

LHHS FY 25  
AMENDMENT #1  
ADOPTED VV

REP. ADERHOLT #1

FY 25 – LHHS

Manager's Amendment

Labor, Health and Human Services, and Education, and Related Agencies

FY 2025 – Manager's Amendment

**IN THE BILL:**

On page 127, line 20, strike "\$79,000,000" and insert:

\$80,165,000

On page 127, line 22, strike "\$6,000,000" and insert:

\$4,835,000

In the Committee Report, make conforming changes accordingly.

**IN THE REPORT:**

On page 18, before the heading “EMPLOYEE BENEFITS SECURITY ADMINISTRATION”, insert the following as a new paragraph:

*Transition Assistance Program.*—The Department of Labor plays an important role in educating veterans about many of their benefits through the Transition Assistance Program, including providing job assistance training, business ownership courses, financial planning resources, and basic understandings of many other benefits. Despite these efforts, the Committee is concerned with the growing number of veterans and separating service members who are unaware of many of the service-connected benefits that are available to them once they transition back to civilian life. The Committee directs the Department of Labor to include in the fiscal year 2026 congressional justification the estimated cost of modifying the Transition Assistance Program to include a once-a-year workshop for all service members, regardless of their enlistment status.

On page 44, in the table before the paragraph titled “*Infant Toddler Court Teams*”, insert the following items:

Epilepsy	3,642,000	3,642,000
Hereditary Hemorrhagic Telangiectasia	2,000,000	2,000,000

On page 59, before the paragraph titled “*Viral Hepatitis*”, insert the following as a new paragraph:

*Syndemic Approaches to Sexually Transmitted Infections.*—The Committee urges CDC to take syndemic approaches to address HIV, viral hepatitis, sexually transmitted infections, and TB. This approach bolsters collaborative work across disease areas and continues to integrate services to improve efficiency, cost effectiveness, and achieve optimal health outcomes. CDC is encouraged to look across diseases, conditions, communities, and service sites to identify opportunities to integrate delivery of services to the public more efficiently and effectively (e.g., multi-pathogen testing).

On page 73, after the paragraph titled “*Mine Health and Safety*”, insert the following as a new paragraph:

*World Trade Center Health Program.*—The Committee recognizes that thousands of eligible members of the World Trade Center Health Program (WTCHP) reside outside the New York metropolitan area, including Florida, North Carolina, Pennsylvania, and Virginia. In consideration of migration trends, and with a greater need to provide clinical services, in particular monitoring and treatment of WTCHP-certified conditions and improve access to research within regions where eligible members live, the Committee encourages CDC to include an assessment in the fiscal year 2026 congressional justification on the value and impact on sustainability of the program in establishing an additional Clinical Center of Excellence outside the New York metropolitan area.

On page 154, at the end of the paragraph titled “*Rural Hospital Closures*”, insert the following sentence:

The Committee requests a report within one year of the date of enactment of this Act identifying strategies for strengthening reimbursements for rural hospitals that are too large to be a Critical Access Hospital, serve populations with high utilization of Medicare and Medicaid, and are the sole or primary provider of healthcare services in the community.

On page 194, before the paragraph titled “*Smoking Cessation*”, insert the following as a new paragraph:

*Sickle Cell Trait.*—Sickle Cell Trait (SCT) status is currently identified at birth through universal newborn screening (NBS) in all 50 States, the District of Columbia, and U.S. territories. Based on screening results, about 1 in 13 Black or African American babies is born with SCT. Despite the effectiveness of NBS, there are no standards for States’ short- and long-term follow-up practices regarding screening results for those identified as carriers. To address these challenges and leverage the existing newborn screening data, the Committee encourages the Office of the Secretary to work with relevant federal agencies, including the CDC and the Office of the National Coordinator for Health Information Technology, and States to standardize methods to determine and communicate to adults their sickle cell trait status, especially among the Black or African American community. This should include the communication of NBS data that is positive for SCT to individuals to make them aware of their status as carriers of the trait and ensure access to needed support and services. HHS should engage HRSA, other relevant agencies, and external stakeholders to develop and implement a provider education program on sickle cell trait.

On page 233, before the paragraph titled “*Postsecondary Student Success Grants*”, insert the following as a new paragraph:

*Mapping Articulated Pathways.*—Individuals eligible to attend college, such as veterans and tradespeople with significant but academically unrecognized prior learning coursework, can be proactively credentialed, eliminating tuition costs for those credits and shortening the matriculation to graduation process. A comprehensive Credit-for-Prior-Learning (CPL) system suitable for nationwide application should be available at no cost to students and include: (1) a robust, reliable, and scalable technology platform; (2) demonstrated training for a variety of receiving/deploying institutions; (3) cultural support for faculty who authorize CPL within their institutions; (4) support for local institutions to evaluate, document, and share non-college certifications and training for CPL; and (5) a public dashboard of all available CPL for all approved occupations, certifications, and military training at each institution. In order to prepare for broader application, the Committee directs the Department to work in partnership with community colleges on a possible expansion of the Mapping Articulated Pathways initiative and report back to the Committee within 180 days of enactment of this Act.

LHHS FY25  
AMENDMENT #2  
NOT ADOPTED  
26-31

Rep. Rosa DeLauro  
FY25 - Labor, HHS, Education  
Amendment #1

AMENDMENT TO LABOR, HHS, EDUCATION  
APPROPRIATIONS BILL, FISCAL YEAR 2025  
OFFERED BY MS. DELAURO OF CONNECTICUT

**In the Bill:**

Page 126, line 12, after the dollar amount, insert “(increased by \$3,780,312,000)”.

Page 126, line 13, after the dollar amount, insert “(increased by \$3,780,312,000)”.

Page 126, line 18, after the dollar amount, insert “(increased by \$2,845,312,000)”.

Page 127, line 2, after the dollar amount, insert “(increased by \$467,500,000)”.

Page 127, line 4, after the dollar amount, insert “(increased by \$467,500,000)”.

Page 127, line 8, strike “: *Provided further*” and all that follows through “hereby rescinded” on line 11.

LHHS FY 25  
2d DEGREE  
TO AMENDMENT #3  
(ADERHOLT ENBLOC)  
NOT ADOPTED  
26-33

Rep. Frankel #2

FY25—Labor, HHS, Education

Amendment to Amendment #2 Offered by Mr. Aderholt of Alabama to  
the Labor, HHS, and Education, and Related Agencies Appropriations  
Bill

Offered by Ms. Frankel of Florida

On page 4 of the amendment, strike the first instance of “On page 131” and all that follows through “\$10,000,000).”.

LHHS FY25  
AMENDMENT #3  
ADOPTED  
33-24

REP. ADERHOLT #2  
FY 2025 – LHHS  
Republican en bloc

Labor, Health and Human Services, and Education, and Related Agencies  
FY 2025 – Republican en bloc

**IN THE BILL:**

On page 65, line 23, strike "\$10,000" and insert:

\$5,000

On page 70, line 25, strike "\$10,000" and insert:

\$5,000

On page 98, line 16, strike "\$50,000" and insert:

\$25,000

At the end of Title II, before the short title, insert the following (and conform the Committee Report accordingly):

SEC. \_\_\_\_ . Title II of the Public Health Service Act (42 U.S.C. 202 et seq.) is amended by inserting after section 245 the following:



**“SEC. 245A. CIVIL ACTION FOR CERTAIN VIOLATIONS.**

“(a) IN GENERAL.—A qualified party may, in a civil action, obtain appropriate relief with regard to a designated violation.

“(b) DEFINITIONS.—For purposes of this section:

“(1) DESIGNATED VIOLATION.—The term ‘designated violation’ means an actual or threatened violation of—

“(A) section 507(d) of the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2025 (or any subsequent substantially similar provision); or

“(B) any funding condition imposed by the Federal Government pursuant to such section 507(d) (or such provision).

“(2) QUALIFIED PARTY.—The term ‘qualified party’ means—

“(A) the Attorney General of the United States;

“(B) any attorney general of a State; or

“(C) any person or entity adversely affected by the designated violation without regard to whether such person or entity is a health care provider.

“(3) STATE GOVERNMENTAL ENTITY.—The term ‘State governmental entity’ means a State, a

local government within a State, and any agency or other governmental unit or subdivision of a State, or of such a local government.

“(c) ADMINISTRATIVE REMEDIES NOT REQUIRED.—An action under this section may be commenced, and relief may be granted, without regard to whether the party commencing the action has sought or exhausted any available administrative remedies.

“(d) DEFENDANTS.—An action under this section may be maintained against a Federal agency committing a designated violation described in subsection (b)(1)(A) or any recipient or subrecipient of Federal assistance committing a designated violation described in subsection (b)(1)(B), including a State governmental entity.

“(e) NATURE OF RELIEF.—In an action under this section, the court shall grant—

“(1) all appropriate relief, including injunctive relief, declaratory relief, and compensatory damages to prevent the occurrence, continuance, or repetition of the designated violation and to compensate for losses resulting from the designated violation; and

“(2) to a prevailing plaintiff, reasonable attorneys’ fees and litigation costs.

Relief in an action under this section may include money damages even if the defendant is a governmental entity.

“(f) ABROGATION OF STATE IMMUNITY.—No State or governmental official that commits a designated viola-

tion shall be immune under the Tenth Amendment to the Constitution of the United States, the Eleventh Amendment to the Constitution of the United States, or any other source of law, from an action under subsection (a).”.

SEC. \_\_\_\_ . None of the funds made available by this Act may be used to administer, implement, or enforce the final rule entitled “Improving Child Care Access, Affordability, and Stability in the Child Care and Development Fund (CCDF)”, (89 Fed. Reg. 15366 (effective April 30, 2024)) insofar as such rule makes changes relating to sections 98.16(z) and 98.30(b)(1) of title 45, Code of Federal Regulations.

On page 131, line 5, strike “\$882,000,000” and insert:

\$892,000,000

On page 131, line 8, strike “\$620,000,000” and insert:

\$630,000,000

On page 144, line 25, strike “\$140,000,000” and insert:

\$130,000,000

In the Committee Report, make conforming changes accordingly (including an increase in funding for Charter School Grants by \$10,000,000).

On page 156, line 10, strike "\$2,500" and insert:

\$1,250

On page 172, line 17, strike "\$28,000" and insert:

\$14,000

On page 172, line 18, strike "\$20,000" and insert:

\$10,000

At the end of the bill, before SPENDING REDUCTION ACCOUNT, insert the following (and conform the Committee Report accordingly):

SEC. \_\_\_\_ . RETURN TO WORK.—Excessive abuse of telework across the Federal government must end. For the average American showing up to work every day is a fact of life; they deserve a government that reflects that reality. Approvals for remote work should be made on an individual case by case basis and done only to serve the best interests of the program and the American public. Each agency funded under this Act shall provide to the Committees on Appropriations of the House of Representatives and the Senate within 60 days of enactment of this Act a report detailing the number of full-time employees by subcomponent who are receiving the Washington D.C. area locality pay but have not reported to an in-person office in the D.C. area more than one day a week for the past year. Each agency funded under this Act shall quarterly thereafter provide updates to the Committees on its efforts to bring Federal employees back to the workplace to fulfill the mission of serving the American public.

## **IN THE REPORT:**

On page 8, before the paragraph titled “*Competitive Grantmaking Transparency*”, insert the following as a new paragraph:

*Anonymous Workforce Development Talent Portals.*—The Committee directs ETA to publicly release a report within 180 days of enactment of this Act addressing the availability and effectiveness of existing candidate screening technologies to accelerate a return to work for dislocated workers including those that use candidate matching algorithms to match candidates based off career desires and cultural fit metrics using artificial intelligence to lower barriers to employment with a special focus on disadvantaged and underserved communities. The Committee further directs that such report include recommendations regarding how to make these technologies more widely available to Department partners.

On page 16, before the paragraph titled “*U.S. Defense Industrial Base*”, insert the following as a new paragraph:

*Improved Processing of Permanent Labor Certifications and Prevailing Wage Determinations.*—The Committee encourages DOL to ensure immediate processing of Permanent Labor Certification Applications filed through the Program Electronic Review Management process. Historically, processing took less than six months, but currently takes well over a year. The Committee further encourages DOL to use existing authority and resources, such as automating the self-attestation process to speedily approve submissions while flagging potential bad actors for further investigation, to reduce the processing backlog.

On page 78, before the paragraph titled “*Traumatic Brain Injury Data*”, insert the following as a new paragraph:

*Sexual and Domestic Violence Prevention.*—The Committee provides \$10,000,000 to continue support for technical assistance to sexual and domestic violence prevention coalitions and organizations committed to breaking the cycle of interpersonal violence. The Committee encourages CDC to use this funding to ensure that organizations and coalitions responding to the needs of survivors of interpersonal violence have access to the variety of federal programs that provide support for a continuum of services such as education and prevention initiatives, medical exams, forensic interviews, family advocacy, linkages to care, and job training. The Committee encourages the development of a continuum of services in order to better help move survivors from crisis to sustainability.

On page 145, at the end of the paragraph titled “*Certified Registered Nurse Anesthetists*”, insert the following:

The Committee requests a briefing on how expanding the anesthesia rural pass-through program to include all types of anesthesia providers could help mitigate the health workforce shortage in low patient volume rural hospitals and the resulting delays in patient care.

On page 150, before the paragraph titled “*Money Follows the Person Demonstration Grant*”, insert the following as a new paragraph:

*Minimum Staffing Requirements in Rural Areas.*—The Committee recognizes that rural areas are disproportionately impacted by health workforce shortages. The Committee is concerned that a one-size-fits-all staffing mandate is unrealistic in many areas due to the lack of qualified workers available and that such a mandate could significantly harm the health care continuum. The Committee urges CMS to reconsider this rulemaking, to consider the impact minimum staffing policies have on rural facilities that may be unable to hire the necessary staff, and to consider the impact of these policies on access to care for seniors.

On page 195, before the paragraph titled “*Suspension and Debarment*”, insert the following as a new paragraph:

*Support for New Hospitals.*—The Committee understands HHS assured acute care hospitals that opened in 2019 and 2020 and impacted financially by the COVID pandemic, that although they were eligible for no or very little Provider Relief Funding in phases 1, 2, or 3, their concerns would be addressed in phase 4. In addition, the Committee notes legacy hospitals eligible for Provider Relief Fund (PRF) payment in phases 1, 2, and 3 received up to 88 percent of lost annual revenues, while phase 4 funding provided to new acute care hospitals resulted in between 0.5 percent and 1 percent of their annual financial losses, far less than many of these hospitals anticipated based on prior expectations. The Committee strongly encourages HHS to explore what opportunities may be available to address the underpayments to these acute care hospitals, particularly those that are not owned by other hospitals or are part of hospital systems, and operated emergency rooms at any time during the COVID Public Health Emergency.

On page 213, before the heading “*Rural Education*”, insert the following as a new paragraph:

*Protecting Hunting Heritage.*—The Committee notes passage of the Protecting Hunting Heritage and Education Act (P.L. 118-17), which authorizes the use of funds for archery, hunting, or other shooting sports.

On page 216, before the paragraph titled “*Student Mental Health Grants*”, insert the following sentence at the end of the preceding paragraph:

The Committee encourages the Department to prioritize grant applications from under resourced schools with a demonstrated need as part of the new competitive grant program.

On page 216, strike the last two sentences in the paragraph under the heading “*Full Service Community Schools*” and insert the following at the end of the paragraph:

The Full-Service Community Schools program provides support for the planning, implementation, and operation of full-service community schools that improve the integration, accessibility, and effectiveness of services for children and families, particularly for children attending high-poverty schools, including high-poverty rural schools. The Committee appreciates the potential of these Federal investments to improve student outcomes and school performance. However, the Committee is concerned that the program is not adequately supporting projects that meet program criteria in high-poverty rural areas. Additionally, the Department is awarding multiple awards to some entities while other entities with qualifying projects are being overlooked. Therefore, the Department is urged to prioritize the equitable distribution of awards to include high-poverty rural areas, and to limit granting multiple awards to entities in a given fiscal year when qualifying projects exist without awards in that year.

On page 235, before the paragraph titled “*Public Service Loan Forgiveness*”, insert the following as a new paragraph:

*Consolidation Loans.*—The Committee is concerned that the Department of Education does not have adequate processes and safeguards in place to ensure it is upholding the statutory and regulatory requirements regarding the consolidation of Federal Family Education Loan (FFEL) Consolidation Loans into the Direct Loan program under the HEA. HEA permits borrowers who consolidated their loans into a single Consolidation Loan to receive a subsequent consolidation loan only in specified circumstances. The Department is directed to provide to the Committee within 60 days of enactment of this Act a report detailing the processes and safeguards in place to ensure that FFEL Consolidation Loans are consolidated into the Direct Loan program for a legally permitted purpose.



LHHS FY 25  
AMENDMENT # 4  
WITHDRAWN

Rep. Steny Hoyer  
FY25 – Labor, HHS, Education  
Amendment #1

**AMENDMENT TO LABOR, HHS, EDUCATION  
APPROPRIATIONS BILL, FISCAL YEAR 2025  
OFFERED BY MR. HOYER OF MARYLAND**

**In the Bill:**

Page 70, line 14, strike “: *Provided*” and everything that follows through “September 30, 2027” on page 70, line 16.

Page 73, line 1, insert the following:

**ADVANCED RESEARCH PROJECTS AGENCY FOR HEALTH**

For carrying out section 301 and part J of title IV of the PHS Act with respect to advanced research projects for health, \$1,500,000,000, to remain available through September 30, 2027.

**In the Report:**

Page 80, strike the following paragraph:

“In coordination with the Committee on Energy and Commerce of the House of Representatives, the Committee proposes a reorganization of the National Institutes of Health for the 21st century. The foundational biomedical science pioneered by NIH does not need to be spread across 27 various institutes and centers; doing so creates duplication, the potential for unrecognized gaps, and added administrative costs. The U.S. has been the world pioneer in basic science and biomedical research, and as China continues to increase its spending in this area, it is imperative the U.S. maintain its innovative edge. Maintaining this advantage builds the nation’s economic base and preserves national security interests. As the threat from foreign nations increases, it is time Congress recognized that a reorganization of the NIH is needed to ensure the nation continues to be a leader in innovation. Several of the proposed changes to the institutes have been requested by prior Administrations in budget requests or recommended by scientific bodies. The new structure seeks to encourage a holistic life stage approach to all research, with the goal of eliminating the demographic- or disease- specific siloed nature of the current structure and ensure each institute or center is considering the whole individual and all populations across the entire lifespan. The science of today is not accomplished in a silo. The nation’s premier research institution should not be structured as such either.”

LHHS FY 25  
AMENDMENT #5  
A DUTED VV

Rep. Andrew Clyde  
FY25 – LHHS  
Amendment #1

**Barring HHS from placing UACs with illegal alien sponsors.**

At the end of title II before the short title, insert the following:

Sec. \_\_. None of the funds appropriated or otherwise made available by this Act may be used to place an unaccompanied alien child with an alien sponsor who has not been admitted as defined in paragraph (13) of section 101(a) of the Immigration and Nationality Act (8 U.S.C. 1101(a) or who is deportable under section 237(a) of such Act.

LHHS FY25  
AMENDMENT #6  
ADOPTED  
32-24

Rep. Andrew Clyde  
FY25 – LHHS  
Amendment #2

**Preventing anti-gun activism by the CDC and NIH**

At the end of title II before the short title, insert the following:

Sec. \_\_\_\_ . None of the funds in this Act shall be used for the Centers for Disease Control and Prevention and National Institutes of Health to fund or carry out any research relating to gunshot injury or mortality prevention that treats crimes committed with a firearm as a public health epidemic, including advocating, promoting, or studying firearm-related restrictions or policies; firearm disenfranchisement, bans, confiscation, or registration, or other gun control measures; and any other restriction on firearms: *Provided*, That nothing shall prevent the Centers for Disease Control and Prevention and the National Institutes of Health from carrying out research on medical procedures, practices, treatments, medicines, and therapies related to gunshot injuries and recovery.

LHHS FY25  
AMENDMENT #7  
NOT ADOPTED  
24-32

Rep. Barbara Lee  
FY25 – Labor, HHS, Education  
Amendment #1

**AMENDMENT TO LABOR, HHS, EDUCATION  
APPROPRIATIONS BILL, FISCAL YEAR 2025  
OFFERED BY MS. LEE OF CALIFORNIA**

Strike sections 238, 239, 240, 241, 242, and 243.

LHHS FY 25  
AMENDMENT #8  
NOT ADOPTED  
23-33

Rep. Mark Pocan  
FY25 – Labor, HHS, Education  
Amendment #1

**AMENDMENT TO LABOR, HHS, EDUCATION  
APPROPRIATIONS BILL, FISCAL YEAR 2025  
OFFERED BY MR. POCAN OF WISCONSIN**

Strike sections 118, 119, 120, 121, 122, 123, 124, 237, 244, 245, 246, 247, 248, 249, 250, 252, 253, 254, 255, 312, 313, 314, 315, 410, 529, 530, 531, 532, 533, 534, 535, and 536 of this Act.

LHHS FY25  
2D DEGREE (HINSON)  
TO AMENDMENT #9 (FRANKEL)  
ADOPTED 36-19, 1 PRESENT

Rep. Hinson  
FY25 – LHHS  
Second Degree Amendment to Frankel

AMENDMENT IN THE SECOND DEGREE OFFERED BY MS. HINSON OF IOWA  
TO THE AMENDMENT OFFERED BY MS. FRANKEL OF FLORIDA

**Strike:**

INJURY PREVENTION AND CONTROL

For carrying out titles II, III, and XVII of the PHS Act with respect to injury prevention and control, \$40,000,000.

Page 94, line 22, after the first dollar amount, insert “(decreased by \$40,000,000)”.

Page 95, line 2, after the dollar amount, insert “(decreased by \$40,000,000)”.

**And replace with the following:**

INJURY PREVENTION AND CONTROL

For carrying out title III of the PHS Act with respect to rape prevention and education, and domestic violence and sexual violence prevention, \$40,000,000.

Page 66, line 13, after the dollar amount, insert “(decreased by \$40,000,000)”.

And amend the report accordingly.

LHHS FY25

AMENDMENT #9, AS AMENDED  
ADOPTED VV

Rep. Lois Frankel  
FY25— LHHS  
Amendment #1

**AMENDMENT TO LABOR, HHS, EDUCATION  
APPROPRIATIONS BILL, FISCAL YEAR 2025  
OFFERED BY MS. FRANKEL OF FLORIDA**

**In the Bill:**

Page 62, line 18, insert the following:

INJURY PREVENTION AND CONTROL

For carrying out titles II, III, and XVII of the PHS Act with respect to injury prevention and control, \$40,000,000.

Page 94, line 22, after the first dollar amount, insert “(decreased by \$40,000,000)”.

Page 95, line 2, after the dollar amount, insert “(decreased by \$40,000,000)”.

**In the Report:**

Page 72, before the heading “National Institute for Occupational Safety and Health”, insert the following new paragraph:

*Rape Prevention.*—The Committee includes \$40,000,000 to support rape prevention and education programs.

LHHS FY 25  
AMENDMENT #10  
NOT ADOPTED  
23-31

Rep. Dutch Ruppertsberger  
FY25 – Labor, HHS, Education  
Amendment #1

**AMENDMENT TO LABOR, HHS, EDUCATION**

**APPROPRIATIONS BILL, FISCAL YEAR 2025**

**OFFERED BY MR. RUPPERSBERGER OF MARYLAND**

Page 166, line 17, after the dollar amount, insert “(increased by \$453,000,000)”.



LHHS FY25  
AMENDMENT #11  
WITHDRAWN

Rep. Debbie Wasserman Schultz  
FY25 – LHSED  
Amendment #1

## AMENDMENT TO RESTORE TOBACCO PREVENTION FUNDING

### In the Bill:

Page 61, line 23, after the dollar amount, insert “(increased by \$246,500,000)”.

### In the Report:

Page 66, before the paragraph titled “Vison and Eye Health”, insert the following new paragraph:

Tobacco.—The Committee includes \$246,500,000, the same as the fiscal year 2024 enacted level, so that CDC and States can respond to the public health threat caused by youth use of e-cigarettes and other tobacco products, continue evidence-based efforts to reduce tobacco use among disparate populations and in areas with high tobacco use rates and tobacco-related mortality, and support the Tips from Former Smokers media campaign.

LHHS FY 25  
AMENDMENT # 12  
ADOPTED VV

Rep. Jerry Carl  
FY 25 – Labor, HHS, Education  
Amendment #1

**AMENDMENT TO LABOR, HHS, EDUCATION  
APPROPRIATIONS BILL, FISCAL YEAR 2025  
OFFERED BY MR. CARL OF ALABAMA**

**In the Bill:**

On page 40, line 14, insert “hereafter” after “shall be applied”.

LHHS FY 25  
AMENDMENT #13  
NOT ADOPTED  
25-31

Rep. Barbara Lee  
FY25 – Labor-HHS-Ed  
Amendment #2

**AMENDMENT TO LABOR, HEALTH AND HUMAN SERVICES,  
EDUCATION, AND RELATED AGENCIES APPROPRIATIONS BILL  
OFFERED BY MS. LEE OF CALIFORNIA**

In the report:

Page 197, strike:

*“Office of Climate Change and Health Equity*

No funds are provided for the Office of Climate Change and Health Equity.”