery services, including training and technical assistance.			
	Maui Economic Opportunity, for the prevention of substance use among youth.			
	Mental Health for Children, dba The Child Center, for the expansion of access to school-based mental health services.			
	MHM Support Services, for behavioral and mental health services, including telehealth and health information technology.			
	Milestone Recovery, for substance use disorder outpatient treatment and support program.			
	Morgan County Partnership, for substance use prevention for school-aged children.			
	Multnomah County, for behavioral health care services .....			
	NAMI Chicago, to provide peer-support for individuals and families facing mental health challenges.			
	Nevada System of Higher Education, to provide mental health services and training.			

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	State	Amount	Requestor(s)
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	New Mexico Behavioral Health Services Division, to provide services to individuals with substance use disorders.	NM ...	450,000	Heinrich
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	New Mexico Children, Youth, and Families Dept. to provide support to youth at risk of mental health or substance use disorders.	NM ...	700,000	Heinrich, Luján
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Newport County Community Mental Health Center, for mental health care services.	RI ....	101,000	Whitehouse
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Newport County Community Mental Health Center, to expand youth mental health services.	RI ....	100,000	Reed
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Northern Lakes Community Mental Health Authority, for access to behavioral crisis services.	MI ....	1,800,000	Stabenow
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	NYC Health + Hospitals/Jacobi, for mental health care .....	NY ...	393,000	Gillibrand, Schumer
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Oregon Center for Nursing, to support the mental health and emotional well-being of nurses.	OR ...	459,000	Merkley, Wyden
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Outright Vermont, for mental and behavioral health care services .....	VT ...	160,000	Leahy
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Reaching HOPE, to provide mental health services to trauma survivors ...	CO ...	321,000	Hickenlooper
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Region 9 Economic Development District, to improve substance use disorder treatment.	CO ...	150,000	Bennet, Hickenlooper
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Rhode Island District Court, for mental health services .....	RI ....	423,000	Whitehouse
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Rogue Retreat, for services for individuals with mental health or substance use disorders.	OR ...	501,000	Merkley, Wyden
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Servicios de La Raza, to expand mental and behavioral health care services for incarcerated and at-risk individuals.	CO ...	160,000	Bennet
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Sheppard Pratt, to provide mental health care services .....	MD ...	917,000	Cardin
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Southeastern Regional Action Council Inc., for rural outreach to improve access to mental and behavioral health care services.	CT ....	200,000	Blumenthal, Murphy
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Summit County Sheriff's Office, to support a mental health response team.	CO ...	423,000	Bennet
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	The City of Oakland, for mental health care through mobile assistance community responders.	CA ...	734,000	Padilla
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	The Martinsburg Initiative, Inc., for trauma awareness and substance use prevention services.	WV ...	500,000	Capito



Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	TLC Family Resource Center, for family-based peer recovery services .....	NH ...	350,000	Shaheen
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Tri-County Mental Health Services, Inc., for mental health and substance use disorder services, including outreach and wraparound services.	ME ...	25,000	Collins
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	UCAN, for trauma-informed violence prevention and mental health services.	IL ....	750,000	Durbin
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	United Services, Inc., for the integration of behavioral health care in primary care settings.	CT ...	461,000	Blumenthal, Murphy
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	United Way of Wisconsin, for improving mental health care .....	WI ...	1,121,000	Baldwin
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	University of Illinois Cicero, for behavioral health and addiction treatment services.	IL ....	1,000,000	Durbin
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	University of Mississippi Medical Center, for expansion of mental health and substance use prevention and treatment services, including telehealth and information technology.	MS ...	6,000,000	Hyde-Smith
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	University of New Mexico, for substance use treatment using a peer support model.	NM ...	1,500,000	Lujan
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Upstate Warrior Solution, for mental health and substance use prevention and treatment services, including wraparound services.	SC ...	2,000,000	Graham
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Vermont Care Network, to provide outpatient, pediatric mental health care services.	VT ...	1,000,000	Sanders
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Vermont Program for Quality in Healthcare, for mental health services ...	VT ...	1,000,000	Leahy
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Vermont Recovery Network, for peer support and other recovery services ..	VT ...	515,000	Sanders
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Will County, for an opioid overdose intervention program .....	IL ....	175,000	Durbin
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	YMCA of Honolulu, to provide behavioral health care services and counseling to youth.	HI ....	250,000	Hirono, Schatz
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	York Hospital, for substance use prevention, treatment, and recovery services.	ME ...	155,000	Collins, King
Health and Human Services ...	Substance Abuse and Mental Health Services Administration.	Youth Rising Oregon, for substance abuse treatment for youth parents ...	OR ...	750,000	Merkley
Health and Human Services ...	Administration for Community Living .....	Age Well VT, to expand senior services .....	VT ...	600,000	Sanders
Health and Human Services ...	Administration for Community Living .....	Blackstone Valley Community Action Program, for home based care services.	RI ....	100,000	Whitehouse
Health and Human Services ...	Administration for Community Living .....	Chinese American Service League, to expand services for seniors .....	IL ....	1,000,000	Durbin
Health and Human Services ...	Administration for Community Living .....	Council on Aging of Central Oregon, for equipment .....	OR ...	79,000	Merkley, Wyden
Health and Human Services ...	Administration for Community Living .....	Council on Aging of Southwestern Ohio, to address the shortage of home health aides.	OH ...	1,650,000	Brown

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	State	Amount	Requestor(s)
Health and Human Services ...	Administration for Community Living .....	Easterseals Delaware & Maryland's Eastern Shore, for rehabilitative medical services.	DE ...	100,000	Carper
Health and Human Services ...	Administration for Community Living .....	Easterseals Oregon, to support an outreach program .....	OR ...	232,000	Merkley, Wyden
Health and Human Services ...	Administration for Community Living .....	Higher Ground International, for senior care services .....	RI ...	300,000	Reed, Whitehouse
Health and Human Services ...	Administration for Community Living .....	Meals On Wheels Atlanta, Inc., for facilities and equipment .....	GA ...	2,000,000	Warnock
Health and Human Services ...	Administration for Community Living .....	Mississippi State University, for providing direct services to individuals with disabilities.	MS ...	647,000	Hyde-Smith
Health and Human Services ...	Administration for Community Living .....	Outdoors for All, to support services for individuals with disabilities .....	WA ...	250,000	Murray
Health and Human Services ...	Administration for Community Living .....	Senior Services of Winston-Salem and Forsyth County, for improving access to and delivery of senior services.	NC ...	5,000,000	Burr
Health and Human Services ...	Administration for Community Living .....	The New American Dream Foundation, to enhance services for seniors .....	CT ...	50,000	Blumenthal, Murphy
Health and Human Services ...	Administration for Community Living .....	The Wisconsin Institute for Healthy Aging, for interventions to prevent falls among older adults.	WI ...	523,000	Baldwin
Health and Human Services ...	Administration for Community Living .....	Western Reserve Area Agency on Aging, to support repairs and modification to senior facilities.	OH ...	1,340,000	Brown
Education .....	Innovation and Improvement .....	4Cs of Passaic County, to improve access to early childcare and education.	NJ ...	250,000	Menendez
Education .....	Innovation and Improvement .....	Asia Pacific Cultural Center, for staff and program costs of youth engagement and support activities.	WA ...	397,000	Cantwell
Education .....	Innovation and Improvement .....	Audubon Society of Rhode Island, for environmental education and teacher professional development.	RI ...	100,000	Reed
Education .....	Innovation and Improvement .....	Best Buddies International, Inc., for The Best Buddies in Georgia Inclusion Project.	GA ...	458,000	Warnock
Education .....	Innovation and Improvement .....	Best Buddies International, Inc., for the Best Buddies in Hawaii Inclusion Project for students with intellectual and developmental disabilities.	HI ...	400,000	Hirono, Schatz
Education .....	Innovation and Improvement .....	Best Buddies International, Inc., for the Best Buddies in Maryland Inclusion Project for students with intellectual and developmental disabilities.	MD ...	250,000	Van Hollen
Education .....	Innovation and Improvement .....	Best Buddies International, Inc., for the Best Buddies in Minnesota Inclusion Project for students with intellectual and developmental disabilities.	MN ...	449,000	Smith
Education .....	Innovation and Improvement .....	Best Buddies International, Inc., for the Delaware Best Buddies Inclusion Project for students with intellectual and developmental disabilities.	DE ...	215,000	Carper, Coons
Education .....	Innovation and Improvement .....	Best Buddies International, Inc., for the Maine Best Buddies Inclusion Project for students with intellectual and developmental disabilities.	ME ...	331,000	Collins, King

Education .....	Innovation and Improvement .....	Best Buddies Missouri, for the Missouri Best Buddies Inclusion Project for students with intellectual and developmental disabilities.	MO ...	500,000	Blunt
Education .....	Innovation and Improvement .....	Block Island Maritime Institute, for out-of-school time environmental education.	RI .....	100,000	Reed
Education .....	Innovation and Improvement .....	Boys & Girls Club Big Island, for out-of-school academic support, critical needs resources, and youth development programming.	HI .....	800,000	Hirono
Education .....	Innovation and Improvement .....	Boys & Girls Club of Harlem, Inc., to support implementation of a full service community schools model.	NY .....	296,000	Gillibrand, Schumer
Education .....	Innovation and Improvement .....	Boys & Girls Club of Hawaii, to provide and improve out-of-school and after-school youth development programs.	HI .....	1,147,000	Hirono, Schatz
Education .....	Innovation and Improvement .....	Boys & Girls Clubs of Delaware, for support of after-school literacy education, peer tutoring and youth programs.	DE .....	250,000	Carper, Coons
Education .....	Innovation and Improvement .....	Boys & Girls Clubs of Maui, for out-of-school academic support, critical needs resources, and youth development programming.	HI .....	430,000	Schatz
Education .....	Innovation and Improvement .....	Capitol Region Education Council, for their teacher residency program	CT .....	275,000	Blumenthal, Murphy
Education .....	Innovation and Improvement .....	CareerWise Colorado, for career and technical education, including youth apprenticeships and employer engagement.	CO .....	776,000	Bennet, Hickenlooper
Education .....	Innovation and Improvement .....	Central Kitsap School District #401, for teacher training and program costs of implementing Engineering is Elementary curriculum, including equipment.	WA ...	500,000	Cantwell
Education .....	Innovation and Improvement .....	Chicago Public Schools, for STEM, Fine and Performing Arts, and personalized learning, including acquisition of equipment and supplies.	IL .....	475,000	Durbin
Education .....	Innovation and Improvement .....	Christina School District, to expand implementation of the AVID program and improve college readiness of students.	DE .....	250,000	Coons
Education .....	Innovation and Improvement .....	Circle of Friends, for youth development and mentoring, including equipment.	OR ...	93,000	Merkley, Wyden
Education .....	Innovation and Improvement .....	City of Rancho Cordova, for program development, including equipment and supplies.	CA .....	340,000	Feinstein, Padilla
Education .....	Innovation and Improvement .....	College Possible, for college access programming, including technology and student support.	OR ...	500,000	Merkley, Wyden
Education .....	Innovation and Improvement .....	Columbia International University, for student services, including equipment and technology.	SC .....	750,000	Graham
Education .....	Innovation and Improvement .....	Columbus State University, for science education and programs through the Space Science Center partnership with Muscogee County School District.	GA .....	636,000	Warnock
Education .....	Innovation and Improvement .....	Communities in Schools of Washington State, for student supports to improve academic engagement and achievement.	WA ...	900,000	Murray
Education .....	Innovation and Improvement .....	COMPASS Youth Collaborative, for youth development	CT .....	100,000	Blumenthal, Murphy
Education .....	Innovation and Improvement .....	Delaware County Community College, for early childhood education, including equipment.	PA .....	1,000,000	Cassey

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	State	Amount	Requestor(s)
Education	Innovation and Improvement	Filipino Vets Recognition and Education Project, for support of an online education project; content, curriculum and collection development; and education programs.	VA ...	500,000	Hirono
Education	Innovation and Improvement	Garden City Community College, for a dual or concurrent enrollment program, including for equipment, technology upgrades, and professional development.	KS ...	1,000,000	Moran
Education	Innovation and Improvement	Generator, Inc., for advanced manufacturing skill development, including equipment.	VT ...	365,000	Leahy
Education	Innovation and Improvement	George Mason University, for a literacy initiative	VA ...	1,830,000	Warner
Education	Innovation and Improvement	Georgia College & State University, for writing and communication workshops and mentoring.	GA ...	385,000	Warnock
Education	Innovation and Improvement	Golden Girl Group Home, for tutoring and technology	WV ...	100,000	Manchin
Education	Innovation and Improvement	Greater Baltimore Urban League, for a college readiness initiative	MD ...	320,000	Van Hollen
Education	Innovation and Improvement	High Desert Education Service District, for expansion of a childhood trauma program.	OR ...	900,000	Merkley, Wyden
Education	Innovation and Improvement	IBEW Technical Institute, for an electricity and renewable energy infrastructure training program for high school students.	IL ....	500,000	Durbin
Education	Innovation and Improvement	Ignite Afterschool, for development of a statewide Minnesota STEM Ecosystems Network.	MN ...	400,000	Smith
Education	Innovation and Improvement	Island Moving Company, for educational and cultural arts programming	RI ....	195,000	Whitehouse
Education	Innovation and Improvement	Kennedy Krieger Institute, for evidence-based early childhood education for young children with developmental disabilities and their families.	MD ...	1,250,000	Cardin, Van Hollen
Education	Innovation and Improvement	Latino Network, for early childhood education	OR ...	250,000	Merkley, Wyden
Education	Innovation and Improvement	Leahy Center for Lake Champlain, for STEM education, curriculum development, outreach and professional development.	VT ...	382,000	Leahy
Education	Innovation and Improvement	LearningWorks, for teacher training and curricula development	ME ...	150,000	Collins, King
Education	Innovation and Improvement	Maine Discovery Museum, for teacher professional development and science outreach and educational programming.	ME ...	500,000	Collins, King
Education	Innovation and Improvement	Maui Economic Development Board, for STEM education, including work-based learning and internships, industry recognized certifications, and entrepreneurial training.	HI ....	500,000	Hirono
Education	Innovation and Improvement	MENTOR Rhode Island, for mentoring	RI ....	800,000	Whitehouse
Education	Innovation and Improvement	Michigan State University for WKAR Public Media, for an education pilot program, including equipment.	MI ...	1,000,000	Peters
Education	Innovation and Improvement	Mississippi State University, for services for students with intellectual and developmental disabilities.	MS ...	354,000	Hyde-Smith

Education	Innovation and Improvement	Mississippi State University, for training and tuition support of education professionals.	MS ...	1,000,000	Hyde-Smith
Education	Innovation and Improvement	Montessori Community School of Rhode Island, for early childhood education curriculum development.	RI ....	150,000	Whitehouse
Education	Innovation and Improvement	Morrison County United Way, for childhood literacy program	MN ...	14,000	Smith
Education	Innovation and Improvement	National Children's Museum, for STEAM education, including educational exhibit development and virtual field trip video.	DC ...	600,000	Van Hollen
Education	Innovation and Improvement	Nevada State College, for early childhood education	NV ...	1,628,000	Rosen
Education	Innovation and Improvement	New Mexico Black Leadership Council, to expand Science, Technology, Engineer, Agriculture, Mathematics & Health programs.	NM ...	125,000	Heinrich, Luján
Education	Innovation and Improvement	New Mexico Foundation, through ABC Community School Partnership, for technical assistance to implement a statewide community schools strategy.	NM ...	1,800,000	Heinrich, Luján
Education	Innovation and Improvement	New Mexico State University, for an artificial intelligence educational pipeline initiative from elementary and secondary education through postsecondary education.	NM ...	750,000	Heinrich, Luján
Education	Innovation and Improvement	New Mexico State University, for STEM teacher training and professional development.	NM ...	300,000	Heinrich, Luján
Education	Innovation and Improvement	Ngege New Mexico, for an early childhood education initiative	NM ...	148,000	Heinrich
Education	Innovation and Improvement	North Country Supervisory Union, to improve student success through a central hub for resources and coordinated services, including transportation, technology and equipment.	VT ...	458,000	Sanders
Education	Innovation and Improvement	North Hudson Community Action Corporation, for afterschool and summer programs, including technology.	NJ ...	80,000	Menendez
Education	Innovation and Improvement	North Kingstown Chamber of Commerce, to establish an offshore wind career and technical education program, including equipment.	RI ....	375,000	Whitehouse
Education	Innovation and Improvement	Oasis International, for education support and leadership development training.	RI ....	151,000	Whitehouse
Education	Innovation and Improvement	Oddfellows Playhouse Youth Theater, for arts enrichment, which may include the acquisition of equipment.	CT ...	48,000	Blumenthal, Murphy
Education	Innovation and Improvement	Old Stone House Museum, for curriculum development, resources and professional development for teachers.	VT ...	376,000	Leahy
Education	Innovation and Improvement	Oregon Manufacturing Innovation Center (OMIC), for career and technical education, including equipment.	OR ...	645,000	Merkley, Wyden
Education	Innovation and Improvement	Page Ahead, for a summer literacy program	WA ...	250,000	Murray
Education	Innovation and Improvement	Partners in Development Foundation (PIDF), to implement the full-service community school model.	HI ....	500,000	Hirono
Education	Innovation and Improvement	Partners in Development Foundation, for education and workforce development for justice-involved youth.	HI ....	2,000,000	Schatz
Education	Innovation and Improvement	PBS North Carolina, for an education pilot program, including equipment	NC ...	500,000	Burr

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	State	Amount	Requestor(s)
Education	Innovation and Improvement	Please Touch Museum, for support of its Kindergarten Readiness Program.	PA	1,000,000	Casey
Education	Innovation and Improvement	Project GOAL, Inc., for academic enrichment and mentoring	RI	100,000	Reed
Education	Innovation and Improvement	Reading is Fundamental, for a literacy program	MS	250,000	Wicker
Education	Innovation and Improvement	Reading is Fundamental, Inc. on behalf of Ready, Set, Read of Los Angeles, CA, for childhood literacy.	CA	250,000	Feinstein
Education	Innovation and Improvement	Reading is Fundamental, Inc., for a childhood literacy program	CT	250,000	Blumenthal, Murphy
Education	Innovation and Improvement	RE-Center Race Equity in Education, for equity-centered professional development, technical assistance and support.	CT	100,000	Blumenthal, Murphy
Education	Innovation and Improvement	Red Wing Ignite, for STEM education, including a youth coding league	MN	84,000	Klobuchar, Smith
Education	Innovation and Improvement	Red Wing Ignite, for woodworking education	MN	19,000	Klobuchar, Smith
Education	Innovation and Improvement	Rutgers University—Camden, for high-intensity tutoring and social and emotional support.	NJ	234,000	Booker, Menendez
Education	Innovation and Improvement	Sag Harbor Cinema Arts Center, for curriculum development, documentary film, archival exhibition, multi-media website, and outreach.	NY	200,000	Schumer
Education	Innovation and Improvement	Salem Arts Association, for arts education	OR	260,000	Wyden
Education	Innovation and Improvement	Save the Children, for evidence-based education and food security programs.	WA	1,236,000	Murray
Education	Innovation and Improvement	Sealaska Heritage Institute, for an early literacy program	AK	250,000	Murkowski
Education	Innovation and Improvement	SMART Reading, for literacy and adult mentor program, including equipment.	OR	187,000	Wyden
Education	Innovation and Improvement	St. Louis Symphony Orchestra, for music education	MO	1,000,000	Blunt
Education	Innovation and Improvement	Sunyside Community Services, Inc., for a Safety, Learning, and College Access Program.	NY	100,000	Gillibrand, Schumer
Education	Innovation and Improvement	Teach for America, for recruitment, training, development and retention of STEM educators.	DE	1,000,000	Coons
Education	Innovation and Improvement	The Children's Museum (Hartford), for STEAM education, including equipment.	CT	1,600,000	Blumenthal, Murphy
Education	Innovation and Improvement	The Groden Center, for information technology	RI	100,000	Reed
Education	Innovation and Improvement	The Henry Ford, for professional development curricula for educators	MI	2,000,000	Stabenow
Education	Innovation and Improvement	The Sanneh Foundation, for academic support, social and emotional learning and mentorship.	MN	223,000	Klobuchar, Smith
Education	Innovation and Improvement	The University of North Carolina System, to improve the transition to postsecondary education and training through expansion of the Next Step program.	NC	230,000	Burr
Education	Innovation and Improvement	Ulu Ae Learning Center, for an out-of-school education program	HI	98,000	Hirono

Education	Innovation and Improvement	United Way of Greater Waterbury, for mindfulness workshops	CT	105,000	Blumenthal, Murphy
Education	Innovation and Improvement	United Way of Wyoming Valley, for a literacy initiative	PA	75,000	Casey
Education	Innovation and Improvement	University of Maine System, for an early childhood education program	ME	600,000	Collins
Education	Innovation and Improvement	University of Washington Bothell, for professional development on student behavioral health and social-emotional needs.	WA	750,000	Murray
Education	Innovation and Improvement	University of Washington, to develop and implement an early learning hub of excellence.	WA	1,000,000	Murray
Education	Innovation and Improvement	Urban League of Greater Cleveland, for an education initiative, including parent, family and community engagement activities.	OH	750,000	Brown
Education	Innovation and Improvement	US Committee for Refugees and Immigrants Vermont, to assist refugee and immigrant youth with enrollment in post-secondary degree and career training programs.	VT	150,000	Leahy
Education	Innovation and Improvement	USD 298, for technology and equipment	KS	110,000	Moran
Education	Innovation and Improvement	Valley Settlement, for acquisition and retrofit of buses for the El Busesito Preschool Program.	CO	285,000	Hickenlooper
Education	Innovation and Improvement	Vermont Afterschool, Inc., for youth-driven projects and out of school programs.	VT	883,000	Sanders
Education	Innovation and Improvement	Washington Family Engagement, for family engagement and leadership training courses for parents and children.	WA	100,000	Murray
Education	Innovation and Improvement	Waterbury Bridge to Success Community Partnership, for a community schools partnership.	CT	382,000	Blumenthal, Murphy
Education	Innovation and Improvement	Willamalane Park and Recreation District, for mobile technology lab, including equipment.	OR	56,000	Merkley, Wyden
Education	Innovation and Improvement	Winston Area Community Partnership, for the Winston Community Teen Center, including equipment.	OR	50,000	Merkley, Wyden
Education	Innovation and Improvement	YMCA of Honolulu, to expand its preschool program	HI	791,000	Schatz
Education	Innovation and Improvement	Youth and Family Outreach, for an early childhood education program, including equipment.	ME	515,000	Collins, King
Education	Innovation and Improvement	YWCA Greenwich, for National Association for the Education of Young Children certification.	CT	65,000	Blumenthal, Murphy
Education	Innovation and Improvement	YWCA of Hawaii Island, for its preschool program, including technology	HI	100,000	Schatz
Education	Rehabilitation Services and Disability Research	Georgia Council on Developmental Disabilities, for a program for individuals with disabilities.	GA	1,225,000	Warnock
Education	Rehabilitation Services and Disability Research	PRIDE Industries, to expand pre-employment transition services for individuals with disabilities.	CA	500,000	Feinstein, Padilla
Education	Rehabilitation Services and Disability Research	Special Children's Charities, for Special Olympics programming	IL	600,000	Durbin
Education	Higher Education	Adams State University, for mechanical engineering laboratories, which may include the purchase of equipment.	CO	1,100,000	Bennet, Hickenlooper
Education	Higher Education	AgCentric, for meat cutting and butchery program development, including the purchase of equipment.	MN	1,500,000	Klobuchar, Smith

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	State	Amount	Requestor(s)
Education	Higher Education	Alexandria Technical & Community College, for the Global Military Learning Network project.	MN ...	1,090,000	Klobuchar, Smith
Education	Higher Education	Alpena Community College, for workforce development in critical industries to the region, including the purchase of equipment.	MI ...	1,100,000	Peters, Stabenow
Education	Higher Education	Atlantic Cape Community College, for the Small Unmanned Aircraft Systems training program, including the purchase of equipment.	NJ ...	69,000	Menendez
Education	Higher Education	Augusta University, for the Primary Care Pathway Program	GA ...	2,100,000	Warnock
Education	Higher Education	Baldwin Wallace University, for a research and training center, including the purchase of equipment.	OH ...	350,000	Brown
Education	Higher Education	Bridgewater State University, for cybersecurity education and training program, including the purchase of equipment.	MA ...	2,000,000	Markey, Warren
Education	Higher Education	California State University Northridge, for an equity innovation hub, which may include professional development.	CA ...	1,000,000	Paddilla
Education	Higher Education	Campus Compact for New Hampshire, for activities aimed at improving outcomes for students who have left college without a degree.	NH ...	325,000	Shaheen
Education	Higher Education	Cincinnati State Technical and Community College, for CState Accelerate, to provide support services to improve retention and graduation rates.	OH ...	500,000	Brown
Education	Higher Education	Clark Atlanta University, for the Research, Education, and Training in Cybersecurity for Critical Infrastructure initiative, including the purchase of equipment.	GA ...	1,000,000	Ossoff
Education	Higher Education	Clark College, for the purchase of equipment and technology for the Advanced Manufacturing Center.	WA ...	1,500,000	Cantwell
Education	Higher Education	Coahoma Community College, for a writing skills program	MS ...	250,000	Wicker
Education	Higher Education	Collaborative for Higher Education Shared Services, for the Enterprise Resources Planning and Student Information System.	NM ...	4,100,000	Heinrich, Luján
Education	Higher Education	College of Southern Nevada, for the purchase of equipment for an advanced manufacturing lab and elearning library.	NV ...	223,000	Cortez Masto, Rosen
Education	Higher Education	College of Southern Nevada, for the purchase of equipment for an HVAC training facility.	NV ...	92,000	Cortez Masto, Rosen
Education	Higher Education	College Unbound, for the Community Learning program	RI ...	750,000	Whitehouse
Education	Higher Education	Community College of Rhode Island, for information technology improvements, including the purchase of equipment.	RI ...	1,000,000	Reed
Education	Higher Education	Coppin State University, for program enhancement through redesign of courses to meet quality assurance standards.	MD ...	1,550,000	Cardin
Education	Higher Education	Cowley Community College, for a student success program, including equipment, technology, and professional development.	KS ...	225,000	Moran



Education	Higher Education	Creighton University, for the purchase of simulation lab equipment	AZ ...	1,000,000	Sinema
Education	Higher Education	Defiance College, for the Defiance Research Alliance program	OH ...	500,000	Brown
Education	Higher Education	Delaware State University, to develop and implement a financial literacy curriculum.	DE ...	300,000	Carper, Coons
Education	Higher Education	Delta State University, for an aviation education program	MS ...	2,000,000	Hyde-Smith
Education	Higher Education	Eastern Illinois University, for teacher preparation programs	IL ...	750,000	Durbin
Education	Higher Education	Fort Valley State University, to expand the Cooperative Development Program.	GA ...	3,000,000	Warnock
Education	Higher Education	Friends University, for a cybersecurity program, including scholarships, technology, and equipment.	KS ...	750,000	Moran
Education	Higher Education	Goodwin University (University of Bridgeport), for the purchase of equipment for a manufacturing training center.	CT ...	1,150,000	Blumenthal, Murphy
Education	Higher Education	Greenfield Community College, for the purchase of health occupations training equipment and technology.	MA ...	98,000	Markey, Warren
Education	Higher Education	Helene Fuld College of Nursing, for scholarships for nursing students	NY ...	1,000,000	Gillibrand, Schumer
Education	Higher Education	Hudson County Community College, for classroom technology systems, including the purchase of equipment.	NJ ...	980,000	Booker, Menendez
Education	Higher Education	James Madison University—College of Education, for a Grow Your Own teacher residency program.	VA ...	620,000	Kaine
Education	Higher Education	Keene State College, for training and professional development programs for child care workers.	NH ...	1,000,000	Shaheen
Education	Higher Education	Lake Michigan College, for the development and expansion of physical therapy assistant and medical assisting programs, including the purchase of equipment.	MI ...	600,000	Peters
Education	Higher Education	Lake Tahoe Community College District, for the Fire Academy, including the purchase of equipment.	CA ...	269,000	Feinstein, Padilla
Education	Higher Education	Limestone University, for equipment and training of health care workers	SC ...	610,000	Graham
Education	Higher Education	Los Angeles Community College District, to improve students' access to transportation.	CA ...	1,000,000	Feinstein
Education	Higher Education	Lycoming College, for the purchase of equipment and technology for its STEM Education and Workforce Development Initiative.	PA ...	160,000	Cassey
Education	Higher Education	Macomb Community College, for health care apprenticeship programs	MI ...	2,618,000	Stabenow
Education	Higher Education	Maine Aquaculture Innovation Center, for a community college training program, including technology and equipment.	ME ...	977,000	Collins, King
Education	Higher Education	Maine College of Art, to expand online course offerings	ME ...	357,000	Collins, King
Education	Higher Education	Marshall University, for a cyber security center, including technology and equipment.	WV ...	1,500,000	Capito
Education	Higher Education	Mid-America Christian University, for a counseling center which will provide clinical training and to train center staff	OK ...	670,000	Inhofe
Education	Higher Education	Mississippi State University, for the Delta Scholars Program	MS ...	150,000	Hyde-Smith

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	State	Amount	Requestor(s)
Education	Higher Education	Missouri State University, for a permanent endowment fund to support the recruitment and retention of exceptional faculty in health and life sciences.	MO	3,000,000	Blunt
Education	Higher Education	Missouri State University, West Plains, for equipment and technology	MO	525,000	Blunt
Education	Higher Education	Morehouse College, for a environmental justice and sustainability program.	GA	1,415,000	Warrock
Education	Higher Education	Muhlenberg College, for the Inside/Out Prison Exchange Program	PA	231,000	Casey
Education	Higher Education	Nashua Community College, for the purchase of equipment for the Aviation Technology Training Center.	NH	782,000	Shaheen
Education	Higher Education	New Jersey Institute of Technology, for a STEM boot camp	NJ	154,000	Booker
Education	Higher Education	New Mexico Higher Education Department, for a longitudinal data system	NM	2,000,000	Henrich, Luján
Education	Higher Education	Northeastern Technical College, for an aviation training program, including equipment and technology.	SC	2,000,000	Graham
Education	Higher Education	Northern Maine Community College, for a community college training program, including technology and equipment.	ME	988,000	Collins
Education	Higher Education	Northern Virginia Community College, for the Data Center Operations degree and certificate program, including the purchase of equipment.	VA	5,100,000	Kaine, Warner
Education	Higher Education	Northwest Kansas Technical College, Inc., to establish a technical education program, including equipment.	KS	100,000	Moran
Education	Higher Education	Norwich University, for education and training programs in artificial intelligence, machine learning, and quantum computing.	VT	4,000,000	Leahy
Education	Higher Education	Oregon State University, for professional learning opportunities in timber design.	OR	449,000	Merkley, Wyden
Education	Higher Education	Peralta Community College District, for cybersecurity programs, including the purchase of equipment.	CA	500,000	Feinstein
Education	Higher Education	Pima Community College District, for equipment for the Flexible Industry Training Lab.	AZ	1,000,000	Kelly, Sinema
Education	Higher Education	Portland State University, for education and training programs in cybersecurity.	OR	600,000	Merkley, Wyden
Education	Higher Education	Potomac State College of WWU, for equipment and supplies	WV	92,000	Capito
Education	Higher Education	Ramapo College of New Jersey, for environmental sustainability programs	NJ	455,000	Booker, Menendez
Education	Higher Education	Rhode Island College, for a leadership and innovation certification program.	RI	490,000	Reed
Education	Higher Education	RI Office of the Postsecondary Commissioner, for a career pathways initiative.	RI	350,000	Whitehouse

Education .....	Higher Education .....	Roger Williams University, for the purchase of equipment for laboratory improvements.	RI ....	1,000,000	Reed
Education .....	Higher Education .....	Rowan University, for the purchase of equipment to support dual-credit classes.	NJ ...	750,000	Booker, Menendez
Education .....	Higher Education .....	Rutgers University-Newark, for the RE-OPEN program, which may include the purchase of equipment.	NJ ...	300,000	Booker
Education .....	Higher Education .....	Rutgers, The State University of New Jersey, for a center for educational equity.	NJ ...	500,000	Booker, Menendez
Education .....	Higher Education .....	Saint Paul College, for the Four Directions Pathways Program .....	MN ...	500,000	Klobuchar, Smith
Education .....	Higher Education .....	Saint Peter's University, for a Center for Child and Human Development	NJ ...	1,100,000	Menendez
Education .....	Higher Education .....	Salve Regina University, for technology improvements for the Pell Center	RI ....	850,000	Reed
Education .....	Higher Education .....	Shepherd University, for equipment and technology .....	WV ...	36,000	Capito, Manchin
Education .....	Higher Education .....	Shepherd University, for student services .....	WV ...	70,000	Capito
Education .....	Higher Education .....	Shepherd University, for technology and equipment to improve broadband access.	WV ...	135,000	Capito
Education .....	Higher Education .....	South Central College and Minnesota State College, to expand access to high-quality training for rural manufacturing, including the purchase of equipment.	MN ...	2,060,000	Klobuchar, Smith
Education .....	Higher Education .....	South Orange County Community College District, for services to student veterans.	CA ...	610,000	Feinstein
Education .....	Higher Education .....	Southeast Missouri State University, for equipment and technology .....	MO ...	1,800,000	Blunt
Education .....	Higher Education .....	Southern New Hampshire University, for advancing postsecondary opportunities for incarcerated individuals.	NH ...	170,000	Shaheen
Education .....	Higher Education .....	Southern New Hampshire University, for basic needs services .....	NH ...	250,000	Shaheen
Education .....	Higher Education .....	Southern New Hampshire University, for content based instruction for English language learners, which may include the purchase of technology.	NH ...	233,000	Shaheen
Education .....	Higher Education .....	Spelman College, for a Center of Excellence for Minority Women in STEM program.	GA ...	1,096,000	Warrock
Education .....	Higher Education .....	Spelman College, for technology modernization initiatives, including the purchase of equipment.	GA ...	2,500,000	Ossoff
Education .....	Higher Education .....	St. Michael's College, for a Center for Global Engagement .....	VT ...	400,000	Leahy
Education .....	Higher Education .....	SUNY Maritime College, for offshore wind energy workforce development	NY ...	795,000	Schumer
Education .....	Higher Education .....	Sussex County Community College, for cybersecurity programs .....	NJ ...	97,000	Booker
Education .....	Higher Education .....	The Curators of the University of Missouri, for a permanent endowment fund to support the recruitment and retention of exceptional faculty in precision health care.	MO ...	3,000,000	Blunt
Education .....	Higher Education .....	The Innovia Foundation, for a regional-supported promise scholarship program in Washington.	WA ...	2,500,000	Murray

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	State	Amount	Requestor(s)
Education	Higher Education	The University of Alabama at Tuscaloosa, for a permanent endowment fund to support the recruitment and retention of exceptional faculty in science and engineering.	AL	50,000,000	Shelby
Education	Higher Education	The University of Mississippi, for an academic and student support initiative.	MS	1,448,000	Hyde-Smith
Education	Higher Education	The University of Rhode Island, for the purchase of high performance computing technology.	RI	1,200,000	Reed
Education	Higher Education	Truman State University, for expansion of degree programs	MO	900,000	Blunt
Education	Higher Education	University of Alaska Anchorage, for a program for high schoolers to obtain a bachelor's degree.	AK	500,000	Murkowski
Education	Higher Education	University of California, Los Angeles, for student basic needs services	CA	450,000	Fenstein, Padilla
Education	Higher Education	University of Delaware, for the Teacher Pipeline Project	DE	163,000	Carper, Coons
Education	Higher Education	University of Delaware, to extend and update the inventory of equipment at Assistive Technology Resource Centers.	DE	1,016,000	Carper, Coons
Education	Higher Education	University of Hawaii, for educational initiatives, professional development, and training programs that are relevant to U.S. national security needs.	HI	1,000,000	Hirono
Education	Higher Education	University of Maine System, for a college success program	ME	945,000	Collins, King
Education	Higher Education	University of Maine System, for a teacher preparation program	ME	989,000	Collins, King
Education	Higher Education	University of Maine System, for an early childhood education degree program.	ME	400,000	Collins
Education	Higher Education	University of Maryland, Baltimore County, for improving biotechnology degree programs, which may include the purchase of equipment.	MD	750,000	Cardin, Van Hollen
Education	Higher Education	University of Maryland, Eastern Shore, for an interdisciplinary research center.	MD	350,000	Van Hollen
Education	Higher Education	University of Nevada, Las Vegas, for the purchase of equipment for a micro-CT scanner.	NV	500,000	Cortez Masto, Rosen
Education	Higher Education	University of Nevada, Las Vegas, for the purchase of equipment for the Scanning Electron Microscope Project.	NV	550,000	Cortez Masto, Rosen
Education	Higher Education	University of New Haven, for the purchase of equipment and technology	CT	218,000	Blumenthal, Murphy
Education	Higher Education	University of Vermont, for a semiconductor engineering workforce development program.	VT	2,600,000	Leahy
Education	Higher Education	University of Washington, for biotechnology programs, including a Center for Biotech Training and Innovation.	WA	750,000	Cantwell
Education	Higher Education	University of Wisconsin-Madison, for the UW Odyssey Project	WI	500,000	Baldwin
Education	Higher Education	Vermont State College System, for institutional system transformation	VT	3,708,000	Leahy

Education .....	Higher Education .....	Wayne State University Law School, for the establishment and operation of the Levin Center's State Oversight Academy, which may include an endowment.	MI ...	3,000,000	Peters, Stabenow
Education .....	Higher Education .....	Western New Mexico University, For an outdoor leadership degree program.	NM ...	343,000	Heinrich, Luján
Education .....	Higher Education .....	William Jewell College, for technology upgrades, equipment, and minor remodeling.	MO ...	5,000,000	Blunt
Education .....	Higher Education .....	Yuma Multiversity Campus Corporation, to develop curriculum and programming.	AZ ...	1,519,000	Kelly, Sinema

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2021 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2022  
 [In thousands of dollars]

Item	2021 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2021 appropriation	Budget estimate
TITLE I—DEPARTMENT OF LABOR					
EMPLOYMENT AND TRAINING ADMINISTRATION					
Training and Employment Services					
Grants to States:					
Adult Training, current year appropriations	150,649	187,987	170,987	+20,338	-17,000
Available from prior year appropriations	712,000	712,000	712,000		
Subtotal, available this fiscal year	862,649	899,987	882,987	+20,338	-17,000
Advance appropriation FY2023	712,000	712,000	712,000		
less prior year appropriations	-712,000	-712,000	-712,000		
Subtotal, appropriated in this bill	862,649	899,987	882,987	+20,338	-17,000
Youth Training	921,130	963,837	944,837	+23,707	-19,000
Dislocated Worker Assistance, current year appropriations	201,553	295,278	250,278	+48,725	-45,000
Available from prior year appropriations	860,000	860,000	860,000		
Subtotal, available this fiscal year	1,061,553	1,155,278	1,110,278	+48,725	-45,000
Advance appropriation FY 2023	860,000	860,000	860,000		
less prior year appropriations	-860,000	-860,000	-860,000		
Subtotal, appropriated in this bill	1,061,553	1,155,278	1,110,278	+48,725	-45,000
Total, Grants to States	2,845,332	3,019,102	2,938,102	+92,770	-81,000
Current year appropriations	(1,273,332)	(1,447,102)	(1,366,102)	(+92,770)	(-81,000)
Advance appropriations	(1,572,000)	(1,572,000)	(1,572,000)		

National Programs:					
Dislocated Worker Assistance National Reserve:					
Current year appropriations	80,859	180,859	115,859	+35,000	-65,000
Available from prior year appropriations	200,000	200,000	200,000		
Subtotal, available this fiscal year	280,859	380,859	315,859	+35,000	-65,000
Advance appropriations FY 2023	200,000	200,000	200,000		
less prior year appropriations	-200,000	-200,000	-200,000		
Subtotal, appropriated in this bill	280,859	380,859	315,859	+35,000	-65,000
Total, Dislocated Worker Assistance	1,342,412	1,536,137	1,426,137	+83,725	-110,000
Native American programs					
Migrant and Seasonal Farmworker programs	55,500	58,000	58,000	+2,500	
YouthBuild activities	93,896	96,711	96,711	+2,815	
Reintegration of Ex-Offenders	96,534	145,000	120,000	+23,466	-25,000
Workforce Data Quality Initiative	100,079	150,000	125,000	+24,921	-25,000
Apprenticeship programs	6,000	6,000	6,000		
Community Projects/Congressionally Directed Spending	185,000	285,000	245,000	+60,000	-40,000
National Youth Employment Program		50,000	84,059	+84,059	+84,059
Veterans Clean Energy Training		20,000	25,000	+25,000	-25,000
			10,000	+10,000	-10,000
Total, National Programs	817,868	1,191,570	1,085,629	+267,761	-105,941
Current year appropriations	617,868	991,570	885,629	+267,761	-105,941
Advance appropriations	200,000	200,000	200,000		
Total, Training and Employment Services	3,663,200	4,210,672	4,023,731	+360,531	-186,941
Current year appropriations	(1,891,200)	(2,438,672)	(2,251,731)	(+360,531)	(-186,941)
Advance appropriations	(1,772,000)	(1,772,000)	(1,772,000)		
Job Corps					
Operations	1,603,325	1,603,011	1,607,325	+4,000	+4,314
Construction, Rehabilitation and Acquisition	113,000	113,000	113,000		
Administration	32,330	38,748	34,434	+2,104	-4,314
Total, Job Corps	1,748,655	1,754,759	1,754,759	+6,104	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2021 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
FOR FISCAL YEAR 2022—Continued  
[In thousands of dollars]

Item	2021 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2021 appropriation	Budget estimate
Community Service Employment For Older Americans .....	405,000	405,000	410,000	+5,000	+5,000
Federal Unemployment Benefits and Allowances (indefinite) .....	633,600	540,000	540,000	-93,600	.....
State Unemployment Insurance and Employment Service Operations					
Unemployment Compensation (trust fund):					
State Operations .....	2,356,816	2,875,214	2,816,214	+459,398	-59,000
Reemployment eligibility assessments—UI integrity .....	117,000	117,000	117,000	.....	.....
Program integrity (cap adjustment) .....	83,000	133,000	133,000	+50,000	.....
UI Integrity Center of Excellence .....	9,000	.....	9,000	.....	+9,000
Subtotal, Unemployment Compensation .....	2,565,816	3,125,214	3,075,214	+509,398	-50,000
Federal-State UI National Activities (trust fund) .....	18,000	118,108	68,000	+50,000	-50,108
Employment Service [ES]:					
Grants to States:					
Federal Funds .....	21,413	21,413	21,413	.....	.....
Trust Funds .....	648,639	677,449	663,449	+14,810	-14,000
Subtotal, Grants to States .....	670,052	698,862	684,862	+14,810	-14,000
ES National Activities (trust fund) .....	22,318	22,318	22,318	.....	.....
Subtotal, Employment Service .....	692,370	721,180	707,180	+14,810	-14,000
Federal Funds .....	(21,413)	(21,413)	(21,413)	.....	.....
Trust Funds .....	(670,957)	(699,767)	(685,767)	(+14,810)	(-14,000)
Foreign Labor Certifications:					
Federal Administration .....	57,528	67,793	62,528	+5,000	-5,265
Federal Funds .....	.....	.....	.....	.....	.....
Grants to States .....	20,282	26,282	23,282	+3,000	-3,000
Federal Funds .....	.....	.....	.....	.....	.....



Subtotal, Foreign Labor Certification .....	77,810	94,075	85,810	+ 8,000	- 8,265
One-Stop Career Centers/Labor Market Information .....	62,653	67,653	67,653	+ 5,000	.....
Total, State Unemployment Insurance and Employment Service Operations .....	3,416,649	4,126,230	4,003,857	+ 587,208	- 122,373
Federal Funds .....	(84,066)	(89,066)	(89,066)	(+ 5,000)	.....
Trust Funds .....	(3,332,583)	(4,037,164)	(3,914,791)	(+ 582,208)	(- 122,373)
Program Administration					
Training and Employment .....	62,040	84,907	74,061	+ 12,021	- 10,846
Trust Funds .....	8,639	11,112	9,939	+ 1,300	- 1,173
Employment Security .....	3,440	3,987	3,727	+ 287	- 260
Trust Funds .....	39,264	53,485	46,739	+ 7,475	- 6,746
Apprenticeship Services .....	36,160	47,272	42,001	+ 5,841	- 5,271
Executive Direction .....	7,034	8,331	7,716	+ 682	- 615
Trust Funds .....	2,079	2,409	2,253	+ 174	- 156
Total, Program Administration .....	158,656	211,503	186,436	+ 27,780	- 25,067
Federal Funds .....	(108,674)	(144,497)	(127,505)	(+ 18,831)	(- 16,992)
Trust Funds .....	(49,982)	(67,006)	(58,931)	(+ 8,949)	(- 8,075)
Total, Employment and Training Administration .....	10,025,760	11,248,164	10,918,783	+ 893,023	- 329,381
Federal Funds .....	6,726,195	7,276,994	7,078,061	+ 351,866	- 198,933
Current year appropriations .....	(4,954,195)	(5,504,994)	(5,306,061)	(+ 351,866)	(- 198,933)
Advance appropriations .....	(1,772,000)	(1,772,000)	(1,772,000)	.....	.....
Trust Funds .....	3,382,565	4,104,170	3,973,722	+ 591,157	- 130,448
Employee Benefits Security Administration (EBSA)					
Salaries and Expenses					
Employee benefits security programs .....	181,000	218,475	222,475	+ 41,475	+ 4,000
Total, Employee Benefits Security Administration .....	181,000	218,475	222,475	+ 41,475	+ 4,000
Pension Benefit Guaranty Corporation (PBGC)					
Pension Benefit Guaranty Corporation Fund .....	(465,289)	(472,955)	(472,955)	(+ 7,666)	.....
Consolidated Administrative budget .....					

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2021 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
FOR FISCAL YEAR 2022—Continued

[In thousands of dollars]

Item	2021 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2021 appropriation	Budget estimate
Salaries and Expenses .....	246,000	276,500	278,700	+32,700	+2,200
Wage and Hour Division .....					
Office of Labor-Management Standards .....	44,437	51,554	47,437	+3,000	-4,117
Office of Federal Contract Compliance Programs .....	105,976	140,732	135,732	+29,756	-5,000
Office of Workers' Compensation Programs .....	115,424	138,604	138,604		
Trust Funds .....	2,177	2,205	2,205	+28	
Total, Salaries and Expenses .....	117,601	140,809	140,809	+23,208	
Federal Funds .....	(115,424)	(138,604)	(138,604)	(+23,180)	
Trust Funds .....	(2,177)	(2,205)	(2,205)	(+28)	
Special Benefits .....					
Federal Employees' Compensation Benefits .....	237,000	242,000	242,000	+5,000	
Longshore and Harbor Workers' Benefits .....	2,000	2,000	2,000		
Total, Special Benefits .....	239,000	244,000	244,000	+5,000	
Benefit Payments .....	50,000	42,000	42,000	-8,000	
Administration .....	4,970	4,970	4,970		
Special Benefits for Disabled Coal Miners .....					
Subtotal, available this fiscal year .....	54,970	46,970	46,970	-8,000	

Advance appropriations, FY 2023, 1st quarter .....	14,000	11,000	11,000	11,000	-3,000	.....
Less prior year advance appropriations .....	-14,000	-14,000	-14,000	-14,000	.....	.....
Total, appropriated in this bill .....	54,970	43,970	43,970	43,970	-11,000	.....
Energy Employees Occupational Illness Compensation Fund						
Administrative Expenses .....	62,507	63,428	63,428	63,428	+921	.....
Black Lung Disability Trust Fund						
Benefit Payments and Interest on Advances .....	308,626	251,745	251,745	251,745	-56,881	.....
Workers' Compensation Programs, Salaries and Expenses .....	40,643	41,464	41,464	41,464	+821	.....
Departmental Management, Salaries and Expenses .....	33,033	37,598	37,598	37,598	+4,565	.....
Departmental Management, Inspector General .....	333	342	342	342	+9	.....
Subtotal, Black Lung Disability Trust Fund .....	382,635	331,149	331,149	331,149	-51,486	.....
Treasury Department Administrative Costs .....	356	356	356	356	.....	.....
Total, Black Lung Disability Trust Fund .....	382,991	331,505	331,505	331,505	-51,486	.....
Total, Workers' Compensation Programs .....	857,069	823,712	823,712	823,712	-33,357	.....
Federal Funds .....	854,892	821,507	821,507	821,507	-33,385	.....
Current year appropriations .....	(840,892)	(810,507)	(810,507)	(810,507)	(-30,385)	.....
Advance appropriations .....	(14,000)	(11,000)	(11,000)	(11,000)	(-3,000)	.....
Trust Funds .....	2,177	2,205	2,205	2,205	+28	.....
Occupational Safety and Health Administration (OSHA)						
Salaries and Expenses						
Safety and Health Standards .....	18,000	28,450	28,450	28,450	+10,450	.....
Federal Enforcement .....	228,711	254,634	254,634	254,634	+25,923	.....
Whistleblower enforcement .....	19,064	24,999	24,999	24,999	+5,935	.....
State Programs .....	110,075	117,575	118,875	118,875	+8,800	.....
Technical Support .....	24,469	26,394	26,394	26,394	+1,925	.....
Compliance Assistance:						
Federal Assistance .....	75,231	86,175	86,175	86,175	+10,944	.....
State Consultation Grants .....	61,500	63,500	63,500	63,500	+2,000	.....
Training Grants .....	11,787	13,787	13,787	13,787	+2,000	.....
Subtotal, Compliance Assistance .....	148,518	163,462	163,462	163,462	+14,944	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2021 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
FOR FISCAL YEAR 2022—Continued

[In thousands of dollars]

Item	2021 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2021 appropriation	Budget estimate
Safety and Health Statistics .....	32,900	39,479	39,479	+6,579	.....
Executive Direction and Administration .....	10,050	9,631	9,631	-419	.....
Total, Occupational Safety and Health Administration .....	59,178	664,624	665,924	+74,137	+1,300
Mine Safety and Health Administration					
Salaries and Expenses					
Mine Safety and Health Enforcement .....	260,500	302,257	272,000	+11,500	-30,257
Standards Development .....	4,500	7,744	7,744	+3,244	.....
Assessments .....	6,627	8,377	7,627	+1,000	-750
Educational Policy and Development .....	39,320	43,038	42,000	+2,680	-1,038
Technical Support .....	35,041	43,227	37,000	+1,959	-6,227
Program Evaluation and Information Resources (PEIR) .....	17,990	20,815	19,000	+1,010	-1,815
Program Administration .....	15,838	21,743	16,838	+1,000	-4,905
Total, Mine Safety and Health Administration .....	379,816	447,201	402,209	+22,393	-44,992
Total, Worker Protection Agencies					
Federal Funds .....	1,666,617	1,939,895	1,893,286	+226,669	-46,609
Trust Funds .....	(1,664,440)	(1,937,690)	(1,891,081)	(+226,641)	(-46,609)
	(2,177)	(2,205)	(2,205)	(+28)	.....
Bureau of Labor Statistics					
Salaries and Expenses					
Employment and Unemployment Statistics .....	228,261	231,041	244,041	+15,780	+13,000
Labor Market Information (trust fund) .....	68,000	68,000	68,000	.....	.....
Prices and Cost of Living .....	216,208	233,033	233,033	+16,825	.....
Compensation and Working Conditions .....	84,031	89,875	89,875	+5,844	.....
Productivity and Technology .....	10,500	12,375	12,375	+1,875	.....

Executive Direction and Staff Services .....	48,000	66,329	37,859	-10,141	-28,470
Total, Bureau of Labor Statistics .....	655,000	700,653	685,183	+30,183	-15,470
Federal Funds .....	587,000	632,653	617,183	+30,183	-15,470
Trust Funds .....	68,000	68,000	68,000	.....	.....
Office of Disability Employment Policy .....					
Salaries and Expenses .....	38,500	42,711	42,711	+4,211	.....
Department Management .....					
Salaries and Expenses .....					
Executive Direction .....	30,250	35,023	35,023	+4,773	.....
Departmental Program Evaluation .....	8,040	10,040	10,040	+2,000	.....
Legal Services .....	123,745	154,321	154,321	+30,576	.....
Trust Funds .....	308	308	308	.....	+2,000
International Labor Affairs .....	96,125	123,751	125,751	+29,626	.....
Administration and Management .....	28,450	39,308	39,308	+10,858	.....
Adjudication .....	35,000	41,013	41,013	+6,013	.....
Women's Bureau .....	15,050	20,000	22,000	+6,950	+2,000
Civil Rights Activities .....	6,880	10,344	10,344	+3,464	.....
Chief Financial Officer .....	5,516	5,862	5,862	+346	.....
Total, Salaries and Expenses .....	349,364	439,970	443,970	+94,606	+4,000
Federal Funds .....	(349,056)	(439,662)	(443,662)	(+94,606)	(+4,000)
Trust Funds .....	(308)	(308)	(308)	.....	.....
Veterans' Employment and Training .....					
State Administration, Grants .....	180,000	180,000	180,000	.....	.....
Transition Assistance Program .....	31,379	31,379	33,379	+2,000	+2,000
Federal Administration .....	44,048	52,538	48,038	+3,990	-4,500
National Veterans' Employment and Training Services Institute .....	3,414	3,414	3,414	.....	.....
Homeless Veterans' Programs (trust fund) .....	57,500	57,500	60,500	+3,000	+3,000
Total, Veterans' Employment and Training .....	316,341	324,831	325,331	+8,990	+500
Federal Funds .....	57,500	57,500	60,500	+3,000	+3,000
Trust Funds .....	258,841	267,331	264,831	+5,990	-2,500

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2021 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
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(In thousands of dollars)

Item	2021 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2021 appropriation	Budget estimate
<b>IT Modernization</b>					
Departmental support systems .....	4,889	4,889	4,889		
Infrastructure technology modernization .....	22,380	32,380	38,380	+ 16,000	+ 6,000
Total, IT Modernization .....	27,269	37,269	43,269	+ 16,000	+ 6,000
<b>WORKING CAPITAL FUND</b>					
Working Capital Fund .....		36,000			- 36,000
<b>Office of Inspector General</b>					
Program Activities .....	85,187	89,738	89,738	+ 4,551	
Trust Funds .....	5,660	5,660	5,660		
Total, Office of Inspector General .....	90,847	95,398	95,398	+ 4,551	
Trust funds .....	5,660	5,660	5,660		
<b>Total, Departmental Management</b>					
Federal Funds .....	783,821	933,468	907,968	+ 124,147	- 25,500
Trust Funds .....	519,012	660,169	637,169	+ 118,157	- 23,000
Total, Departmental Management .....	264,809	273,299	270,799	+ 5,990	- 2,500
<b>Total, Workforce Innovation and Opportunity Act Programs</b>					
Current year appropriations .....	5,411,855	5,965,431	5,778,490	+ 366,635	- 186,941
Advance appropriations .....	(3,639,855)	(4,193,431)	(4,006,490)	(+ 366,635)	(- 186,941)
Total, Title I, Department of Labor .....	13,909,166	15,547,794	15,130,834	+ 1,221,668	- 416,960
<b>Federal Funds</b>					
Current year appropriations .....	10,191,615	11,100,120	10,816,108	+ 624,493	- 284,012
Advance appropriations .....	(8,405,615)	(9,317,120)	(9,033,108)	(+ 627,493)	(- 284,012)

Advance appropriations .....	(1,786,000)	(1,783,000)	(-3,000)	.....
Trust Funds .....	3,717,551	4,447,674	+597,175	-132,948
TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES				
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)				
Primary Health Care				
Community Health Centers .....	1,682,772	1,732,772	+110,000	+60,000
Mandatory budget authority (Public Law 115-123) .....	(4,000,000)	(4,000,000)	.....	.....
Total, Community Health Centers .....	5,682,772	5,792,772	+110,000	+60,000
Free Clinics Medical Malpractice .....				
.....	1,000	1,000	.....	.....
Total, Primary Health Care .....	1,683,772	1,733,772	+110,000	+60,000
Health Workforce				
National Health Service Corps .....	120,000	185,000	+30,000	-35,000
Training for Diversity:				
Centers of Excellence .....	23,711	26,711	+3,000	.....
Health Careers Opportunity Program .....	15,000	18,500	+3,500	.....
Faculty Loan Repayment .....	1,190	2,310	+1,120	.....
Scholarships for Disadvantaged Students .....	51,470	51,970	+500	+500
Total, Training for Diversity .....	91,371	99,991	+8,620	+500
Primary Care Training and Enhancement .....				
Oral Health Training .....	48,924	48,924	.....	.....
Interdisciplinary Community-Based Linkages:				
Area Health Education Centers .....	40,673	40,673	.....	.....
Geriatric Programs .....	43,250	47,000	+3,750	+3,750
Mental and Behavioral Health .....	42,737	46,537	+3,800	.....
Behavioral Health Workforce Education and Training .....	37,916	43,916	+6,000	+43,916
.....	112,000	171,084	+59,084	-53,790
Total, Interdisciplinary Community Linkages .....	235,903	314,661	+72,634	-6,124
Workforce Assessment .....				
Public Health and Preventive Medicine programs .....	5,663	5,663	.....	.....
.....	17,000	20,000	+3,000	+2,000

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[In thousands of dollars]

Item	2021 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2021 appropriation	Budget estimate
Subtotal, Health Professions Education and Training .....	439,534	527,412	523,788	+ 84,254	- 3,624
Nursing Programs:					
Advanced Education Nursing .....	75,581	80,581	80,581	+ 5,000	.....
Nurse Education, Practice, and Retention .....	46,913	46,913	49,913	+ 3,000	+ 3,000
Nurse Practitioner Optional Fellowship Program .....	5,000	.....	5,000	.....	+ 5,000
Nursing Workforce Diversity .....	19,843	23,343	23,343	+ 3,500	.....
Nurse Corps Scholarship and Loan Repayment Program .....	88,635	88,635	93,635	+ 5,000	+ 5,000
Nursing Faculty Loan Program .....	28,500	28,500	28,500	.....	.....
Total, Nursing programs .....	264,472	267,972	280,972	+ 16,500	+ 13,000
Children's Hospitals Graduate Medical Education .....	350,000	350,000	375,000	+ 25,000	+ 25,000
Medical Student Education .....	50,000	50,000	50,000	.....	.....
Pediatric Subspecialty Loan Repayment Program .....	.....	.....	30,000	+ 30,000	+ 30,000
National Practitioner Data Bank .....	18,814	18,814	18,814	.....	.....
User Fees .....	- 18,814	- 18,814	- 18,814	.....	.....
Total, Health Workforce .....	1,224,006	1,380,384	1,409,760	+ 185,754	+ 29,376
Maternal and Child Health					
Maternal and Child Health Block Grant .....	712,700	822,700	857,700	+ 145,000	+ 35,000
Sickle Cell Disease Treatment Program .....	7,205	7,205	7,205	.....	.....
Autism and Other Developmental Disabilities .....	53,344	57,344	57,344	+ 4,000	.....
Heritable Disorders in Newborns and Children .....	18,883	18,883	20,883	+ 2,000	+ 2,000
Healthy Start .....	128,000	128,000	137,000	+ 9,000	+ 9,000
Universal Newborn Hearing Screening .....	17,818	17,818	17,818	.....	.....
Emergency Medical Services for Children .....	22,334	28,134	28,134	+ 5,800	.....
Screening and Treatment for Maternal Depression .....	5,000	10,000	10,000	+ 5,000	.....
Pediatric Mental Health Care Access .....	10,000	10,000	20,000	+ 10,000	+ 10,000



	975,284	1,100,084	1,156,084	+ 180,800	+ 56,000
Total, Maternal and Child Health .....					
Ryan White HIV/AIDS Program					
Emergency Assistance (Part A) .....	655,876	665,876	665,876	+ 10,000	.....
Comprehensive Care Programs (Part B) .....	1,315,005	1,345,005	1,340,005	+ 25,000	- 5,000
AIDS Drug Assistance Program (ADAP) (NA) .....	(900,313)	(900,313)	(900,313)	.....	.....
Early Intervention Program (Part C) .....	201,079	207,079	207,079	+ 6,000	.....
Children, Youth, Women, and Families (Part D) .....	75,088	75,088	75,088	.....	.....
AIDS Dental Services (Part F) .....	13,122	13,122	13,122	.....	.....
Education and Training Centers (Part F) .....	33,611	33,611	38,611	+ 5,000	.....
Special Projects of Regional and National Significance (SPRNS) .....	25,000	25,000	25,000	.....	.....
Domestic HIV/AIDS Initiative .....	105,000	190,000	190,000	+ 85,000	.....
Transfers from Nonrecurring Expenses Fund .....	(50,000)	.....	.....	(- 50,000)	.....
Total, Ryan White HIV/AIDS program .....	2,423,781	2,554,781	2,554,781	+ 131,000	.....
Health Care Systems					
Organ Transplantation .....	29,049	29,049	29,049	.....	.....
National Cord Blood Inventory .....	18,266	49,275	18,266	.....	- 31,009
CW Bill Young Cell Transplantation .....	31,009	.....	31,009	.....	+ 31,009
340B Drug Pricing program/Office of Pharmacy Affairs .....	10,238	17,238	17,238	+ 7,000	.....
Poison Control Centers .....	24,846	24,846	25,846	+ 1,000	.....
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	.....	.....
Subtotal, Health Care Systems Bureau, appropriation .....	129,093	136,093	137,093	+ 8,000	+ 1,000
Rural Health					
Rural Outreach Grants .....	82,500	90,000	90,000	+ 7,500	.....
Rural Health Research/Policy Development .....	11,076	11,076	11,076	.....	.....
Rural Hospital Flexibility Grants .....	55,609	57,509	57,509	+ 1,900	.....
State Offices of Rural Health .....	12,500	12,500	12,500	.....	.....
Black Lung Clinics .....	11,500	12,190	12,190	+ 690	.....
Radiation Exposure Screening and Education Program .....	1,834	2,734	2,734	+ 900	.....
Telehealth .....	34,000	36,500	39,000	+ 5,000	.....
Rural Communities Opioid Response .....	110,000	165,000	165,000	+ 55,000	+ 2,500
Rural Residency Program .....	10,500	12,700	12,700	+ 2,200	.....

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Item	2021 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2021 appropriation	Budget estimate
Total, Rural Health .....	329,519	400,209	402,709	+ 73,190	+ 2,500
Family Planning .....	286,479	340,000	500,000	+ 213,521	+ 160,000
Program Management .....	155,300	167,971	893,127	+ 737,827	+ 725,156
Community Projects/Congressionally Directed Spending .....	.....	.....	(727,956)	(+ 727,956)	(+ 727,956)
Total, Health resources and services (HRS) .....	7,207,234	7,813,294	8,847,326	+ 1,640,092	+ 1,034,032
Vaccine Injury Compensation Program Trust Fund					
Post-FY 1988 Claims .....	265,600	316,778	316,778	+ 51,178	.....
HRSA Administrative expenses .....	11,200	16,200	16,200	+ 5,000	.....
Total, Vaccine Injury Compensation Trust Fund .....	276,800	332,978	332,978	+ 56,178	.....
Countermeasures Injury Compensation Trust Fund .....	.....	5,000	5,000	+ 5,000	.....
Total, Health Resources and Services Administration .....	7,484,034	8,151,272	9,185,304	+ 1,701,270	+ 1,034,032
CENTERS FOR DISEASE CONTROL AND PREVENTION					
Immunization and Respiratory Diseases .....	448,805	526,580	526,580	+ 77,775	.....
Prevention and Public Health Fund <sup>1</sup> .....	(372,200)	(419,350)	(419,350)	(+ 47,150)	.....
Subtotal .....	821,005	945,930	945,930	+ 124,925	.....
HW/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention .....	1,314,056	1,420,556	1,436,056	+ 122,000	+ 15,500
Emerging and Zoonotic Infectious Diseases .....	596,272	626,272	674,272	+ 78,000	+ 48,000
Prevention and Public Health Fund <sup>1</sup> .....	(52,000)	(52,000)	(52,000)	.....	.....
Subtotal (including transfers) .....	648,272	678,272	726,272	+ 78,000	+ 48,000

Chronic Disease Prevention and Health Promotion Prevention and Public Health Fund <sup>1</sup>	1,021,714 (254,950)	1,197,714 (254,950)	1,254,714 (254,950)	+ 233,000	+ 57,000
Subtotal	1,276,664	1,452,664	1,509,664	+ 233,000	+ 57,000
Birth Defects, Developmental Disabilities, Disabilities and Health	167,810	172,810	184,560	+ 16,750	+ 11,750
Subtotal	167,810	172,810	184,560	+ 16,750	+ 11,750
Public Health Scientific Services Evaluation Tap Funding	591,997	609,997 (132,000)	609,997 (132,000)	+ 18,000 (+ 132,000)	
Subtotal (including transfers)	591,997	741,997	741,997	+ 150,000	
Environmental Health Prevention and Public Health Fund <sup>1</sup> Evaluation Tap Funding	205,850 (17,000)	308,850 (17,000) (7,000)	309,350 (17,000) (7,000)	+ 103,500 (+ 7,000)	+ 500
Subtotal	222,850	332,850	333,350	+ 110,500	+ 500
Injury Prevention and Control	682,879	1,103,169	1,050,169	+ 367,290	- 53,000
National Institute for Occupational Safety and Health	345,300	345,300	347,300	+ 2,000	+ 2,000
Energy Employees Occupational Illness Compensation Program	55,358	55,358	55,358		
Global Health	592,843	697,843	597,843	+ 5,000	- 100,000
Public Health Preparedness and Response Buildings and Facilities	842,200 30,000	842,200 55,000	862,200 50,000	+ 20,000 + 20,000	+ 20,000 - 5,000
CDC-Wide Activities and Program Support: Prevention and Public Health Fund <sup>1</sup> Office of the Director	(160,000) 113,570	(160,000) 113,570	(160,000) 118,570	+ 5,000 + 5,000	+ 5,000 - 20,000
Infectious Diseases Rapid Response Reserve Fund Public Health Infrastructure and Capacity	10,000	35,000	15,000	+ 5,000	+ 200,000
Subtotal	283,570	708,570	893,570	+ 610,000	+ 185,000
Total, Centers for Disease Control and Prevention Discretionary Evaluation Tap Funding (NA) Prevention and Public Health Fund <sup>1</sup>	7,018,654 6,963,296 856,150	8,510,219 8,454,861 903,300	8,691,969 8,636,611 903,300	+ 1,673,315 + 1,673,315 (+ 139,000) + 47,150	+ 181,750 + 181,750
Total, Centers for Disease Control Program Level	(7,874,804)	(9,552,519)	(9,734,269)	(+ 1,859,465)	(+ 181,750)

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				2021 appropriation	Budget estimate
<b>NATIONAL INSTITUTES OF HEALTH</b>					
National Cancer Institute (NCI) .....	6,364,852	6,539,302	6,578,469	+213,617	+39,167
NIH Innovation Account, CURES Act <sup>2</sup> .....	195,000	194,000	194,000	-1,000	.....
Subtotal, NCI .....	6,559,852	6,733,302	6,772,469	+212,617	+39,167
National Heart, Lung, and Blood Institute (NHLBI) .....	3,664,811	3,845,681	3,841,998	+177,187	-3,683
National Institute of Dental and Craniofacial Research (NIDCR) .....	484,867	516,197	515,720	+30,853	-477
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) .....	2,131,975	2,219,298	2,217,136	+85,161	-2,162
Juvenile Diabetes (mandatory) .....	(150,000)	(150,000)	(150,000)	.....	.....
Subtotal, NIDDK .....	2,281,975	2,369,298	2,367,136	+85,161	-2,162
National Institute of Neurological Disorders and Stroke (NINDS) .....	2,463,393	2,707,300	2,710,096	+246,703	+2,796
NIH Innovation Account, CURES Act <sup>2</sup> .....	50,000	76,000	76,000	.....	.....
Subtotal, NINDS .....	2,513,393	2,783,300	2,786,096	+272,703	+2,796
National Institute of Allergy and Infectious Diseases (NIAID) .....	6,069,619	6,245,926	6,342,756	+273,137	+96,830
National Institute of General Medical Sciences (NIGMS) .....	1,719,912	1,824,598	1,853,052	+133,140	+28,454
Evaluation Tap Funding .....	(1,271,505)	(1,271,505)	(1,214,505)	(-57,000)	(-57,000)
Subtotal, NIGMS .....	2,991,417	3,096,103	3,067,557	+76,140	-28,546
National Institute of Child Health and Human Development (NICHD) .....	1,590,337	1,942,117	1,678,970	+88,633	-263,147
National Eye Institute (NEI) .....	835,714	858,535	857,868	+22,154	-667
National Institute of Environmental Health Sciences (NIEHS) .....	814,675	937,107	936,271	+121,596	-836
National Institute on Aging (NIA) .....	3,899,227	4,035,591	4,180,838	+281,611	+145,247
National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) .....	634,292	680,186	675,106	+40,814	-5,080
National Institute on Deafness and Other Communication Disorders (NIDCD) .....	498,076	511,280	511,792	+13,204	-512
National Institute of Nursing Research (NINR) .....	174,957	199,755	199,595	+24,638	-160
National Institute on Alcohol Abuse and Alcoholism (NIAAA) .....	554,923	570,165	569,633	+14,710	-532

National Institute on Drug Abuse (NIDA)	1,479,660	1,852,503	1,832,906	+ 353,246	- 19,597
National Institute of Mental Health (NIMH)	2,053,708	2,137,574	2,142,900	+ 85,192	+ 5,326
NIH Innovation Account, CURES Act <sup>1</sup>	50,000	76,000	76,000	+ 26,000	
Subtotal, NIMH	2,103,708	2,213,574	2,218,900	+ 115,192	+ 5,326
National Human Genome Research Institute (NHGRI)	615,780	632,973	634,598	+ 18,818	+ 1,625
National Institute of Biomedical Imaging and Bioengineering (NIBIB)	410,728	422,039	421,617	+ 10,889	- 422
National Center for Complementary and Integrative Health (NCCIH)	154,162	184,323	184,249	+ 30,087	- 74
National Institute on Minority Health and Health Disparities (NIMHD)	390,865	652,244	651,101	+ 260,236	- 1,143
John E Fogarty International Center (FIC)	84,044	96,322	96,268	+ 12,224	- 54
National Library of Medicine (NLM)	463,787	474,864	476,074	+ 12,287	+ 1,210
National Center for Advancing Translational Sciences (NCATS)	855,421	878,957	878,072	+ 22,651	- 885
Subtotal, NCATS	855,421	878,957	878,072	+ 22,651	- 885
Office of the Director	2,411,110	2,237,259	2,538,213	+ 127,103	+ 300,954
Common Fund (non-add)	(635,939)	(645,939)	(651,202)	(+ 15,263)	(+ 5,263)
Office for Research on Women's Health (non-add)	(43,925)	(52,303)	(52,303)	(+ 8,378)	
Gabriella Miller Kids First Research Act (Common Fund add)	12,600	12,600	12,600		
Transfers from Non-Recurring Expense Fund (non-add)	(2,086,463)			(- 2,086,463)	
NIH Innovation Account, CURES Act <sup>2</sup>	109,000	150,000	150,000	+ 41,000	
Advance Research Projects Agency for Health (ARPA-H)		6,500,000	2,400,000	+ 2,400,000	- 4,100,000
Buildings and Facilities	200,000	250,000	275,000	+ 75,000	+ 25,000
Transfer from Nonrecurring Expense Fund	(225,000)			(- 225,000)	
Subtotal, Buildings and Facilities	425,000	250,000	275,000	- 150,000	+ 25,000
Total, National Institutes of Health (NIH)	41,437,495	50,461,208	46,708,386	+ 5,270,891	- 3,752,822
(Evaluation Tap Funding)	(1,271,505)	(1,271,505)	(1,214,505)	(- 57,000)	(- 57,000)
Total, NIH Program Level	42,709,000	51,732,713	47,922,891	+ 5,213,891	- 3,809,822
Transfers from Nonrecurring Expenses Fund	(225,000)			(- 225,000)	
Total, NIH Program Level (with transfer)	42,934,000	51,732,713	47,922,891	+ 4,988,891	- 3,809,822
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)					
Mental Health					
Programs of Regional and National Significance	475,036	659,289	714,435	+ 239,399	+ 55,146

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2021 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
FOR FISCAL YEAR 2022—Continued  
[In thousands of dollars]

Item	2021 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2021 appropriation	Budget estimate
Prevention and Public Health Fund <sup>1</sup> .....	(12,000)	(12,000)	(12,000)		
Subtotal .....	487,036	671,289	726,435	+ 239,399	+ 55,146
Community Mental Health Services Block Grant (MHBG) .....	736,532	1,561,532	1,561,532	+ 825,000	
Evaluation Tap Funding .....	(21,039)	(21,039)	(21,039)		
Subtotal .....	757,571	1,582,571	1,582,571	+ 825,000	
Certified Community Behavioral Health Clinics .....	250,000	375,000	350,000	+ 100,000	- 25,000
National Child Traumatic Stress Initiative .....	71,887	81,887	81,887	+ 10,000	
Children's Mental Health Services .....	125,000	125,000	125,000		
Projects for Assistance in Transition from Homelessness (PATH) .....	64,635	64,635	64,635		
Protection and Advocacy for Individuals with Mental Illness (PAIMI) .....	36,146	36,146	40,000	+ 3,854	+ 3,854
Subtotal, Mental Health .....	1,759,236	2,903,489	2,937,489	+ 1,178,253	+ 34,000
(Evaluation Tap Funding) .....	21,039	21,039	21,039		
Subtotal, Mental Health program level .....	1,792,275	2,936,528	2,970,528	+ 1,178,253	+ 34,000
Substance Abuse Treatment .....					
Programs of Regional and National Significance .....	494,677	648,864	641,364	+ 146,687	- 7,500
Evaluation Tap Funding .....	(2,000)	(2,000)	(2,000)		
Subtotal .....	496,677	650,864	643,364	+ 146,687	- 7,500
Substance Abuse Prevention and Treatment Block Grant .....	1,778,879	3,428,879	2,928,879	+ 1,150,000	- 500,000
Evaluation Tap Funding .....	(79,200)	(79,200)	(79,200)		
Subtotal block grant .....	1,858,079	3,508,079	3,008,079	+ 1,150,000	- 500,000

	1,500,000	2,250,000	2,000,000	+ 500,000	- 250,000
State Opioid Response grants .....					
Subtotal, Substance Abuse Treatment .....	3,773,556	6,327,743	5,570,243	+ 1,796,687	- 757,500
(Evaluation Tap Funding) .....	81,200	81,200			
Subtotal, Program level .....	3,854,756	6,408,943	5,651,443	+ 1,796,687	- 757,500
Substance Abuse Prevention .....					
Programs of Regional and National Significance .....	208,219	216,667	245,667	+ 37,448	+ 29,000
Total, Substance Abuse Prevention .....	208,219	216,667	245,667	+ 37,448	+ 29,000
Health Surveillance and Program Support .....	128,830	138,945	204,013	+ 75,183	+ 65,068
Evaluation Tap Funding (NA) .....	(31,428)	(31,428)			
Subtotal .....	160,258	170,373	235,441	+ 75,183	+ 65,068
Total, SAMHSA .....	5,869,841	9,586,844	8,957,412	+ 3,087,571	- 629,432
(Evaluation Tap Funding) .....	(133,667)	(133,667)			
(Prevention and Public Health Fund *) .....	12,000	12,000			
Total, SAMHSA Program Level .....	(6,015,508)	(9,732,511)	(9,103,079)	(+ 3,087,571)	(- 629,432)
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)					
Healthcare Research and Quality					
Research on Health Costs, Quality, and Outcomes:					
Federal Funds .....	196,709	207,909	207,909	+ 11,200	
Evaluation Tap funding .....		(27,000)	(27,000)	(+ 27,000)	
Subtotal, Health Costs, Quality, and Outcomes .....	(196,709)	(234,909)	(234,909)	(+ 38,200)	
Medical Expenditures Panel Surveys:					
Federal Funds .....	69,991	71,791	71,791	+ 1,800	
Program Support:					
Federal Funds .....	71,300	73,300	73,300	+ 2,000	
Total, AHRQ Program Level .....	(338,000)	(380,000)	(380,000)	(+ 42,000)	
Federal funds .....	(338,000)	(353,000)	(353,000)	(+ 15,000)	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2021 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
FOR FISCAL YEAR 2022—Continued

[In thousands of dollars]

Item	2021 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2021 appropriation	Budget estimate
(Evaluation Tap Funding)		(27,000)	(27,000)	(+ 27,000)	
Total, Public Health Service (PHS) appropriation	62,148,024	77,062,543	73,896,071	+ 11,748,047	- 3,166,472
Total, Public Health Service Program Level	(64,921,346)	(79,549,015)	(76,325,543)	(+ 11,404,197)	(- 3,223,472)
CENTERS FOR MEDICARE AND MEDICAID SERVICES					
Grants to States for Medicaid					
Medicaid Current Law Benefits	425,687,168	489,968,364	489,968,364	+ 64,281,196	
State and Local Administration	23,168,636	22,290,059	22,290,059	- 878,577	
Vaccines for Children	4,951,369	5,139,998	5,139,998	+ 188,629	
Total, Medicaid Program Level, available this fiscal year	453,807,173	517,398,421	517,398,421	+ 63,591,248	
New advance, 1st quarter, FY 2023	148,732,315	165,722,018	165,722,018	+ 16,985,703	
Less appropriations provided in prior years	- 139,903,075	- 148,732,315	- 148,732,315	- 8,829,240	
Total, Grants to States for Medicaid, appropriated in this bill	462,636,413	534,388,124	534,388,124	+ 71,751,711	
Payments to Health Care Trust Funds					
Supplemental Medical Insurance	325,500,000	384,646,000	384,646,000	+ 59,146,000	
Federal Uninsured Payment	95,000	82,000	82,000	- 13,000	
Program Management	904,000	929,000	929,000	+ 25,000	
General Revenue for Part D Benefit	111,800,000	100,968,883	100,968,883	- 10,831,117	
General Revenue for Part D Administration	882,000	882,000	882,000		
HCFA Reimbursement	328,000	349,117	349,117	+ 21,117	
State Low-Income Determination for Part D	5,000	5,000	5,000		
Total, Payments to Trust Funds	439,514,000	487,862,000	487,862,000	+ 48,348,000	



Program Management								
Research, Demonstration, Evaluation	20,054	2,979,680	2,914,680	-20,054				
Program operations	2,784,823	472,163	472,163	+ 129,857				
State Survey and Certification	397,334	864,000	864,000	+ 74,829				
Federal Administration	772,533			+ 91,467				
Total, Program management	3,974,744	4,315,843	4,250,843	+ 276,099				-65,000
Health Care Fraud and Abuse Control Account								
Centers for Medicare and Medicaid Services	616,000	675,726	675,933	+ 59,933				+ 207
HHS Office of Inspector General	99,000	102,145	102,145	+ 3,145				
Department of Justice	92,000	94,922	94,922	+ 2,922				
Total, Health Care Fraud and Abuse Control (Trust funds)	807,000	872,793	873,000	+ 66,000				+ 207
Program integrity (cap adjustment)	(496,000)	(555,793)	(556,000)	( + 60,000)				( + 207)
Total, Centers for Medicare and Medicaid Services	906,932,157	1,027,438,760	1,027,373,967	+ 120,441,810				-64,793
Federal funds	902,150,413	1,022,250,124	1,022,250,124	+ 120,099,711				
Current year	(753,418,098)	(856,528,106)	(856,528,106)	( + 103,110,008)				
FY 2022 Advance	(148,732,315)	(165,722,018)	(165,722,018)	( + 16,989,703)				
Trust Funds	4,781,744	5,188,636	5,123,843	+ 342,099				-64,793
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	1,000	10,000	10,000	+ 9,000				
Subtotal	34,000	43,000	43,000	+ 9,000				
Child Support Enforcement:								
State and Local Administration	3,788,273	3,524,556	3,524,556	- 263,717				
Federal Incentive Payments	606,727	617,488	617,488	+ 10,761				
Access and Visitation	10,000	10,000	10,000					
Subtotal, Child Support Enforcement	4,405,000	4,152,044	4,152,044	- 252,956				
Total, Family Support Payments Program Level, available this fiscal year	4,439,000	4,195,044	4,195,044	- 243,956				

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2021 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2022—Continued  
 [In thousands of dollars]

Item	2021 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2021 appropriation	Budget estimate
Less appropriations provided in prior years .....	- 1,400,000	- 1,400,000	- 1,400,000		
Total, Family Support Payments, available in this bill .....	3,039,000	2,795,044	2,795,044	- 243,956	
New advance, 1st quarter, FY 2023 .....	1,400,000	1,300,000	1,300,000	- 100,000	
Low income Home Energy Assistance Program (LIHEAP)					
Formula Grants .....	3,750,304	3,850,304	3,925,304	+ 175,000	+ 75,000
Total, LIHEAP, Program Level .....	3,750,304	3,850,304	3,925,304	+ 175,000	+ 75,000
Refugee and Entrant Assistance					
Transitional and Medical Services .....	354,000	605,000	605,000	+ 251,000	
Refugee Support Services .....	207,201	450,000	450,000	+ 242,799	
Victims of Trafficking .....	28,755	39,480	39,480	+ 10,725	
Unaccompanied Alien Children (UAC) .....	1,303,245	3,283,467	4,900,000	+ 3,596,755	+ 1,616,533
Survivors of Torture .....	17,000	27,000	27,000	+ 10,000	
Total, Refugee and Entrant Assistance .....	1,910,201	4,404,947	6,021,480	+ 4,111,279	+ 1,616,533
Separated Families Service Fund .....		(30,000)	(30,000)	(+ 30,000)	
Subtotal, Sections 414, 501, 462, 235 .....	1,864,446	4,308,467	5,925,000	+ 4,060,554	+ 1,616,533
Payments to States for the Child Care and Development Block Grant .....	5,911,000	7,377,000	7,311,000	+ 1,400,000	- 66,000
Social Services Block Grant (Title XX) .....	1,700,000	1,700,000	1,700,000		
Children and Families Services Programs					
Programs for Children, Youth and Families:					
Head Start .....	10,748,095	11,932,095	11,932,095	+ 1,184,000	
Preschool Development Grants .....	275,000	450,000	450,000	+ 175,000	
Runaway and Homeless Youth Program .....	116,780	123,787	128,787	+ 12,007	+ 5,000

Service Connection for Youth on the Streets .....	20,000	21,200	21,200	+ 1,200	.....
Child Abuse State Grants .....	90,091	120,000	125,000	+ 34,909	+ 5,000
Child Abuse Discretionary Activities .....	35,000	35,000	35,000		+ 5,000
Community Based Child Abuse Prevention .....	60,660	80,000	85,000	+ 24,340	.....
Child Welfare Services .....	268,735	275,000	275,000	+ 6,265	.....
Child Welfare Training, Research, or Demonstration projects .....	18,984	121,000	121,000	+ 102,016	.....
Adoption Opportunities .....	44,100	46,100	46,100	+ 2,000	.....
Adoption Incentive Grants .....	75,000	75,000	75,000		.....
Social Services and Income Maintenance Research .....	7,512	8,512	36,799	+ 29,287	+ 28,287
Native American Programs .....	57,050	60,473	62,473	+ 5,423	+ 2,000
Community Services:					
Community Services Block Grant Act programs:					
Grants to States for Community Services .....	745,000	753,900	765,900	+ 20,900	+ 12,000
Economic Development .....	20,383	21,606	22,606	+ 2,223	+ 1,000
Rural Community Facilities .....	10,000	10,600	11,600	+ 1,600	+ 1,000
Subtotal, Community Services .....	775,383	786,106	800,106	+ 24,723	+ 14,000
Domestic Violence Hotline .....	13,000	25,780	23,000	+ 10,000	- 2,780
Family Violence Prevention and Services .....	182,500	463,450	453,450	+ 270,950	- 10,000
Chafee Education and Training Vouchers .....	43,257	48,257	48,257	+ 5,000	.....
Disaster Human Services Case Management .....	1,864	4,000	4,000	+ 2,136	.....
Program Direction .....	207,500	227,000	227,000	+ 19,500	.....
Total, Children and Families Services Programs .....	13,040,511	14,902,760	14,949,267	+ 1,908,756	+ 46,507
Promoting Safe and Stable Families .....	345,000	345,000	345,000		.....
Discretionary Funds .....	82,515	106,000	106,000	+ 23,485	.....
Total, Promoting Safe and Stable Families .....	427,515	451,000	451,000	+ 23,485	.....
Payments for Foster Care and Permanency					
Foster Care .....	5,795,634	5,830,000	5,830,000	+ 34,366	.....
Adoption Assistance .....	3,802,045	3,736,000	3,736,000	- 66,045	.....
Guardianship .....	270,858	254,000	254,000	- 16,858	.....
Independent Living .....	143,000	143,000	143,000		.....
Total, Payments to States, available this fiscal year .....	10,011,537	9,963,000	9,963,000	- 48,537	.....
Advance appropriations, 1st quarter, FY 2023 .....	3,000,000	3,200,000	3,200,000	+ 200,000	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2021 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
FOR FISCAL YEAR 2022—Continued  
[In thousands of dollars]

Item	2021 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2021 appropriation	Budget estimate
less appropriations provided in prior years .....	- 3,000,000	- 3,000,000	- 3,000,000		
Total, Payments to States, available in this bill .....	10,011,537	10,163,000	10,163,000	+ 151,463	
Total, Administration for Children and Families .....	41,190,068	46,944,055	48,616,095	+ 7,426,027	+ 1,672,040
Current year appropriations .....	(36,790,068)	(42,444,055)	(44,116,095)	(+ 7,326,027)	(+ 1,672,040)
Advance appropriations .....	(4,400,000)	(4,500,000)	(4,500,000)	(+ 100,000)	
Total, ACF Program Level .....	41,190,068	46,944,055	48,616,095	+ 7,426,027	+ 1,672,040
ADMINISTRATION FOR COMMUNITY LIVING					
Grants to States:					
Home and Community-based Supportive Services .....	392,574	550,574	500,000	+ 107,426	- 50,574
Preventive Health .....	24,848	26,339	26,339	+ 1,491	
Protection of Vulnerable Older Americans—Title VII .....	23,658	34,944	34,944	+ 11,286	
Subtotal .....	441,080	611,857	561,283	+ 120,203	- 50,574
Family Caregivers .....	188,936	249,936	230,000	+ 41,064	- 19,936
Native American Caregivers Support .....	10,806	15,806	15,806	+ 5,000	
Subtotal, Caregivers .....	199,742	265,742	245,806	+ 46,064	- 19,936
Nutrition:					
Congregate Meals .....	515,342	468,954	468,954	- 46,388	
Home Delivered Meals .....	276,342	703,431	576,000	+ 299,638	- 127,431
Nutrition Services Incentive Program .....	160,069	169,000	169,000	+ 8,931	
Subtotal .....	951,753	1,341,385	1,213,954	+ 262,201	- 127,431

Subtotal, Grants to States .....	1,592,575	2,218,984	2,021,043	+ 428,468	- 197,941
Grants for Native Americans .....	35,208	70,208	65,000	+ 29,792	- 5,208
Aging Network Support Activities .....	16,461	19,446	19,446	+ 2,985	.....
Alzheimer's Disease Program (MA):					
Budget Authority .....	12,800	15,360	15,360	+ 2,560	.....
Prevention and Public Health Fund 1 .....	(14,700)	(14,700)	(14,700)	.....	.....
Subtotal, Alzheimer's Disease Program .....	27,500	30,060	30,060	+ 2,560	.....
Lifespan Respite Care .....	7,110	14,220	14,220	+ 7,110	.....
Chronic Disease Self-Management Program (BA):					
Prevention and Public Health Fund 1 .....	(8,000)	(8,000)	(8,000)	.....	.....
Elder Falls Prevention (BA):					
Prevention and Public Health Fund 1 .....	(5,000)	(5,000)	(5,000)	.....	.....
Elder Rights Support Activities .....	17,874	19,400	19,400	+ 1,526	.....
Aging and Disability Resources .....	8,119	23,457	23,457	+ 15,338	.....
State Health Insurance Program .....	52,115	55,242	55,242	+ 3,127	.....
Paralysis Resource Center:					
Budget Authority .....	9,700	3,553	10,185	+ 485	+ 6,632
Evaluation Tap Funding .....	.....	(6,632)	.....	.....	(- 6,632)
Subtotal, Paralysis Resource Center .....	9,700	10,185	10,185	+ 485	.....
Limb Loss Resource Center:					
Budget Authority .....	4,000	1,465	4,200	+ 200	+ 2,735
Evaluation Tap Funding .....	.....	(2,735)	.....	.....	(- 2,735)
Subtotal, Limb Loss Resource Center .....	4,000	4,200	4,200	+ 200	.....
Traumatic Brain Injury:					
Budget Authority .....	11,321	4,148	13,321	+ 2,000	+ 9,173
Evaluation Tap Funding .....	.....	(7,739)	.....	.....	(- 7,739)
Subtotal, Traumatic Brain Injury .....	11,321	11,887	13,321	+ 2,000	+ 1,434
Developmental Disabilities Programs:					
State Councils .....	79,000	88,480	88,480	+ 9,480	.....
Protection and Advocacy .....	41,784	46,798	46,798	+ 5,014	.....
Voting Access for Individuals with Disabilities .....	7,963	9,963	9,963	+ 2,000	.....
Developmental Disabilities Projects of National Significance .....	12,250	13,100	13,100	+ 850	.....
University Centers for Excellence in Developmental Disabilities .....	42,119	47,173	47,173	+ 5,054	.....

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(In thousands of dollars)

Item	2021 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2021 appropriation	Budget estimate
Subtotal, Developmental Disabilities Programs .....	183,116	205,514	205,514	+22,398	.....
Workforce Innovation and Opportunity Act .....					
Independent Living .....	116,183	148,228	138,000	+21,817	-10,228
National Institute on Disability, Independent Living, and Rehabilitation Research .....	112,970	118,619	118,970	+6,000	+351
Assistive Technology .....	37,500	44,000	44,000	+6,500	.....
Subtotal, Workforce Innovation and Opportunity Act .....	266,653	310,847	300,970	+34,317	-9,877
Community Projects/Congressionally Directed Spending .....	41,063	47,063	13,871	+13,871	+13,871
Program Administration .....			47,063	+6,000	.....
Total, Administration for Community Living .....	2,258,115	3,008,907	2,828,292	+570,177	-180,615
Federal funds .....	2,206,000	2,953,665	2,773,050	+567,050	-180,615
Trust Funds .....	(52,115)	(55,242)	(55,242)	(+3,127)	.....
(Evaluation Tap Funding) .....		(17,106)		.....	(-17,106)
(Prevention and Public Health Fund 1) .....	(27,700)	(27,700)	(27,700)	.....	.....
Total, ACL program level .....	2,285,815	3,053,713	2,855,992	+570,177	-197,721
OFFICE OF THE SECRETARY					
General Departmental Management					
General Departmental Management, Federal Funds .....	196,419	239,715	224,715	+28,296	-15,000
Teen Pregnancy Prevention Community Grants .....	101,000	101,000	130,000	+29,000	+29,000
Evaluation Tap Funding .....	(6,800)	(6,800)	(6,800)	.....	.....
Subtotal, Grants .....	107,800	107,800	136,800	+29,000	+29,000
Sexual Risk Avoidance .....	35,000	35,000	.....	-35,000	-35,000
Office of Minority Health .....	61,835	61,835	66,835	+5,000	+5,000
Office on Women's Health .....	35,140	35,140	43,140	+8,000	+8,000

Minority HIV/AIDS prevention and treatment .....	55,400	55,400	58,400	+ 3,000	+ 3,000
Embryo Adoption Awareness Campaign .....	1,000	1,000	1,000		
Electric Vehicle Program .....	7,891	7,891	5,000	+ 5,000	- 2,891
COVID and non-COVID Executive Order Implementation .....	40,000	40,000	15,000	+ 15,000	- 25,000
Planning and Evaluation, Evaluation Tap Funding .....	(58,028)	(77,528)	(77,528)	(+ 19,500)	
<b>Total, General Departmental Management .....</b>	<b>485,794</b>	<b>576,981</b>	<b>544,090</b>	<b>+ 58,296</b>	<b>- 32,891</b>
Federal Funds .....	485,794	576,981	544,090	+ 58,296	- 32,891
(Evaluation Tap Funding) .....	(64,828)	(84,328)	(84,328)	(+ 19,500)	
<b>Total, General Departmental Management program level .....</b>	<b>550,622</b>	<b>661,309</b>	<b>628,418</b>	<b>+ 77,796</b>	<b>- 32,891</b>
Medicare Hearings and Appeals .....	191,881	196,000	196,000	+ 4,119	
Office of the National Coordinator for Health: Information Technology .....	62,367	(86,614)	(86,614)	- 62,367	
Evaluation Tap Funding .....	(62,367)	(86,614)	(86,614)	(+ 24,247)	
<b>Total, Program Level .....</b>	<b>80,000</b>	<b>100,000</b>	<b>90,000</b>	<b>+ 10,000</b>	<b>- 10,000</b>
Inspector General Federal Funds .....	38,798	47,931	47,931	+ 9,133	
Office of Inspector General .....					
Office for Civil Rights .....					
Federal Funds .....	524,818	528,449	528,449	+ 3,631	
Retirement Pay and Medical Benefits for Commissioned Officers	31,925	32,263	32,263	+ 338	
Retirement Payments .....	96,280	95,792	95,792	- 488	
Survivors Benefits .....					
Dependents' Medical Care .....	653,023	656,504	656,504	+ 3,481	
<b>Total, Benefits for Commissioned Officers .....</b>	<b>653,023</b>	<b>656,504</b>	<b>656,504</b>	<b>+ 3,481</b>	
Public Health and Social Services Emergency Fund (PHSSEF) Assistant Secretary for Preparedness and Response	30,938	32,176	32,176	+ 1,238	
Operations .....	24,654	25,640	25,640	+ 986	
Preparedness and Emergency Operations .....	63,404	91,807	111,807	+ 48,403	+ 20,000
National Disaster Medical System .....					

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2021 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
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(In thousands of dollars)

Item	2021 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2021 appropriation	Budget estimate
Hospital Preparedness Cooperative Agreement Grants:					
Formula Grants .....	280,555	291,777	296,777	+16,222	+5,000
Biomedical Advanced Research and Development Authority (BARDA) .....	596,700	823,380	823,380	+226,680	.....
Policy and Planning .....	14,877	19,917	19,917	+5,040	.....
Project BioShield .....	770,000	770,000	770,000	.....	.....
Strategic National Stockpile .....	705,000	905,000	905,000	+200,000	.....
Medical Reserve Corps .....	6,000	6,240	6,240	+240	.....
Preparedness and Response Innovation .....	2,000	2,080	2,080	+80	.....
Subtotal, Preparedness and Response .....	2,494,128	2,968,017	2,993,017	+498,889	+25,000
Assistant Secretary for Administration .....					
Assistant Secretary for Administration, Cybersecurity .....	57,820	184,116	159,116	+101,296	-25,000
Office of Security and Strategic Information .....	8,510	8,983	8,983	+473	.....
Office of the Assistant Secretary of Health .....	.....	27,000	27,000	+27,000	.....
Subtotal .....	66,330	220,099	195,099	+128,769	-25,000
Public Health and Science .....					
Pandemic Influenza Preparedness .....	287,000	335,000	335,000	+48,000	.....
Subtotal, Non-pandemic flu/BioShield/SNS .....	1,085,458	1,513,116	1,513,116	+427,658	.....
Total, PHSEF .....	2,847,458	3,523,116	3,523,116	+675,658	.....
Total, Office of the Secretary .....	4,359,321	5,100,532	5,057,641	+698,320	-42,891
Federal Funds .....	4,167,440	4,904,532	4,861,641	+694,201	-42,891
Trust Funds .....	191,881	196,000	196,000	+4,119	.....
(Evaluation Tap Funding) .....	(64,828)	(170,942)	(170,942)	(+106,114)	.....



	4,424,149	5,271,474	5,228,583	+ 804,434	- 42,891
Total, Office of the Secretary Program Level .....					
Total, Title II, Department of Health and Human Services .....					
Federal Funds .....	1,016,887,685	1,159,554,797	1,157,772,066	+ 140,884,381	- 1,782,731
Current year appropriations .....	1,011,446,745	1,153,597,719	1,151,879,781	+ 140,433,036	- 1,717,938
Advance appropriations .....	(858,314,430)	(983,375,701)	(981,657,763)	(+ 123,343,333)	(- 1,717,938)
Trust Funds .....	(153,132,315)	(170,222,018)	(170,222,018)	(+ 17,089,703)	
CURES Act <sup>1</sup> .....	(5,036,940)	(5,461,078)	(5,396,285)	(+ 359,345)	(- 64,793)
Prevention and Public Health Fund <sup>1</sup> .....	(404,000)	(496,000)	(496,000)	(+ 92,000)	
Transfers from Nonrecurring Expenses Fund .....	(895,850)	(943,000)	(943,000)	(+ 47,150)	
	(500,000)			(- 500,000)	
TITLE III—DEPARTMENT OF EDUCATION					
EDUCATION FOR THE DISADVANTAGED					
Grants to Local Educational Agencies (LEAs):					
Basic Grants:					
Appropriations from prior year advances .....	990,776	763,776	763,776	- 227,000	
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, FY 2023 .....	763,776	763,776	763,776		
less appropriations available from prior year advances .....	- 990,776	- 763,776	- 763,776	+ 227,000	
Subtotal, Basic grants, appropriated in this bill .....	6,459,401	6,459,401	6,459,401		
Concentration Grants:					
Appropriations from prior year advances .....	1,362,301	1,362,301	1,362,301		
Advance appropriations FY 2023 .....	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 .....	4,244,050	4,357,550	4,357,550	+ 113,500	
Forward funded .....	4,357,550	4,357,550	4,357,550	+ 8,275,000	+ 8,275,000
less appropriations provided from prior year advances .....	- 4,244,050	- 4,357,550	- 4,357,550	- 113,500	
Subtotal, Targeted Grants, appropriated in this bill .....	4,357,550	4,357,550	12,632,550	+ 8,275,000	+ 8,275,000

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[In thousands of dollars]

Item	2021 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2021 appropriation	Budget estimate
Education Finance Incentive Grants:					
Appropriations from prior year advances	4,244,050	4,357,550	4,357,550	+ 113,500	.....
Forward Funded	.....	.....	8,275,000	+ 8,275,000	+ 8,275,000
Advance appropriations, FY 2023	4,357,550	4,357,550	4,357,550	.....	.....
less appropriations provided from prior year advances	- 4,244,050	- 4,357,550	- 4,357,550	- 113,500	.....
Subtotal, Education Finance Incentive Grants, appropriated in this bill	4,357,550	4,357,550	12,632,550	+ 8,275,000	+ 8,275,000
Subtotal, Grants to LEAs, program level appropriated in this bill	16,536,802	16,536,802	33,086,802	+ 16,550,000	+ 16,550,000
Title I Equity Grants	.....	20,000,000	.....	.....	- 20,000,000
Innovative Approaches to Literacy	28,000	28,000	34,000	+ 6,000	+ 6,000
Comprehensive literacy development grants	192,000	192,000	192,000	.....	.....
State Agency Programs:					
Migrant	375,626	375,626	375,626	.....	.....
Neglected and Delinquent/High Risk Youth	48,239	48,239	48,239	.....	.....
Subtotal, State Agency programs	423,865	423,865	423,865	.....	.....
Special Programs for Migrant Students	46,123	66,123	66,123	+ 20,000	.....
Total, Education for the disadvantaged	17,226,790	37,246,790	33,802,790	+ 16,576,000	- 3,444,000
Current Year appropriations	(6,385,613)	(26,405,613)	(22,961,613)	(+ 16,576,000)	(- 3,444,000)
(Forward Funded)	(6,306,490)	(6,306,490)	(22,856,490)	(+ 16,550,000)	(+ 16,550,000)
FY 2023 Advances	(10,841,177)	(10,841,177)	(10,841,177)	.....	.....
IMPACT AID					
Basic Support Payments	1,354,242	1,394,242	1,417,000	+ 62,758	+ 22,758
Payments for Children with Disabilities	48,316	48,316	48,316	.....	.....
Facilities Maintenance (Sec. 8008)	4,835	4,835	4,835	.....	.....
Construction (Sec. 8007)	17,406	17,406	17,406	.....	.....

	76,313	76,313	78,281	+ 1,968	+ 1,968
Payments for Federal Property (Sec. 8002) .....	1,501,112	1,541,112	1,565,838	+ 64,726	+ 24,726
Total, Impact aid .....					
<b>SCHOOL IMPROVEMENT PROGRAMS</b>					
Supporting Effective Instruction State Grants .....	461,639	467,139	512,139	+ 50,500	+ 45,000
Appropriations from prior year advances .....	1,681,441	1,681,441	1,681,441		
Advance appropriations, FY 2023 .....	1,681,441	1,681,441	1,681,441		
less appropriations provided from prior year advances .....	- 1,681,441	- 1,681,441	- 1,681,441		
Subtotal, Supporting Effective Instruction State Grants, program level appropriated in this bill .....	2,143,080	2,148,580	2,193,580	+ 50,500	+ 45,000
Supplemental Education Grants .....	16,699	19,657	19,657	+ 2,958	
Nira M Lowey 21st Century Community Learning Centers .....	1,259,673	1,309,673	1,309,673	+ 50,000	
State Assessments .....	378,000	378,000	428,000	+ 50,000	+ 50,000
Education for Homeless Children and Youth .....	106,500	106,500	146,500	+ 40,000	+ 40,000
Training and Advisory Services (Civil Rights) .....	6,575	6,575	7,575	+ 1,000	+ 1,000
Education for Native Hawaiians .....	37,397	37,397	42,397	+ 5,000	+ 5,000
Alaska Native Education Equity .....	36,453	36,453	36,453		
Rural Education .....	187,840	192,840	200,000	+ 12,160	+ 7,160
Comprehensive Centers .....	52,000	52,000	57,000	+ 5,000	+ 5,000
Student Support and Academic Enrichment grants .....	1,220,000	1,220,000	1,320,000	+ 100,000	+ 100,000
School-Based Health Professionals .....		1,000,000			- 1,000,000
Climate Resilient Schools .....		25,000			- 25,000
Total, School Improvement Programs .....	5,444,217	6,532,675	5,760,835	+ 316,618	- 771,840
Current Year appropriations .....	(3,762,776)	(4,851,234)	(4,079,394)	(+ 316,618)	(- 771,840)
(Forward Funded) .....	(3,613,652)	(3,674,152)	(3,916,312)	(+ 302,660)	(+ 242,160)
Advance appropriations .....	(1,681,441)	(1,681,441)	(1,681,441)		
<b>INDIAN EDUCATION</b>					
Grants to Local Educational Agencies .....	105,381	110,381	110,381	+ 5,000	
Federal Programs:					
Special Programs for Indian Children .....	67,993	67,993	70,000	+ 2,007	+ 2,007
National Activities .....	7,865	7,865	8,865	+ 1,000	+ 1,000
Subtotal, Federal Programs .....	75,858	75,858	78,865	+ 3,007	+ 3,007
Total, Indian Education .....	181,239	186,239	189,246	+ 8,007	+ 3,007

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Item	2021 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2021 appropriation	Budget estimate
<b>INNOVATION AND IMPROVEMENT</b>					
Education Innovation and Research .....	194,000	194,000	270,000	+76,000	+76,000
American History and Civics Academies .....	2,000	2,000	3,000	+1,000	+1,000
American History and Civics National Activities .....	3,250	3,250	7,000	+3,750	+3,750
School Leader Recruitment and Support (School Leadership) .....	.....	30,000	30,000	+30,000	.....
Charter Schools Grants .....	440,000	440,000	440,000	.....	.....
Magnet Schools Assistance .....	109,000	149,000	179,000	+70,000	+30,000
Fund for the Improvement of Education (FIE) .....	.....	.....	54,085	+54,085	+54,085
Teacher and School Leader Incentive Grants .....	200,000	200,000	200,000	.....	.....
Ready-to-Learn Television .....	29,500	29,500	30,000	+500	+500
Supporting Effective Educator Development (SEED) .....	80,000	80,000	80,000	.....	.....
Arts in Education .....	30,500	30,500	32,000	+1,500	+1,500
Jawits Gifted and Talented Students .....	13,500	13,500	13,500	.....	.....
Statewide Family Engagement Centers .....	12,500	12,500	17,000	+4,500	+4,500
Fostering Diverse Schools .....	.....	100,000	.....	.....	-100,000
Total, Innovation and Improvement .....	1,114,250	1,284,250	1,355,585	+241,335	+71,335
<b>SAFE SCHOOLS AND CITIZENSHIP EDUCATION</b>					
Promise Neighborhoods .....	81,000	91,000	101,000	+20,000	+10,000
School Safety National Activities .....	106,000	116,000	916,000	+810,000	+800,000
Full-Service Community Schools .....	30,000	443,000	400,000	+370,000	-43,000
Total, Safe Schools and Citizenship Education .....	217,000	650,000	1,417,000	+1,200,000	+767,000
<b>ENGLISH LANGUAGE ACQUISITION</b>					
Current funded .....	51,831	59,631	59,631	+7,800	.....
Forward funded .....	745,569	857,769	857,769	+112,200	.....

Total, English Language Acquisition .....	797,400	917,400	917,400	+ 120,000	.....
<b>SPECIAL EDUCATION</b>					
State Grants:					
Grants to States Part B current year .....	3,654,074	6,254,046	6,254,046	+ 2,599,972	.....
Part B advance from prior year .....	(9,283,383)	(9,283,383)	(9,283,383)		.....
Grants to States Part B (FY 2023) .....	9,283,383	9,283,383	9,283,383		.....
Subtotal, program level .....	12,937,457	15,537,429	15,537,429	+ 2,599,972	.....
Preschool Grants .....	397,620	502,620	502,620	+ 105,000	.....
Grants for Infants and Families .....	481,850	731,850	731,850	+ 250,000	.....
Subtotal, program level .....	13,816,927	16,771,899	16,771,899	+ 2,954,972	.....
IDEA National Activities (current funded):					
State Personnel Development .....	38,630	38,630	38,630		.....
Technical Assistance and Dissemination .....	44,345	49,345	49,345	+ 5,000	.....
Special Olympics Education Programs .....	23,683	23,683	29,683	+ 6,000	+ 6,000
Personnel Preparation .....	90,200	250,000	200,000	+ 109,800	- 50,000
Parent Information Centers .....	27,411	30,152	33,000	+ 5,589	+ 2,848
Educational Technology, Media, and Materials .....	29,547	29,547	32,047	+ 2,500	+ 2,500
Subtotal, IDEA National Activities .....	253,816	421,357	382,705	+ 128,889	- 38,652
Total, Special education .....	14,070,743	17,193,256	17,154,604	+ 3,083,861	- 38,652
Current Year appropriations .....	(4,787,360)	(7,909,873)	(7,871,221)	(+ 3,083,861)	(- 38,652)
(Forward Funded) .....	(4,533,544)	(7,488,516)	(7,488,516)	(+ 2,954,972)	.....
Advance appropriations .....	(9,283,383)	(9,283,383)	(9,283,383)		.....
<b>REHABILITATION SERVICES</b>					
Vocational Rehabilitation State Grants .....	3,675,021	3,719,121	3,719,121	+ 44,100	.....
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	15,796	+ 10,000	- 25,000
Protection and Advocacy of Individual Rights (PAIR) .....	18,150	18,150	20,150	+ 2,000	+ 2,000
Supported Employment State grants .....	22,548	22,548	22,548		.....
Independent Living .....					.....
Services for Older Blind Individuals .....	33,317	33,317	33,317		.....
Helen Keller National Center for Deaf/Blind Youth and Adults .....	17,000	18,500	18,500	+ 1,500	.....

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(In thousands of dollars)

Item	2021 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2021 appropriation	Budget estimate
Community Projects/Congressionally Directed Spending .....			2,325	+ 2,325	+ 2,325
Total, Rehabilitation Services .....	3,814,220	3,894,820	3,874,145	+59,925	- 20,675
(Discretionary) .....	139,199	175,699	155,024	+15,825	- 20,675
(Mandatory) .....	3,675,021	3,719,121	3,719,121	+44,100	.....
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES					
American Printing House for the Blind .....	34,431	37,431	41,431	+ 7,000	+ 4,000
National Technical Institute for the Deaf (NTID):					
Operations .....	81,500	84,500	90,700	+ 9,200	+ 6,200
Gallaudet University:					
Operations .....	140,361	143,361	164,361	+ 24,000	+ 21,000
Total, Gallaudet University .....	140,361	143,361	164,361	+ 24,000	+ 21,000
Total, Special Institutions for Persons with Disabilities .....	256,292	265,292	296,492	+ 40,200	+ 31,200
CAREER, TECHNICAL, AND ADULT EDUCATION					
Career Education:					
Basic State Grants/Secondary & Technical Education:					
State Grants .....	543,848	563,848	593,848	+ 50,000	+ 30,000
Appropriations available from prior year advances .....	791,000	791,000	791,000	.....	.....
Total, available this fiscal year .....	1,334,848	1,354,848	1,384,848	+ 50,000	+ 30,000
Advance appropriations, FY 2023 .....	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 .....	1,334,848	1,354,848	1,384,848	+ 50,000	+ 30,000

National Programs .....	7,421	115,421	25,000	+17,579	-90,421
Subtotal, Career Education .....	1,342,269	1,470,269	1,409,848	+67,579	-60,421
Adult Education:					
State Grants/Adult Basic and Literacy Education:					
State Grants, forward funded .....	674,955	674,955	700,000	+25,045	+25,045
National Leadership Activities .....	13,712	38,712	23,000	+9,288	-15,712
Subtotal, Adult education .....	688,667	713,667	723,000	+34,333	+9,333
Total, Career, Technical, and Adult Education .....	2,030,936	2,183,936	2,132,848	+101,912	-51,088
Current Year appropriations .....	(1,239,936)	(1,392,936)	(1,341,848)	(+101,912)	(-51,088)
(Forward Funded) .....	(1,239,936)	(1,341,848)	(1,341,848)	(+101,912)	(-51,088)
Advance appropriations .....	(791,000)	(791,000)	(791,000)		
<b>STUDENT FINANCIAL ASSISTANCE</b>					
Pell Grants—maximum grant (NA) .....	(5,435)	(5,835)	(5,835)	(+400)	
Pell Grants .....	22,475,352	25,475,352	24,278,460	+1,803,108	-1,196,892
Federal Supplemental Educational Opportunity Grants .....	880,000	880,000	905,000	+25,000	+25,000
Federal Work Study .....	1,190,000	1,190,000	1,230,000	+40,000	+40,000
Total, Student Financial Assistance .....	24,545,352	27,545,352	26,413,460	+1,868,108	-1,131,892
<b>FEDERAL DIRECT STUDENT LOAN PROGRAM ACCOUNT</b>					
STUDENT AID ADMINISTRATION .....	50,000	25,000	50,000		+25,000
Salaries and Expenses .....	878,943	1,078,943	1,058,943	+180,000	-20,000
Servicing Activities .....	975,000	975,000	975,000		
Total, Student Aid Administration .....	1,853,943	2,053,943	2,033,943	+180,000	-20,000
<b>HIGHER EDUCATION</b>					
Aid for Institutional Development:					
Strengthening Institutions .....	109,007	209,007	187,413	+78,406	-21,594
Hispanic Serving Institutions .....	148,732	236,732	226,529	+77,797	-10,203
Promoting Post-Baccalaureate Opportunities for Hispanic Americans .....	13,845	28,845	27,106	+13,261	-1,739
Strengthening Historically Black Colleges (HBCUs) .....	337,619	402,619	395,082	+57,463	-7,537
Strengthening Historically Black Graduate Institutions .....	87,313	102,313	100,574	+13,261	-1,739
Strengthening Predominantly Black Institutions .....	14,218	23,218	22,175	+7,957	-1,043

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Item	2021 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2021 appropriation	Budget estimate
Strengthening Asian American and Native American Pacific Islander-Serving Institutions .....	5,120	20,120	18,381	+13,261	-1,739
Strengthening Alaska Native and Native Hawaiian-Serving Institutions .....	19,044	25,044	24,348	+5,304	-696
Strengthening Native American-Serving Nontribal Institutions .....	5,120	12,120	11,308	+6,188	-812
Strengthening Tribal Colleges .....	38,080	53,080	51,341	+13,261	-1,739
Strengthening HBCU Masters programs .....	10,956	20,956	19,797	+8,841	-1,159
Subtotal, Aid for Institutional development .....	789,054	1,134,054	1,084,054	+295,000	-50,000
International Education and Foreign Language:					
Domestic Programs .....	69,353	69,353	74,353	+5,000	+5,000
Overseas Programs .....	8,811	8,811	10,811	+2,000	+2,000
Subtotal, International Education and Foreign Language .....	78,164	78,164	85,164	+7,000	+7,000
Postsecondary Program for Students with Intellectual Disabilities .....	13,800	15,180	15,180	+1,380	.....
Minority Science and Engineering Improvement .....	13,370	18,370	18,370	+5,000	.....
Tribally Controlled Postsec Voc/Tech Institutions .....	10,634	10,634	12,634	+2,000	+2,000
Federal TRIO Programs .....	1,097,000	1,297,761	1,282,761	+185,761	-15,000
GEAR UP .....	368,000	408,000	400,000	+32,000	-8,000
Graduate Assistance in Areas of National Need .....	23,547	23,547	25,547	+2,000	+2,000
Teacher Quality Partnerships .....	52,092	132,092	90,000	+37,908	-42,092
Child Care Access Means Parents in School .....	55,000	95,000	110,000	+55,000	+15,000
Fund for the Improvement of Postsecondary Ed (FIPSE) .....	41,000	76,000	239,665	+198,665	+163,665
Hawkins Centers of Excellence .....	.....	20,000	20,000	+20,000	.....
Total, Higher Education .....	2,541,661	3,308,802	3,383,375	+841,714	+74,573
HOWARD UNIVERSITY					
Academic Program .....	213,288	223,288	223,288	+10,000	.....
Endowment Program .....	3,405	3,405	3,405	.....	.....



Howard University Hospital .....	34,325	34,325	84,325	+ 50,000	+ 50,000
Total, Howard University .....	251,018	261,018	311,018	+ 60,000	+ 50,000
COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM .....					
HISTORICALLY BLACK COLLEGE AND UNIVERSITY (HBCU)					
CAPITAL FINANCING PROGRAM ACCOUNT					
HBCU Federal Administration .....	334	334	334	.....	.....
HBCU Loan Subsidies .....	48,150	20,150	20,150	- 28,000	.....
Total, HBCU Capital Financing Program .....	48,484	20,484	20,484	- 28,000	.....
INSTITUTE OF EDUCATION SCIENCES (IES)					
Research, Development and Dissemination .....	197,877	267,880	267,880	+ 70,003	.....
Statistics .....	111,500	111,500	111,500	.....	.....
Regional Educational Laboratories .....	57,022	57,022	60,022	+ 3,000	+ 3,000
Research in Special Education .....	58,500	58,500	65,000	+ 6,500	+ 6,500
Special Education Studies and Evaluations .....	11,318	21,318	21,318	+ 10,000	.....
Statewide Data Systems .....	33,500	33,500	33,500	.....	.....
Assessment:					
National Assessment .....	165,000	180,000	180,000	+ 15,000	.....
National Assessment Governing Board .....	7,745	7,745	7,745	.....	.....
Subtotal, Assessment .....	172,745	187,745	187,745	+ 15,000	.....
Program Administration .....	.....	.....	67,527	+ 67,527	+ 67,527
Total, Institute of Education Sciences .....	642,462	737,465	814,492	+ 172,030	+ 77,027
DEPARTMENTAL MANAGEMENT					
Program Administration:					
Salaries and Expenses .....	430,000	467,000	406,973	- 23,027	- 60,027
Building Modernization .....	.....	13,000	13,000	+ 13,000	.....
Total, Program administration .....	430,000	480,000	419,973	- 10,027	- 60,027
Office for Civil Rights .....	131,000	144,000	144,000	+ 13,000	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2021 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2022—Continued  
 [In thousands of dollars]

Item	2021 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2021 appropriation	Budget estimate
Office of Inspector General .....	63,000	70,115	70,115	+ 7,115	.....
Total, Departmental management .....	624,000	694,115	634,088	+ 10,088	- 60,027
Total, No Child Left Behind Act .....	(24,972,611)	(45,801,000)	(45,801,000)	( + 20,828,389)	.....
Total, Title III, Department of Education .....	77,211,554	106,542,384	102,128,078	+ 24,916,524	- 4,414,306
Current Year appropriations .....	(54,614,553)	(83,945,383)	(79,531,077)	( + 24,916,524)	( - 4,414,306)
Advance appropriations .....	(22,597,001)	(22,597,001)	(22,597,001)	.....	.....
TITLE IV—RELATED AGENCIES					
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED .....	10,500	12,000	12,000	+ 1,500	.....
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE					
Operating Expenses					
Domestic Volunteer Service Programs:					
Volunteers in Service to America [VISTA] .....	97,364	103,864	103,864	+ 6,500	.....
National Senior Volunteer Corps:					
Foster Grandparents Program .....	118,799	130,914	130,914	+ 12,115	.....
Senior Companion Program .....	52,863	58,518	58,518	+ 5,655	.....
Retired Senior Volunteer Program .....	53,355	55,105	55,105	+ 1,750	.....
Subtotal, Senior Volunteer Corps .....	225,017	244,537	244,537	+ 19,520	.....
Subtotal, Domestic Volunteer Service .....	322,381	348,401	348,401	+ 26,020	.....
National and Community Service Programs:					
AmeriCorps State and National Grants .....	455,096	501,096	480,096	+ 25,000	- 21,000
Innovation, Assistance, and Other Activities .....	9,600	10,100	10,100	+ 500	.....
Evaluation .....	4,000	4,250	4,250	+ 250	.....

National Civilian Community Corps (NCCC)(subtitle E)	33,500	37,735	37,735	4,235	
State Commission Support Grants	18,538	19,538	19,538	+1,000	
Subtotal, National and Community Service	520,734	572,719	551,719	+30,985	-21,000
Total, Operating expenses	843,115	921,120	900,120	+57,005	-21,000
National Service Trust	185,000	191,000	187,000	+2,000	-4,000
Salaries and Expenses	86,487	91,186	91,186	+4,699	
Office of Inspector General	6,500	6,960	6,960	+460	
Total, Corporation for National and Community Service	1,121,102	1,210,266	1,185,266	+64,164	-25,000
<b>CORPORATION FOR PUBLIC BROADCASTING:</b>					
Appropriation available from FY 2020 advance	(445,000)	(465,000)	(465,000)	(+20,000)	
Total, available this fiscal year	445,000	465,000	465,000	+20,000	
Advance appropriation, FY 2024	475,000	475,000	565,000	+90,000	+90,000
Public television interconnection system	20,000	20,000	20,000		
Total Corporation for Public Broadcasting, appropriated in this bill	495,000	495,000	585,000	+90,000	+90,000
FEDERAL MEDIATION AND CONCILIATION SERVICE	48,600	50,000	50,000	+1,400	
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION	17,184	17,539	17,539	+355	
INSTITUTE OF MUSEUM AND LIBRARY SERVICES	257,000	265,000	282,000	+25,000	+17,000
MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION	8,780	9,350	9,350	+570	
MEDICARE PAYMENT ADVISORY COMMISSION	12,905	13,310	13,310	+405	
NATIONAL COUNCIL ON DISABILITY	3,350	3,750	3,750	+400	
NATIONAL LABOR RELATIONS BOARD	274,224	301,925	301,925	+27,701	
NATIONAL MEDIATION BOARD	14,300	14,542	14,542	+242	
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION	13,225	15,028	15,028	+1,803	
<b>RAILROAD RETIREMENT BOARD</b>					
Dual Benefits Payments Account	13,000	11,000	11,000	-2,000	
Less Income Tax Receipts on Dual Benefits	-1,000	-1,000	-1,000		
Subtotal, Dual Benefits	12,000	10,000	10,000	-2,000	
Federal Payments to the Railroad Retirement Accounts	150	150	150		

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2021 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2022—Continued  
 [In thousands of dollars]

Item	2021 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)		
				2021 appropriation	Budget estimate	
Limitation on administrative expenses .....	123,500	125,049	125,049	+ 1,549	.....	
Limitation on the Office of Inspector General .....	11,500	12,650	12,650	+ 1,150	.....	
SOCIAL SECURITY ADMINISTRATION						
Payments to Social Security Trust Funds .....	11,000	11,000	11,000	.....	.....	
Supplemental Security Income Program						
Federal Benefit Payments .....	55,451,434	60,691,142	60,691,142	+ 5,239,708	.....	
Beneficiary Services .....	45,000	205,000	205,000	+ 160,000	.....	
Research and Demonstration .....	86,000	86,000	86,000	.....	.....	
Administration .....	4,476,334	4,828,114	4,740,281	+ 263,947	- 87,833	
Subtotal, available this fiscal year .....	60,058,768	65,810,256	65,722,423	+ 5,663,655	- 87,833	
less appropriations provided from prior year advances .....	- 19,900,000	- 19,600,000	- 19,600,000	+ 300,000	.....	
Subtotal, current year appropriation .....	40,158,768	46,210,256	46,122,423	+ 5,963,655	- 87,833	
Subtotal, Mandatory .....	35,682,434	41,382,142	41,382,142	+ 5,695,708	.....	
Advance appropriations, 1st quarter, FY 2023 .....	19,600,000	15,600,000	15,600,000	- 4,000,000	.....	
Total, SSI program appropriated in this bill .....	59,758,768	61,810,256	61,722,423	+ 1,963,655	- 87,833	
Limitation on Administrative Expenses						
OAS/IDI Trust Funds .....	5,265,484	5,722,597	5,612,806	+ 347,322	- 109,791	
H/SMI Trust Funds .....	2,744,166	3,015,140	2,961,813	+ 217,647	- 53,327	
Social Security Advisory Board .....	2,500	2,700	2,700	+ 200	.....	
SSI .....	3,207,795	3,601,459	3,513,626	+ 305,831	- 87,833	
Subtotal .....	11,219,945	12,341,896	12,090,945	+ 871,000	- 250,951	

User Fees:	135,000	138,000	138,000	+3,000	.....
SSI User Fee activities .....	.....	.....	.....	.....	.....
CBO adjustment .....	1,000	1,000	1,000	.....	.....
SSPA User Fee Activities .....	.....	.....	.....	.....	.....
CBO adjustment .....	-1,000	-1,000	-1,000	+1,000	+1,000
Subtotal, User fees .....	135,000	138,000	139,000	+4,000	+1,000
Subtotal, Limitation on administrative expenses .....	11,354,945	12,479,896	12,229,945	+875,000	-249,951
Program Integrity:					
OASDI Trust Funds	306,461	481,345	481,345	+174,884	.....
SSI .....	1,268,539	1,226,655	1,226,655	-41,884	.....
Subtotal, Program integrity funding .....	1,575,000	1,708,000	1,708,000	+133,000	.....
Base Program Integrity .....	(273,000)	(273,000)	(273,000)	.....	.....
Program Integrity (cap adjustment) .....	(1,302,000)	(1,435,000)	(1,435,000)	(+133,000)	.....
Total, Limitation on Administrative Expenses .....	12,929,945	14,187,896	13,937,945	+1,008,000	-249,951
Total, Limitation on Administrative Expenses (less user fees) .....	12,794,945	14,049,896	13,798,945	+1,004,000	-250,951
Special Benefits for WW II Veterans .....	1,000	1,000	.....	-1,000	-1,000
Office of Inspector General					
Federal Funds .....	30,000	32,000	32,000	+2,000	.....
Trust Funds .....	75,500	80,000	80,000	+4,500	.....
Total, Office of Inspector General .....	105,500	112,000	112,000	+6,500	.....
Adjustment: Trust fund transfers from general revenues .....	-4,476,334	-4,828,114	-4,740,281	-263,947	+87,833
Total, Social Security Administration .....	68,329,879	71,294,038	71,043,087	+2,713,208	-250,951
Federal funds .....	59,935,768	61,992,256	61,904,423	+1,968,655	-87,833
Current year .....	(40,335,768)	(46,392,256)	(46,304,423)	(+5,968,655)	(-87,833)
New advances, 1st quarter, FY 2022 .....	(19,600,000)	(15,600,000)	(15,600,000)	(-4,000,000)	.....
Trust funds .....	8,394,111	9,301,782	9,138,664	+744,553	-163,118
Total, Title IV, Related Agencies .....	70,753,199	73,849,597	73,680,646	+2,927,447	-168,951
Federal Funds .....	62,211,183	64,396,806	64,390,973	+2,179,790	-5,833

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2021 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
FOR FISCAL YEAR 2022—Continued  
[In thousands of dollars]

Item	2021 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2021 appropriation	Budget estimate
Current Year .....	(42,136,183)	(48,321,806)	(48,225,973)	(+ 6,089,790)	(- 95,833)
FY 2022 Advance .....	(19,600,000)	(15,600,000)	(15,600,000)	(- 4,000,000)	.....
FY 2023 Advance .....	(475,000)	(475,000)	(565,000)	(+ 90,000)	(+ 90,000)
Trust Funds .....	8,542,016	9,452,791	9,289,673	+ 747,657	-163,118
<b>TITLE VI—EMERGENCY FUNDING</b>					
AWIU—Emergency .....	925,000	.....	.....	- 925,000	.....
Water and Wastewater (emergency) .....	638,000	.....	.....	- 638,000	.....
Total, Title VI, Emergency Funding .....	1,563,000	.....	.....	- 1,563,000	.....
<b>OTHER APPROPRIATIONS</b>					
EMERGENCY SECURITY SUPPLEMENTAL APPROPRIATIONS ACT, 2021 (PUBLIC LAW 117-31)					
Administration for Children and Families					
Refugees and Entrant Assistance (emergency) .....	25,000	.....	.....	- 25,000	.....
Total, EMERGENCY SECURITY SUPPLEMENTAL APPROPRIATIONS ACT, 2021 (PUBLIC LAW 117-31) .....	25,000	.....	.....	- 25,000	.....
FY2022 EXTENDING FUNDING AND EMERGENCY ASSISTANCE ACT (PUBLIC LAW 117-43)					
DIVISION A—CONTINUING APPROPRIATIONS ACT 2022					
Centers for Disease Control and Prevention					
Vessel Sanitation Program (Sec. 138) .....	.....	.....	1,500	+ 1,500	+ 1,500
Administration for Children and Families					
Refugee and entrant assistance (emergency) .....	.....	.....	2,500,000	+ 2,500,000	+ 2,500,000

DIVISION C—AFGHANISTAN SUPPLEMENTAL APPROPRIATIONS ACT, 2022				
TITLE III				
DEPARTMENT OF HEALTH AND HUMAN SERVICES				
Centers for Disease Control and Prevention				
CDC-Wide Activities and Program Support (emergency) .....		21,500	+21,500	+21,500
Administration for Children and Families				
Refugee and Entrant Assistance (emergency) .....		1,680,000	+1,680,000	+1,680,000
Children and Families Services Programs (emergency) .....		7,773	+7,773	+7,773
Total, Administration for Children and Families .....		1,687,773	+1,687,773	+1,687,773
Total, title III .....		1,709,273	+1,709,273	+1,709,273
Total, FY2022 EXTENDING FUNDING AND EMERGENCY ASSISTANCE ACT (PUBLIC LAW 117-43) .....		4,210,773	+4,210,773	+4,210,773
Total, Other Appropriations .....	25,000	4,210,773	+4,185,773	+4,210,773
Grand Total .....	1,180,349,604	1,352,922,397	+172,572,793	-2,572,175

<sup>1</sup>Sec. 4002 of Public Law 111-148

<sup>2</sup>15th Century CURES Act (Public Law 114-255)