

DIVISION H—DEPARTMENTS OF LABOR, HEALTH AND HUMAN
SERVICES, AND EDUCATION, AND RELATED AGENCIES
APPROPRIATIONS ACT, 2021

The explanatory statement accompanying this division is approved and indicates Congressional intent. Unless otherwise noted, the language set forth in House Report 116–450 carries the same weight as language included in this explanatory statement and should be complied with unless specifically addressed to the contrary in this explanatory statement. While some language is repeated for emphasis, it is not intended to negate the language referred to above unless expressly provided herein.

In providing the operating plan required by section 516 of this Act, the departments and agencies funded in this Act are directed to include all programs, projects, and activities, including those in House Report 116–450 and this explanatory statement accompanying this Act. All such programs, projects, and activities are subject to the provisions of this Act.

In cases where House Report 116–450 or this explanatory statement directs the submission of a report, that report is to be submitted to the Committees on Appropriations of the House of Representatives and the Senate. Where this explanatory statement refers to the Committees or the Committees on Appropriations, unless otherwise noted, this reference is to the House of Representatives Subcommittee on Labor, Health and Human Services, Education, and Related Agencies and the Senate Subcommittee on Labor, Health and Human Services, Education, and Related Agencies.

Each department and agency funded in this Act shall follow the directions set forth in this Act and the accompanying explanatory statement and shall not reallocate resources or reorganize activities except as provided herein. Funds for individual programs and activities are displayed in the detailed table at the end of the explanatory statement accompanying this Act. Funding levels that are not displayed in the detailed table are identified within this explanatory statement. Any action to eliminate or consolidate programs, projects, and activities should be pursued through a proposal in the President's Budget so it can be considered by the Committees on Appropriations.

Congressional Reports.—Each department and agency is directed to provide the Committees on Appropriations, within 30 days from the date of enactment of this Act and quarterly thereafter, a summary describing each requested report to the Committees on Appropriations along with its status.

TITLE I
DEPARTMENT OF LABOR
EMPLOYMENT AND TRAINING ADMINISTRATION (ETA)
TRAINING AND EMPLOYMENT SERVICES

Dislocated Worker National Reserve

Career Pathways for Youth Grants.—The agreement continues to provide \$10,000,000 for this activity as described under this heading in House Report 116-450.

Strengthening Community College Training Grants (SCCTG).—The agreement provides \$45,000,000 for the SCCTG program and directs the Department to follow all requirements for the program as described under this heading in the explanatory statement accompanying the Further Consolidated Appropriations Act, 2020 (Public Law 116-94) and House Report 116-450, except that the 120 day requirement for the solicitation shall not apply.

Workforce Opportunity for Rural Communities.—The agreement provides \$35,000,000 to continue this program in the Appalachian and Delta regions. The Department is strongly encouraged to develop the funding opportunity announcement and make grant awards in concordance with the Appalachian Regional Commission and the Delta Regional Authority. The Department is directed to ensure equal allocation of funds to the Appalachian and Delta regions and broad geographic distribution of funds within these regions, and awards should not exceed \$1,500,000 per award.

Apprenticeship Grant Program

The agreement provides \$185,000,000 to support registered apprenticeships and includes new bill language ensuring that equity intermediaries and business and labor industry intermediaries continue to remain eligible for funding under the program.

The agreement notes that funding under this program should be prioritized to support State, regional, and local apprenticeship efforts, as well as efforts by intermediaries, to expand registered apprenticeships into new industries and for underserved or underrepresented populations.

The agreement directs the Department to provide quarterly briefings on all spending activities under this program to the Committees, and to comply with reporting directives in House Report 116-450, including a detailed spend plan within 90 days of enactment of this Act.

JOB CORPS

Job Corps.—In addition to the directives included in House Report 116-450, the agreement encourages the Department to ensure sufficient training opportunities and slots are available in regions where a Job Corps Center has closed or remained inactive due to damage caused by a natural disaster. The Department is expected to continue to comply with the directives under the heading “Job Corps” in Senate Report 115-289.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Unemployment Insurance Compensation

National Activities.—The agreement provides an increase of \$6,000,000 to help modernize the Unemployment Insurance (UI) Interstate Connection Network hub and support States in administering the UI program.

UI Integrity Center of Excellence (UIICE).—The agreement provides \$9,000,000 for the continued support of UIICE, including \$6,000,000 for the benefit of States to the entity operating the UIICE.

Employment Service

National Activities.—The agreement provides \$2,500,000 and new bill language to reduce the processing backlog for the work opportunity tax credit program and for assisting States in adopting or modernizing information technology for processing of certification requests, which may include training and technical assistance to States.

Foreign Labor Certification

The agreement urges the Department to provide careful oversight and transparency related to the timely processing of visa applications for temporary employment certifications.

PROGRAM ADMINISTRATION

Open Data Formats.—The Department is encouraged to require any information publicly disclosed related to occupational and professional licenses and certifications, as well as credentials and competencies earned through apprenticeships, whether directly or through contracts, be published using an open source description language that is designed to allow for public search and comparison of such data, including any such data on credentials and competencies.

Such information may be published through open data formats such as the credential transparency description language specifications or a substantially similar approach. The Department is further encouraged to submit a report to the Committees within 120 days of enactment of this Act, outlining a plan for providing such data, including any challenges, barriers to implementation, as well as anticipated costs.

Outlying Areas.—The agreement notes the unique challenges associated with administering Workforce Innovation and Opportunity Act (WIOA) grants for outlying areas. The agreement encourages the Department to provide technical assistance to the outlying areas to address these challenges, and the agreement directs the Department to provide a briefing to the Committees, within 120 days of enactment of this Act, on how the Department intends to provide greater assistance to the outlying areas in administering WIOA grants.

EMPLOYEE BENEFITS SECURITY ADMINISTRATION (EBSA)

The agreement requests a report not later than 1 year after enactment of this Act assessing the impact of the rule (85 FR 31884) 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 agreement encourages EBSA, in consultation with the Centers for Medicare and Medicaid Services, to issue regular guidance to ensure compliance with the Mental Health Parity and Addiction Equity Act.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)

The agreement continues to provide no less than \$3,500,000 for the Voluntary Protection Program (VPP). In the fiscal year 2022 Congressional Justification, OSHA is directed to include annual expenditures on VPP for each year since fiscal year 2015 as well as proposed expenditures in fiscal year 2022.

MINE SAFETY AND HEALTH ADMINISTRATION (MSHA)

Inspector Training.—It is imperative that all inspectors receive proper, new and ongoing training needed to effectively conduct their work. MSHA is directed to report to the Committees on Appropriations within 120 days of enactment of this Act on its plan to ensure inspectors receive initial and other training needed to perform their job consistent with MSHA policies and procedures.

Redistricting.—There is concern that information about redistricting did not reach some affected operators until after the changes had occurred, which created confusion, frustration, and put miners at risk. MSHA is directed to report to the Committees on Appropriations within 60 days of the enactment of this Act on the steps to communicate future redistricting changes with Congress and the regulated community. To the extent practicable, the agreement urges MSHA to provide advance notification to the Committees on Appropriations of redistricting changes.

BUREAU OF LABOR STATISTICS (BLS)

The agreement is supportive of the BLS work plan and directives included in House Report 116-450. The agreement includes \$13,000,000 to complete the relocation of the BLS headquarters, which was initiated in fiscal year 2020. The report requested in House Report 116-450 regarding the relocation of the BLS headquarters shall also be submitted to all committees of jurisdiction.

DEPARTMENTAL MANAGEMENT

Federal Law Enforcement.—The agreement notes that the explanatory statement accompanying the Commerce, Justice, Science, and Related Agencies Appropriations Act, 2021 directs the Attorney General to ensure implementation of evidence-based training programs on de-escalation and the use-of-force, as well as on police-community relations, that are broadly applicable and scalable to all Federal law enforcement agencies. The agreement further notes that several agencies funded by this Act employ Federal law enforcement officers and are Federal Law Enforcement Training Centers partner organizations. The agreement directs such agencies to consult with the Attorney General regarding the implementation of these programs for their law enforcement officers. The agreement further directs such agencies to brief the Committees on Appropriations on their efforts relating to such implementation no later than 90 days after consultation with the Attorney General. In addition, the agreement directs such agencies, to the extent that they are not already participating, to consult with the Attorney General and the Director of the FBI regarding participation in the National Use-of-Force Data Collection. The agreement further directs such agencies to brief the Committees on Appropriations, no later than 90 days after enactment of this Act, on their current efforts to so participate.

Forced Labor.—The agreement requests a briefing on the Department’s participation in interagency efforts to combat forced labor, including any work with the Department of Homeland Security, Department of Justice, and Department of State. The Department shall brief the Committees on Appropriations within 180 days of enactment of this Act.

IT MODERNIZATION

The agreement requests a briefing on the activities described under this heading in Senate Report 115-289 within 180 days of enactment of this Act.

GENERAL PROVISIONS

The agreement includes a technical modification related to evaluations.

The agreement modifies a provision related to H-1B fees.

The agreement includes a new provision related to the Jobs for Veterans State Grants program.

The agreement includes a new provision related to the average weekly insured unemployment.

TITLE II

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

PRIMARY HEALTH CARE

Ending the HIV Epidemic.—The agreement includes \$102,250,000 within the Health Centers program for the Ending the HIV Epidemic Initiative.

HRSA Strategy to Address Intimate Partner Violence and Project Catalyst.—The agreement includes no less than \$1,500,000 for the HRSA Strategy to Address Intimate Partner Violence as described in House Report 116-450.

Native Hawaiian Health Care.—The agreement includes no less than \$20,500,000 for the Native Hawaiian Health Care Program.

School-Based Health Centers.—The agreement includes an increase of \$5,000,000 for school-based health centers funded under Section 330 of the Public Health Service (PHS) Act, as described in House Report 116-450.

Technical Assistance.—The agreement includes funds to enhance technical assistance and training activities, as described in Senate Report 115-289, and also provides \$1,500,000 for technical assistance grants in States with a disproportionate share of new HIV diagnoses in rural areas.

HEALTH WORKFORCE

Midwife Training.—Within the total funding for Scholarships for Disadvantaged Students, the agreement includes \$2,500,000 to educate midwives to address the national shortage of maternity care providers and the lack of diversity in the maternity care workforce.

Area Health Education Centers (AHEC).—The agreement includes a \$2,000,000 increase for new competitive grants to expand experiential learning opportunities through simulation labs designed to educate and train healthcare

professionals serving rural, medically underserved communities, that shall include as an allowable use the purchase of simulation training equipment. HRSA is directed to consider and prioritize projects from AHEC recipients with a history of successfully graduating and placing graduates in rural, medically underserved communities.

Graduate Psychology Education (GPE).—Within the total for Mental and Behavioral Health, the agreement includes \$19,000,000 for GPE.

Peer Support.—Within the total for Behavioral Health Workforce Education and Training (BHWET), the agreement includes no less than \$13,000,000 for community-based experiential training for students preparing to become peer support specialists and other types of behavioral health-related paraprofessionals, as described in House Report 116-450.

Mental and Substance Use Disorder Workforce Training Demonstration.—Within the total for BHWET, the agreement includes \$29,700,000 for the Mental and Substance Use Disorder Workforce Training Demonstration program. Within this total, the agreement includes an additional \$3,000,000 for new grants to expand the number of nurse practitioners, physician assistants, health service psychologists, and social workers trained to provide mental and substance use disorder services in underserved community-based settings that integrate primary care and mental and substance use disorder services, which may include establishing, maintaining, or improving academic units or programs to support those activities, as authorized under section 760 of the PHS Act.

Loan Repayment Program for Substance Use Disorder Treatment Workforce.—Within the total for BHWET, the agreement includes \$16,000,000 for this program.

Nurse Practitioner Optional Fellowship Program.—The agreement provides \$5,000,000 for this program, as described in House Report 116-450.

Nurse Education, Practice, Quality and Retention.—The agreement includes an

increase of \$3,000,000 for new competitive grants to expand experiential learning opportunities that shall include as an allowable use the purchase of simulation training equipment. HRSA shall give priority to grantees located in a medically-underserved area in a State with an age-adjusted high burden of stroke, heart disease, and obesity, and HRSA is encouraged to prioritize submissions that support high poverty rate communities.

Nursing Workforce Diversity.—The agreement includes \$2,500,000 for the Eldercare Enhancement program, started in fiscal year 2020, as described under this heading in the explanatory statement accompanying the Consolidated Appropriations Act, 2020 (Public Law 116-94).

Pain Therapeutics and Opioid Training.—The agreement supports training on best practices for health care providers and trainees in opioid prescribing, pain management, screening, and linkage to care for individuals with substance use disorder.

Alzheimer's Providers.—The agreement directs HRSA, in consultation with the Assistant Secretary for Planning and Evaluation, to provide a report to the Committees on Appropriations on the current capacity of the Nation's dementia specialists not later than 15 months after enactment of this Act. The report should assess provider shortages and screening capacity, identify barriers for early detection of Alzheimer's and adequate access to care, and provide recommendations to address any provider shortages and streamline the patient's Alzheimer's diagnostic pathway.

MATERNAL AND CHILD HEALTH

Maternal and Child Health Block Grant Special Projects of Regional and National Significance (SPRANS)

Adverse Childhood Experiences.—The agreement includes \$1,000,000 for a study focused on the implementation of screening protocols and evidence-based interventions for individuals who have experienced adverse childhood experiences, as described in House Report 116-450.

Alliance for Maternal Health Safety Bundles.—The agreement includes \$9,000,000 for this activity, as described in House Report 116-450.

Children's Health and Development.—The agreement provides \$3,500,000 within SPRANS for another year of funding for the study focused on improving child health through a statewide system of early childhood developmental screenings and interventions.

Infant-Toddler Court Teams.—The agreement provides level funding within SPRANS for Infant-Toddler Court Teams.

Maternal Mental Health Hotline.—The agreement includes \$3,000,000 for this activity, as described in House Report 116-450.

Regional Pediatric Pandemic Network.—The agreement provides \$10,000,000 within SPRANS to establish a regional pediatric pandemic network comprised of five children's hospitals (centers) as defined by section 340E of the PHS Act (Public Law 106-129) or their affiliated university pediatric partners. The Network shall coordinate among the Nation's pediatric hospitals and their communities in preparing for and responding to global health threats, including the coordination, preparation, response, and real-time dissemination of research-informed pediatric care for future pandemics. Funding shall be equitably distributed among the five centers and the centers shall be located in geographically diverse areas of the country to ensure a regional approach to the network. HRSA is urged to consider

eligible pediatric quaternary hospitals or their affiliated university pediatric partners that have participated in a recent pediatric therapeutic or vaccination clinical trial or other pediatric disaster care program. HRSA is directed to establish at least one such center in a State within both the Delta Regional Authority and Appalachian Regional Commission. HRSA is directed to establish at least one such center at a pediatric hospital in each of HRSA’s regions V and VII, and at least one such center in region VIII or X. HRSA is also directed to establish at least one such center at a pediatric hospital that is a primary National Institutes of Health Clinical and Translational Science Award grantee or a partner that contributes to the budget request of an academic medical center’s application.

State Maternal Health Innovation Grants.—The agreement includes level funding for this activity.

Set-asides within SPRANS.—The agreement includes the following set-asides within SPRANS. Within the set-aside for Oral Health, \$250,000 is provided for activities described in House Report 116-450.

Budget Activity	FY 2021 Agreement
Set-aside for Oral Health.....	\$5,250,000
Set-aside for Epilepsy.....	3,642,000
Set-aside for Sickle Cell Disease.....	5,000,000
Set-aside for Fetal Alcohol Syndrome.....	1,000,000

Autism and Other Developmental Disorders.—The agreement provides not less than \$36,245,000 for the Leadership Education in Neurodevelopmental and Related Disabilities program.

Severe Combined Immune Deficiency (SCID).—Within the total funding level for Heritable Disorders, the agreement includes \$3,000,000 to support newborn screening and follow-up for SCID and other newborn screening disorders. The agreement encourages HRSA to support efforts to develop telehealth approaches to link families in rural and underserved communities with support and resources, engage providers in education or training related to SCID and other newborn screening disorders, and establish mechanisms to obtain long-term outcomes information on infants with SCID and other newborn screening disorders through newborn screening.

Healthy Start.—The agreement includes no less than \$15,000,000 within the total for Healthy Start for the initiative to reduce maternal mortality, allowing Healthy Start grantees to support nurse practitioners, certified nurse midwives, physician assistants, and other maternal-child advanced practice health professionals within all program sites nationwide.

RYAN WHITE HIV/AIDS PROGRAM

Ending the HIV Epidemic.—The agreement includes \$105,000,000 within the Ryan White program for the Ending the HIV Epidemic initiative.

The agreement encourages the acceleration of the development of oral, ultra-long-acting, sustained-release therapies as part of the Ending the HIV Epidemic initiative.

HEALTH CARE SYSTEMS

National Living Donor Assistance Center.—Within the total for Organ Transplantation, the agreement includes no less than \$6,000,000 for the National Living Donor Assistance Center, as described in House Report 116-450.

Organ Allocation Policy.—HRSA and the Organ Procurement and Transplantation Network are encouraged to ensure the process for changing organ allocation policies is transparent, thorough, and accommodates the recommendations of transplantation and organ donation professionals.

RURAL HEALTH

Rural Health Outreach.—The agreement provides not less than \$24,000,000 for the Delta States Rural Development Network Grant Program, including \$12,000,000 to support HRSA's collaboration with the Delta Regional Authority, as described under this heading in Conference Report 115-952. The agreement 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 agreement provides no less than \$1,000,000 to support HRSA's collaboration with the NBRC to help underserved rural communities identify and better address their health care needs and to help small rural hospitals improve their financial and operational performance.

Telementoring Training Center.—The agreement includes \$1,000,000 within the total for Rural Health Research and Policy Development to support a telementoring training center as described in House Report 116-450.

Technology-Enabled Collaborative Learning Capacity Building Models Grants.—The agreement includes \$4,500,000 for this activity as described in

House Report 116-450.

Telehealth Centers of Excellence (COE).—The agreement includes \$6,500,000 for the Telehealth COE awarded sites. The agreement directs HHS and HRSA to continue to utilize the expertise of the COEs in the Ending the HIV Epidemic initiative to develop best practices for utilizing telehealth in HIV prevention, care, and treatment.

Telehealth Evaluation.—The agreement provides \$1,000,000 to support a comprehensive evaluation of nationwide telehealth investments in rural areas and populations, as described in House Report 116-450.

Rural Communities Opioids Response.—The agreement includes \$110,000,000 to continue the program, including \$1,500,000 of the funds available for career and workforce training activities in the NBRC region to assist individuals affected by a substance use disorder. Within the funding provided, the agreement includes \$10,000,000 to continue the three Rural Centers of Excellence (Centers), as established by Public Law 115–245 and as directed by Conference Report 115–952, and continued in Public Law 116-94 and further directed in the explanatory statement to accompany Public Law 116-94. In addition to the conditions set forth in Conference Report 115–952, the Centers shall work to create a collaborative, multi-partner regional clearinghouse to identify predictors of substance use disorder treatment response.

Rural Populations.—The agreement directs HRSA to provide a briefing to the Committees within 90 days of enactment of this Act on changes to the rural designation methodology and additional factors that affect eligibility for the purposes of rural health grants funded by this Act.

FAMILY PLANNING

The Family Planning program administers Title X of the PHS Act. This program supports preventive and primary healthcare services at clinics nationwide. The agreement does not include language proposed by the House.

PROGRAM MANAGEMENT

Chief Dental Officer.—The agreement requests the update as part of the fiscal year 2022 Congressional Justification.

Oral Health Literacy.—The agreement includes \$300,000 for the activity described under this heading in House Report 116-450.

CENTERS FOR DISEASE CONTROL AND PREVENTION

The agreement provides \$7,874,804,000 in total program level funding for the Centers for Disease Control and Prevention (CDC), which includes \$6,963,296,000 in budget authority and \$856,150,000 in transfers from the Prevention and Public Health (PPH) Fund.

IMMUNIZATION AND RESPIRATORY DISEASES

The agreement provides a total of \$821,005,000 for Immunization and Respiratory Diseases, which includes \$448,805,000 in discretionary appropriations and \$372,200,000 in transfers from the PPH Fund. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2021
	Agreement
Section 317 Immunization Program.....	\$613,647,000
Acute Flaccid Myelitis.....	6,000,000
Influenza Planning and Response.....	201,358,000

Influenza Planning and Response.—The agreement includes an increase to enhance CDC’s influenza activities.

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

The agreement provides \$1,314,056,000 for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2021
	Agreement
Domestic HIV/AIDS Prevention and Research...	\$964,712,000
HIV Initiative.....	175,000,000
School Health.....	34,081,000
Viral Hepatitis.....	39,500,000
Sexually Transmitted Infections.....	161,810,000

	FY 2021
Budget Activity	Agreement
Tuberculosis.....	135,034,000
Infectious Diseases and the Opioid Epidemic....	13,000,000

Hepatitis A Vaccination.—CDC is encouraged to promote awareness about the importance of hepatitis A vaccination among persons who use drugs.

HIV Initiative.—The agreement includes increased funding to reduce new HIV infections and requests a spend plan to be submitted to the Committees ^{within} 180 days of enactment of this Act to include funding distribution to States.

Infectious Diseases and the Opioid Epidemic.—The agreement provides an increase to strengthen surveillance to improve knowledge of the full scope of the burden of infectious diseases (including viral, bacterial, and fungal pathogens) associated with substance use disorders. CDC is encouraged to consider risk factors for hepatitis B and C, HIV, and morbidity and mortality related to substance use disorder among other factors when distributing funding.

Rapid HIV Self-Test.—CDC is encouraged to incorporate rapid HIV self-testing into established activities and emerging efforts of the Ending the HIV Epidemic initiative.

Sexually Transmitted Infections (STI).—The agreement includes an increase to reduce rising STI rates.

EMERGING AND ZOOONOTIC INFECTIOUS DISEASES

The agreement provides \$648,272,000 for Emerging and Zoonotic Infectious Diseases, which includes \$596,272,000 in discretionary appropriations and \$52,000,000 in transfers from the PPH Fund. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2021 Agreement
Antibiotic Resistance Initiative.....	172,000,000
Vector-Borne Diseases.....	42,603,000
Lyme Disease.....	16,000,000
Prion Disease.....	6,500,000
Chronic Fatigue Syndrome.....	5,400,000
Emerging Infectious Diseases.....	192,997,000
Harmful Algal Blooms.....	2,000,000
Food Safety.....	65,000,000
National Healthcare Safety Network.....	21,000,000
Quarantine.....	42,772,000
Advanced Molecular Detection.....	30,000,000
Epidemiology and Lab Capacity.....	40,000,000

	FY 2021
Budget Activity	Agreement
Healthcare-Associated Infections.....	12,000,000

Antimicrobial Resistance (AMR).—The agreement provides an increase to support AMR programs and directs CDC to expand prevention efforts to reduce the emergence and spread of AMR pathogens and improve appropriate antibiotic use. The agreement also directs CDC to utilize these funds to expand laboratory and epidemiological surveillance of bacterial and fungal co-infections. The agreement continues to include \$500,000 for CDC to use their broad agency agreement to fund innovative projects that use population-based research to define risk factors for these pathogens in community settings.

Food Safety.—The agreement includes an increase to help address critical unmet needs.

Lyme Disease and Related Tick-Borne Illnesses.—The agreement includes an increase for the Kay Hagan Tick Act (P.L. 116-94), to promote a public health approach to combat rising cases of tick-borne diseases. In distributing funds, the agreement directs CDC to prioritize entities focused on Lyme disease and related tick-borne diseases. The agreement directs CDC to develop and implement methods to improve surveillance to more accurately report the disease burden, including through the development of real time data, as well as a process for estimating the prevalence of Post-Treatment Lyme Disease Syndrome. The agreement 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. Further, the agreement directs CDC to include a spend plan for implementation of such public law in the fiscal year 2022

Congressional Justification. The agreement encourages CDC, in coordination with NINDS and NIMH, to include in its surveillance the long-term effects. CDC is also encouraged to coordinate with NIH on publishing reports that assess prevention, treatment, diagnostic advancements, and links between tick-borne disease and psychiatric illnesses. CDC is encouraged to focus efforts in endemic areas as well as areas not yet considered endemic.

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

Wastewater Surveillance.—The agreement encourages the CDC to leverage existing partnerships and infrastructure when building capacity in wastewater surveillance.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

The agreement provides \$1,276,664,000 for Chronic Disease Prevention and Health Promotion, which includes \$1,021,714,000 in discretionary appropriations and \$254,950,000 in transfers from the PPH Fund. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2021 Agreement
Tobacco.....	\$237,500,000
Nutrition, Physical Activity, and Obesity.....	56,920,000
High Obesity Rate Counties.....	15,000,000

Budget Activity	FY 2021 Agreement
School Health.....	15,400,000
Health Promotion.....	35,600,000
Glaucoma.....	4,000,000
Vision and Eye Health.....	1,000,000
Alzheimer's Disease.....	20,500,000
Inflammatory Bowel Disease.....	1,000,000
Interstitial Cystitis.....	1,100,000
Excessive Alcohol Use.....	4,000,000
Chronic Kidney Disease.....	2,500,000
Chronic Disease Education and Awareness....	1,500,000
Prevention Research Centers.....	26,961,000
Heart Disease and Stroke.....	143,105,000
Diabetes.....	148,129,000
National Diabetes Prevention Program.....	29,300,000
Cancer Prevention and Control.....	385,799,000
Breast and Cervical Cancer.....	225,000,000
WISEWOMAN.....	28,120,000

Budget Activity	FY 2021 Agreement
Breast Cancer Awareness for Young Women..	4,960,000
Cancer Registries.....	51,440,000
Colorectal Cancer.....	43,294,000
Comprehensive Cancer.....	20,425,000
Johanna's Law.....	10,000,000
Ovarian Cancer.....	12,000,000
Prostate Cancer.....	14,205,000
Skin Cancer.....	4,000,000
Cancer Survivorship Resource Center.....	475,000
Oral Health.....	19,500,000
Safe Motherhood/Infant Health.....	63,000,000
Maternal Mortality Review Committees.....	17,000,000
Preterm Birth.....	2,000,000
Arthritis.....	11,000,000
Epilepsy.....	10,500,000
National Lupus Registry.....	9,500,000

Budget Activity	FY 2021 Agreement
Racial and Ethnic Approaches to Community Health (REACH).....	
	63,950,000
Good Health and Wellness in Indian Country...	22,000,000
Social Determinants of Health.....	3,000,000
Million Hearts.....	4,000,000
National Early Child Care Collaboratives.....	4,000,000
Hospitals Promoting Breastfeeding.....	9,500,000

Alzheimer’s Disease.—The agreement provides an increase to build Alzheimer’s disease and related dementias public health infrastructure, as authorized by the BOLD Infrastructure for Alzheimer’s Act (P.L. 115-406).

Chronic Disease Education and Awareness.—The agreement includes funding to establish a new competitive grant program as directed in House Report 116-450.

Comprehensive Cancer.—The agreement provides \$750,000 to support CDC’s Cancer Genomics Program. CDC shall prioritize new resources for data collection in States with rates of annual ovarian cancer of 11 or more new cases per 100,000 and rates of annual breast cancer of more than 115 new cases per 100,000 according to CDC’s 2017 cancer rate statistics.

Farm-to-School.—The agreement continues \$2,000,000 within Nutrition, Physical Activity, and Obesity for research and education activities promoting healthy eating habits for students. These grants support multi-agency and -organizational State farm-to-early childhood programs with priority given to

entities with experience running farm-to-early childhood programs. CDC is directed to coordinate these efforts with the Office of Community Food Systems at the Department of Agriculture.

Glaucoma.—The agreement encourages CDC to continue its efforts to address disparities in glaucoma care and gaps in early detection, referral, and treatment for high-risk populations.

Heart Disease and Stroke Prevention.—The agreement includes an increase to strengthen and expand evidence-based heart disease and stroke prevention activities focused on high risk populations.

Hospitals Promoting Breastfeeding.—The agreement includes an increase for evidence-based practice improvements in hospitals, with an emphasis on physician and care provider education, with the aim of supporting breastfeeding and increasing breastfeeding rates.

Incontinence Among Older Americans.—The agreement directs CDC to provide an update to the June 2014 report on the prevalence of incontinence among older Americans, including prevalence among both institutionalized and non-institutionalized populations in the fiscal year 2023 Congressional Justification.

Johanna's Law.—The agreement includes an increase to raise awareness about the five main types of gynecological cancer.

Maternal Mortality Review Committees (MMRCs).—The agreement provides an increase to expand these efforts and expects CDC to build stronger data systems, improve data collection at the State level, and create consistency in data collection. Further, the agreement encourages CDC to support data collection efforts to further understand maternal heart disease and improve outcomes for pregnant women with heart conditions.

National Lupus Patient Registry.—The agreement provides an increase and encourages CDC to continue working with existing childhood lupus registries to generate more robust information about the prevalence of the disease in children across the country and its impacts. The agreement also encourages CDC to build on initiatives to partner with national voluntary health agencies.

Ovarian Cancer.—The agreement provides an increase for prevention activities.

School Sealant Programs.—The agreement encourages CDC to engage Federal partners and external stakeholders, including current and former grantees of the program, to determine how Community Dental Health Coordinators can be used to educate and provide preventative care in school-based settings.

Skin Cancer Education and Prevention.—The agreement notes concern with the growing number of people diagnosed with preventable forms of skin cancer. The agreement 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, non-profit, and faith-based sectors.

Social Determinants of Health.—The agreement includes funding to establish a pilot program as directed in House Report 116-450.

Racial and Ethnic Approaches to Community Health (REACH).—The agreement provides an increase to address racial and ethnic health disparities.

Tobacco.—The agreement provides an increase to reduce deaths and prevent chronic diseases, including addressing the youth use of e-cigarettes.

WISEWOMAN.—The agreement includes an increase to provide uninsured and under-insured, low-income women with lifesaving preventive services.

BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES

The agreement provides \$167,810,000 for Birth Defects and Developmental Disabilities. Within this total, the agreement includes the following amounts:

	FY 2021
Budget Activity	Agreement
Child Health and Development.....	\$65,800,000
Birth Defects.....	19,000,000
Fetal Death.....	900,000
Fetal Alcohol Syndrome.....	11,000,000
Folic Acid.....	3,150,000
Infant Health.....	8,650,000
Autism.....	23,100,000
Health and Development for People with Disabilities.....	72,660,000
Disability & Health.....	36,000,000
Tourette Syndrome.....	2,000,000
Early Hearing Detection and Intervention.....	10,760,000
Muscular Dystrophy.....	6,000,000
Attention Deficit Hyperactivity Disorder.....	1,900,000

	FY 2021
Budget Activity	Agreement
Fragile X.....	2,000,000
Spina Bifida.....	7,000,000
Congenital Heart.....	7,000,000
Public Health Approach to Blood Disorders.....	6,400,000
Hemophilia CDC Activities.....	3,500,000
Hemophilia Treatment Centers.....	5,100,000
Thalassemia.....	2,100,000
Neonatal Abstinence Syndrome.....	2,250,000
Surveillance for Emerging Threats to Mothers and Babies.....	10,000,000

Congenital Heart Disease (CHD).—The agreement includes an increase to further implement the screening, surveillance, research, and awareness activities authorized by the Congenital Heart Futures Reauthorization Act (P.L. 115-342).

Disability and Health.—The agreement provides an increase and directs CDC to allocate the increase in the same manner as directed in P.L. 115-245.

Duchenne Muscular Dystrophy.—The agreement encourages CDC to continue supporting dissemination of the Duchenne Muscular Dystrophy Care Considerations and to evaluate how widely they have been adopted and whether there has been improvement in patient outcomes, particularly in rural and

underserved areas. In addition, CDC is encouraged to consider the possible relationship between patient outcomes and the presence of a Certified Duchenne Care Center (CDCC). CDC is encouraged to assess diagnostic odyssey and provider resource needs before and after implementation of recommendations made by the National Task Force for Early Identification of Childhood Neuromuscular Disorders following the Mississippi Pilot of 2005–2008. This assessment should also focus on underserved areas and include the relationship between outcomes and the presence of a CDCC. CDC is also encouraged to develop a plan to leverage the recently established ICD–10 code for Duchenne to shift the Muscular Dystrophy Surveillance, Tracking, and Research Network (MD STARnet) toward a more passive surveillance effort enabling an expansion of MD STARnet to additional sites and States. Further, CDC is encouraged to expand surveillance of Duchenne/Becker via the MD STARnet and support Duchenne newborn screening efforts.

Fragile X (FX).—The agreement encourages CDC to support additional strategies to promote earlier identification of children with FX, such as newborn screening, to work to ensure underserved populations with FX conditions are being properly diagnosed and are aware of available medical services.

Neonatal Abstinence Syndrome.—The agreement continues to support CDC efforts to address neonatal abstinence syndrome resulting from the overuse of opioids and other related substances during pregnancy, including improved surveillance and data to translate findings into improved care for mothers and babies.

Sickle Cell Disease.—The agreement includes an increase of \$2,000,000 to support data collection efforts.

PUBLIC HEALTH SCIENTIFIC SERVICES

The agreement provides a total of \$591,997,000 for Public Health Scientific Services. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2021 Agreement
Health Statistics.....	\$175,397,000
Surveillance, Epidemiology, and Informatics.....	360,600,000
BioSense.....	23,000,000
Public Health Data Modernization.....	50,000,000
Public Health Workforce.....	56,000,000

Familial Hypercholesterolemia.—The agreement provides \$100,000 within Surveillance, Epidemiology, and Informatics and encourages CDC to raise awareness of this condition.

National Health and Nutrition Examination Survey (NHANES).—The agreement encourages CDC to fund childhood obesity research, prevention, and treatment programs in non-NHANES-represented States, and their native and underserved populations.

National Neurological Conditions Surveillance System.—The agreement provides a total of \$5,000,000 within Surveillance, Epidemiology, and Informatics to continue efforts on the two initial conditions.

Public Health Data Modernization.—The agreement continues funding for the foundational investments necessary to upgrade the nation’s public health data infrastructure. The Committees request a spend plan and briefing no later than 120 days of enactment of this Act on this effort.

Respiratory Syncytial Virus Surveillance (RSV).—The agreement encourages CDC to continue investments in RSV epidemiological research and to work with the Council of State and Territorial Epidemiologists to establish RSV as a National Notifiable Condition.

Strengthening Public Health Infrastructure.—The agreement includes an increase for CDC to assist States and eligible local public health agencies by strengthening basic epidemiologic and laboratory capacity.

ENVIRONMENTAL HEALTH

The agreement provides \$222,850,000 for Environmental Health programs, which includes \$205,850,000 in discretionary appropriations and \$17,000,000 in transfers from the PPH Fund. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2021 Agreement
Environmental Health Laboratory.....	\$67,750,000
Other Environmental Health.....	48,500,000
Newborn Screening Quality Assurance Program.....	18,000,000
Newborn Screening for SCID.....	1,250,000

Environmental Health Activities.....	47,600,000
Safe Water.....	8,600,000
Amyotrophic Lateral Sclerosis Registry.....	10,000,000
Trevor’s Law.....	2,000,000
Climate and Health.....	10,000,000
All Other Environmental Health.....	17,000,000
Environmental and Health Outcome Tracking Network.....	34,000,000
Asthma.....	30,000,000
Childhood Lead Poisoning.....	39,000,000
Lead Exposure Registry.....	4,500,000

Childhood Lead Poisoning.—The agreement includes an increase for this program.

Training for Health Professionals on Per- and Polyfluoroalkyl Substances (PFAS).—The agreement includes \$1,000,000 for grants for development of voluntary training courses for health professionals to help these professionals understand the potential health impact of PFAS exposure and best practices for treatment. CDC is directed to award multiple grants to medical society organizations, medical institutions with expertise in PFAS, and other organizations as determined appropriate by the Director to develop these training courses.

Lead Exposure Registry.—The agreement includes funding for the continuation of the Flint, Michigan Lead Exposure Registry.

Trevor's Law.—The agreement provides an increase to better understand the relationship between environmental exposures and pediatric cancer, and to build capacity to conduct cancer investigations in accordance with Trevor's Law (P.L. 114-182).

INJURY PREVENTION AND CONTROL

The agreement provides \$682,879,000 for Injury Prevention and Control activities. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2021 Agreement
Intentional Injury.....	\$123,550,000
Domestic Violence and Sexual Violence.....	34,200,000
Child Maltreatment.....	7,250,000
Child Sexual Abuse Prevention.....	1,500,000
Youth Violence Prevention.....	15,100,000
Domestic Violence Community Projects.....	5,500,000
Rape Prevention.....	51,750,000
Suicide Prevention.....	12,000,000
Adverse Childhood Experiences.....	5,000,000

Budget Activity	FY 2021 Agreement
National Violent Death Reporting System.....	24,500,000
Unintentional Injury.....	8,800,000
Traumatic Brain Injury.....	6,750,000
Elderly Falls.....	2,050,000
Other Injury Prevention Activities.....	28,950,000
Opioid Overdose Prevention and Surveillance.....	475,579,000
Injury Control Research Centers	9,000,000
Firearm Injury and Mortality Prevention Research.....	12,500,000

Adverse Childhood Experiences.—The agreement provides funding to inform how adverse childhood experiences increase the risk of future substance use disorders, suicide, mental health conditions, and other chronic illnesses as authorized in section 7131 of the SUPPORT Act (P.L. 115-271).

Firearm Injury and Mortality Prevention Research.—The agreement includes \$12,500,000 to conduct research on firearm injury and mortality prevention. Given violence and suicide have a number of causes, the agreement recommends the CDC 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 Director of CDC is to report to the Committees within 30 days of enactment on implementation schedules and procedures for grant awards, which strive to ensure that such awards support ideologically and politically unbiased research projects.

Opioid Overdose Prevention and Surveillance.—The agreement directs CDC to continue funding overdose prevention efforts in the same manner as directed in P.L. 115-245 and expand allowable prevention and surveillance efforts to include stimulants. The agreement encourages CDC to continue to work collaboratively with States to ensure that funding is available to all States for opioid prevention and surveillance activities.

Opioid Prescribing Guidelines.—The agreement directs CDC to continue its work educating patients and providers on its Guidelines for Prescribing Opioids for Chronic Pain, and to encourage uptake and use of the guidelines.

Overdose Prevention Funding and Naloxone.—The agreement encourages CDC to continue working with States on naloxone education when distributing opioid overdose prevention funds.

Public Safety Officer Suicide Reporting System.—The agreement includes an increase to the National Violent Death Reporting System for CDC to develop and 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.

Suicide Prevention.—The agreement includes an increase to continue to utilize data and evaluations to inform ongoing programmatic efforts to prevent suicide,

specifically in vulnerable populations and subgroups among which suicides are increasing. These data will be used to inform community-based suicide prevention efforts. CDC is encouraged to expand their emergency department syndromic surveillance project on suicidal behavior to provide near real-time data and to continue to explore data, methods, and research that advance our understanding of suicide and suicidal behavior. The agreement recognizes CDC's work to establish a comprehensive suicide prevention program and directs CDC to continue the implementation and evaluation of these targeted, comprehensive, community-based suicide prevention strategies to reduce risk for suicide, and to evaluate their impact, especially among high-risk populations. The agreement also directs CDC to enhance the completeness of data to capture mechanisms of death and support research and evaluation projects to understand the pathways and mechanisms that contribute to suicidal ideations and attempts.

Tribal Use of Prescription Drug Monitoring Programs (PDMP).—CDC is directed to work with the Indian Health Service to ensure Federally-operated and tribally-operated healthcare facilities benefit from the CDC's PDMP efforts.

Youth Violence Prevention.—The agreement encourages continuation of existing partnerships between community organizations, schools, law enforcement, faith-based organizations, and academia, as well as technical assistance and research, that have been supported by this program and have demonstrated success in reducing youth violence in high-poverty areas and, in particular, large urban communities that are seeking to address root causes of community violence, collective trauma, and civil unrest.

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH (NIOSH)

The agreement provides a total of \$345,300,000 for NIOSH in discretionary appropriations. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2021 Agreement
National Occupational Research Agenda.....	\$117,000,000
Agriculture, Forestry, Fishing.....	26,500,000
Education and Research Centers.....	30,000,000
Personal Protective Technology.....	20,000,000
Mining Research.....	61,500,000
National Mesothelioma Registry and Tissue Bank.....	1,200,000
Firefighter Cancer Registry.....	2,500,000
Other Occupational Safety and Health Research.....	113,100,000

Firefighter Cancer Registry.—The agreement acknowledges that 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.

Protect Critical Health Care Worker Safety Through a Closed System Transfer Device Testing Protocol.—The agreement encourages NIOSH to expedite a final

decision on protocol to guide hospitals and pharmacies in testing the use of closed system transfer devices based on the best available science.

Total Worker Health.—The agreement provides an increase of \$1,500,000 to create a new Total Worker Health Center of Excellence for Workplace Mental Health, as directed in House Report 116-450.

Underground Mine Evacuation Technologies and Human Factors Research.—The agreement provides an increase for grant activities as directed in P.L. 116-94.

GLOBAL HEALTH

The agreement provides \$592,843,000 for Global Health activities. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2021 Agreement
Global AIDS Program.....	\$128,421,000
Global Tuberculosis.....	9,222,000
Global Immunization Program.....	226,000,000
Polio Eradication.....	176,000,000
Measles and Other Vaccine Preventable Diseases.....	50,000,000
Parasitic Diseases and Malaria.....	26,000,000
Global Public Health Protection.....	203,200,000

Budget Activity	FY 2021 Agreement
Global Disease Detection and Emergency Response.....	193,400,000
Global Public Health Capacity and Development.....	9,800,000

Children in Adversity.—The agreement directs CDC to collaborate with the U.S. Agency for International Development (USAID), the President's Emergency Plan for AIDS Relief (PEPFAR), and the Department of Labor to ensure monitoring and evaluation is aligned for all of the objectives of the U.S. Government Action Plan.

Global Health Security.— The agreement includes an increase of \$20,000,000 for CDC to lead global health security activities to prevent, detect, and respond to infectious disease threats and outbreaks around the globe. The agreement directs the CDC Director to update CDC's comprehensive health security strategy and report to the Committees within 180 days of enactment of this Act. In developing the strategy, CDC shall consult with the heads of other relevant Federal agencies who are responsible for complementary global health security activities.

Population-based Surveillance Platforms.—The agreement directs at least \$3,000,000 to be used to support existing longitudinal population-based infectious disease surveillance platforms that enable comparative analysis between urban and rural populations in the developing world.

Soil Transmitted Helminth and Related Diseases of Poverty.—The agreement continues \$1,500,000 for surveillance, source remediation, and clinical care aimed

at reducing soil transmitted helminth to extend the currently funded projects for another year.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

The agreement provides \$842,200,000 for public health preparedness and response activities. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2021 Agreement
Public Health Emergency Preparedness Cooperative Agreement.....	\$695,000,000
Academic Centers for Public Health Preparedness.....	8,200,000
All Other CDC Preparedness.....	139,000,000

Academic Centers for Public Health Preparedness.—The agreement continues to support CDC’s collaboration with academic centers and encourages CDC to explore additional opportunities to improve the coordination of partnerships to implement emerging disease surveillance and research to respond to emerging and reemerging disease threats.

Public Health Emergency Preparedness Cooperative Agreement.—The agreement includes an increase and requests a state distribution table in the fiscal year 2022 Congressional Justification, which should also include how funding is

being allocated to local health departments and how States are determining these allocations.

BUILDINGS AND FACILITIES

The agreement provides \$30,000,000 in discretionary budget authority.

Replacement of the Lake Lynn Experimental Mine and Laboratory.—CDC recently purchased a replacement for the Lake Lynn mine research facility. The agreement requests CDC provide an update within 180 days of enactment of this Act with a timeline for the eventual opening of a new facility and any additional funding that may be needed to complete work on such facility.

CDC-WIDE ACTIVITIES

The agreement provides \$283,570,000 for CDC-wide activities, which includes \$123,570,000 in discretionary appropriations and \$160,000,000 in transfers from the PPH Fund. Within this total, the agreement includes the following amounts:

Budget Activity	FY 2021 Agreement
Preventive Health and Health Services Block Grant.....	\$160,000,000
Public Health Leadership and Support.....	113,570,000
Infectious Disease Rapid Response Reserve Fund.....	10,000,000

Congressional Justification.—The agreement directs CDC to include updates on the following research, projects, and programs in their fiscal year 2022 Congressional Justification: incidence, prevalence, epidemiology, and health outcomes of polycystic kidney disease; Mississippi Delta Health Collaborative; information to educate patients and providers on clinical practice guideline recommendations for patients with Von Willebrand Disease; and Zika surveillance.

Tribal Advisory Committee (TAC).—The agreement directs the Director, in consultation with the TAC, to develop written guidelines for each CDC center, institute, and office on best practices around delivery of Tribal technical assistance and consideration of unique Tribal public health needs. The goal of such guidelines should be the integration of Tribal communities and population needs into CDC programs. The Director shall report on the status of development of these written guidelines in the fiscal year 2022 Congressional Justification.

NATIONAL INSTITUTES OF HEALTH (NIH)

The agreement provides \$42,934,000,000 for NIH, including \$404,000,000 from the 21st Century Cures Act (Public Law 114-255), an increase of \$1,250,000,000, or 3 percent, above fiscal year 2020. The agreement provides a funding increase of no less than 1.5 percent above fiscal year 2020 to every Institute and Center (IC).

The agreement appropriates funds authorized in the 21st Century Cures Act. Per the authorization, \$195,000,000 is transferred to the National Cancer Institute (NCI) for cancer research; \$50,000,000 to the National Institute of Neurological Disorders and Stroke (NINDS) and \$50,000,000 to the National Institute on Mental Health (NIMH) for the BRAIN Initiative; and \$109,000,000 will be allocated from the NIH Innovation Fund for the *All of Us* precision medicine initiative.

The Common Fund is supported as a set-aside within the Office of the Director at \$635,939,000. In addition, \$12,600,000 is provided to support pediatric research as authorized by the Gabriella Miller Kids First Research Act (Public Law 113-94).

The agreement directs NIH to include updates on the following research, projects, and programs in the fiscal year 2022 Congressional Justification: gastric cancer; psycho-social distress in cancer research; the Office of Cancer Survivorship; progress in treating rare cancers; the Surveillance, Epidemiology, and End Results [SEER] Registry; Temporomandibular Disorders; diabetes, Rapid Acceleration of Diagnostics; 7q11.23 Duplication Syndrome; and Hereditary Spastic Paraparesis 49 (TECPR2).

NATIONAL CANCER INSTITUTE (NCI)

Cancer Immunotherapy.—The agreement commends NCI for its longstanding support of research on cancer immunotherapy. As the number of single-agent and combination therapies grows for an expanding list of cancers, more work is needed to learn how to accurately predict whether a given cancer immunotherapy is likely to improve outcomes or cause undesirable side effects in individual patients. While many research programs have been focused on defining biomarkers that could accomplish this goal, validation and eventual standardization of specific biomarkers would greatly enhance the field's understanding of how to design more effective, less toxic treatments. The agreement, therefore, urges NCI to prioritize support for studies on the clinical validation of potential biomarkers that predict clinical outcomes in patients receiving tumor immunotherapy.

Cancer Moonshot.—The agreement directs NIH to transfer \$195,000,000 from the NIH Innovation Account to NCI to support the Cancer Moonshot Initiative.

NCI Paylines.— To support more awards and improve success rates, the agreement provides \$250,000,000, an increase of \$37,500,000, to prioritize competing grants and sustain commitments to continuing grants.

Pediatric Cancer.— The agreement continues \$30,000,000 for the implementation of the STAR Act (Public Law 115–180) 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. As part of this funding, the agreement expects NCI to carry out childhood cancer survivorship research and programs as authorized, such as developing best practices for the treatment of late effects of childhood cancers. In addition, the agreement recognizes NCI’s efforts to develop a new Childhood Cancer Data Initiative and continues to support and expand new and innovative research efforts to advance progress for children with cancer. The agreement also commends NIH for its efforts to coordinate pediatric research across its ICs through the recently established Trans-NIH Pediatric Research Consortium. The agreement understands NCI participates in the Consortium, and that childhood cancer research is an important part of the pediatric research portfolio across NIH. The agreement requests an update in the fiscal year 2022 Congressional Justification on opportunities to enhance childhood cancer research efforts, including coordination efforts already underway through the Trans-NIH Pediatric Research Consortium.

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 agreement urges NHLBI and NIA 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. Preference should be given to applicants that have diversity among cohort participants, broad geographic representation, and a demonstrated record of high research productivity.

Exploring Airway Screening Efforts of Childhood Asthma in the Rural Community.—There continues to be concern about childhood asthma, which affects over 9,000,000 school-aged children and leads to many preventable emergency department visits, hospitalizations, and missed school days. NHLBI is strongly urged to develop a multidisciplinary project to examine inflammation in children with uncontrolled asthma. This research should build upon previous findings to explore asthma control and inflammation in children with persistent asthma in rural communities. Ultimately, this research could improve access to care and reduce the costs associated with uncontrolled asthmas by identifying early inflammatory signs.

Hypertension.—There continues to be concern about the significant incidence of hypertension in non-Hispanic black males and females compared to their non-Hispanic white male and female counterparts. These racial differences emerge as early as the third decade of life. For these reasons, the agreement supports efforts

to identify the underlying causes of this racial disparity in hypertension, and to develop and evaluate interventions to reduce this disparity. The agreement strongly encourages a focus on interventions to reduce systematic and blood vessel-specific inflammation in individuals with elevated blood pressure, but are not yet hypertensive, that would be scalable to the community level.

Lymphedema (LE).—LE is a chronic, debilitating, and incurable swelling that can be a result of damage to the lymphatic system due to surgery, cancer treatment, or injury, and that can also be inherited. An estimated 10,000,000 Americans suffer from LE. Additional research is necessary to improve our understanding of this condition and expand the treatment options available. NHLBI is strongly encouraged to expand support for research on LE and requests a report within 120 days of enactment of this Act describing NHLBI's current and planned research related to LE.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE (NINDS)

Cerebral Palsy (CP).— The agreement commends NINDS for implementing Funding Opportunity Announcements for clinical research supporting observational studies that are well-suited for the study of CP. The agreement strongly encourages NIH to prioritize and implement additional opportunities to significantly strengthen, accelerate, and coordinate CP research to address priorities across the lifespan identified in the 5 to 10-year CP Strategic Plan. Research should target basic and translational discoveries, including genetics, regenerative medicine, and mechanisms of neuroplasticity, as well as clinical studies aimed at early intervention, comparative effectiveness, and functional outcomes in adults. NIH is also encouraged to coordinate with other agencies, including CDC.

Frontotemporal Degeneration Research (FTD).—The recommendation 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. A key component of this effort 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 datasets will enable the broader community of researchers to bring their expertise to bear on the challenges currently confronting Alzheimer's disease and related dementias disorders.

Multiple Sulfatase Deficiency (MSD).—MSD is an ultra-rare genetic disorder in which all of the known sulfatase enzymes are unable to be fully activated causing neurologic impairment and other symptoms including bone abnormalities, deafness, and hepatosplenomegaly. There are currently no targeted therapies for MSD, and treatment is limited based on specific symptoms. However, multiple lines of therapeutic development including gene therapy, small molecule (drugs), and bone marrow transplant are being pursued by preclinical researchers. The agreement directs NINDS, in concert with the Office of Rare Diseases Research, to provide an update on research progress towards a treatment in the fiscal year 2022 Congressional Justification on MSD and related rare disorders.

HEAL Initiative.—The agreement includes no less than \$270,295,000 for the HEAL Initiative targeted at opioid misuse and addiction and has included bill language expanding the allowable uses of these funds to include research related to stimulant misuse and addiction. The agreement strongly urges NIH to consider funding applications on fundamental, translational, and clinical research on headache disorders that align with the goal of achieving solutions to the opioid crisis.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (NIAID)

Antimicrobial Resistance (AMR).—While antibiotics are necessary to treat secondary infections, their expanded usage is causing concern that a lasting consequence could be increased global antibiotic resistance rates. The agreement supports NIAID's efforts to encourage innovative approaches to antimicrobial resistance (AMR), and directs NIH and CDC to jointly brief the House and Senate Committees on Appropriations no later than 30 days after the enactment of this Act, detailing their AMR and the focus of their initiatives for fiscal years 2021–2022.

Centers for AIDS Research.—The agreement includes \$61,000,000, an increase of \$10,000,000, for this activity as part of the Ending HIV Epidemic initiative.

Lyme Disease and Other Tick-Borne Diseases.—The incidence of Lyme and other tick-borne diseases has increased significantly since CDC reporting began in 1991. The agreement understands the importance of research into Lyme disease and related tick-borne illnesses and provides an increase of \$10,000,000. Further, the agreement supports the implementation of the NIH Strategic Plan for Tick-borne Disease Research, and urges NIH to leverage this understanding to develop new tools that can more effectively prevent, diagnose, and treat Lyme disease, including its long-term effects and other tick-borne diseases. The agreement further urges NIH to evaluate the effectiveness of laboratory tests associated with the detection of *Borrelia burgdorferi* to diagnose the disease early, which can improve the effectiveness of treatment. The agreement encourages the promotion and development of potential vaccine candidates for Lyme disease and other tick-borne diseases. The agreement urges NIH to conduct research to better understand modes of transmission for Lyme and other tick-borne diseases. The agreement further urges NIH to incentivize new investigators to enter the field of Lyme disease and other tick-borne disease research. The agreement recommends that NIH coordinate

with CDC on publishing reports that assess diagnostic advancements, methods for prevention, the state of treatment, and links between tick-borne disease and neuropsychiatric illnesses. Finally, the agreement encourages NIAID to issue requests for grant applications for research to investigate causes and manifestations of Lyme disease and other tick-borne diseases, including post-treatment symptoms, as well as research to develop diagnostics, prevention methods, and treatment for those conditions, including potential vaccine candidates.

Multidisciplinary Grants for Vector-Borne Disease Research.—NIH's new strategy to address tick-borne diseases aims to examine the complex interplay among host, tick, and pathogen factors that contribute to these diseases and the body's defenses against them. It is precisely this complexity, combined with the growing incidence and threat to human health and life, that make new multidisciplinary research approaches necessary. The agreement encourages investment in multi-year center core grants that support shared resources and facilities for multidisciplinary research. This approach allows research groups to develop understandings of how pathogens persist, evolve, and cause outbreaks, and models the risk of exposure as climate and socioeconomic conditions change, which leads to future innovations in diagnostic tools and preventive medicines. Surveillance efforts should be part of these grants, and priority shall be given to grants focused on vector borne diseases requiring arthropod biosafety levels 2 and 3.

Regional Biocontainment Laboratories (RBL).— The agreement directs \$40,000,000 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.

Universal Flu Vaccine.—The agreement provides not less than \$220,000,000, an increase of \$20,000,000, for research to develop a universal influenza vaccine.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES (NIGMS)

Institutional Development Awards (IDeA).—The agreement provides \$396,573,000, an increase of \$10,000,000, for the IDeA program.

Training the Next Generation of Physician-Scientists.—There is concern about the shrinking number of physician-scientists in the nation's biomedical workforce. These highly trained researchers with clinical expertise often discover the critical connections between what is discovered in the laboratory with their patients' conditions in the clinic. They play a critical role in translating scientific and laboratory advances into improved diagnoses, treatments, devices, procedures, and cures. The agreement commends NIGMS for its highly competitive Medical Scientist Training Program (MSTP), whereby students enter a combined, integrated MD–PhD program when they start medical school. The agreement strongly urges NIGMS to continue its support of promising physician-scientists being trained at research-intensive medical schools with high-quality laboratory and clinical training. The agreement commends NIH for its work to improve the physician-scientist pipeline. The agreement requests an update on the enhanced pathways for physicians both to pursue research training and be competitive for NIH awards, as recommended by the Advisory Committee to the NIH Director's Working Group on the Physician-Scientist Workforce. The update should highlight current activities, including increasing the diversity of physician-scientists, support provided during the transition from senior trainee to junior faculty member, and future plans. Additionally, the update should describe how feedback has been

incorporated from current MSTP physician-scientist trainees, research-intensive medical schools, and biomedical industry representatives.

EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN
DEVELOPMENT (NICHD)

Endometriosis.—Endometriosis affects one in 10 women, can cause intense pain, and is a leading cause of infertility. Despite its prevalence and health impact, there has been little investment in research to better understand this condition. Such research could lead to better health outcomes for millions of women. NICHD is strongly encouraged to increase funding to expand basic, clinical, and translational research into the mechanics of endometriosis, identify early diagnostic markers, and develop new treatment methods.

Impact of Technology and Digital Media on Children and Teens.—The agreement 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 agreement 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.

Premature Birth.—Infants who are born preterm can face a range of health challenges throughout their lives, and yet the mechanisms that lead to preterm birth remain poorly understood. The agreement includes an increase to NICHD of \$10,000,000 for research aimed at enhancing the survival and healthy development of preterm infants. These studies may include research efforts to identify and understand the causes of preterm birth and the development of evidenced-based strategies to address the short- and long-term complications in children born

preterm, including children with intellectual, developmental, and physical disabilities. The agreement especially urges NICHD to support studies that address health disparities in preterm birth and its consequences and requests an update on these efforts in the fiscal year 2022 Congressional Justification.

NATIONAL INSTITUTE ON AGING (NIA)

Alzheimer's Disease and Related Dementias.—The agreement provides a total of no less than \$3,118,000,000 for research into this area.

Alzheimer's Disease Cohort Studies.—The agreement commends NIA for its leadership in supporting longitudinal, population-based cohort studies into the causes of dementia. Since rural, poor and minority populations may be at enhanced risk for dementia, the value and application of these studies are enhanced when they include individuals from various geographic, ethnic, socio-economic, and generational backgrounds. The agreement directs NIA to support diversity in its cohort studies, with the specific goal of better understanding disease burden and biomarkers by race and geographic region. This could be accomplished through enhanced partnerships between existing NIA-funded Alzheimer's Disease Research Centers (ADRC) and non-ADRC centers in high-risk geographic regions, or through the creation of new long-term cohorts in underrepresented groups/regions.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES
(NIAMS)

Alopecia.—Alopecia affects 6,800,000 Americans, including children, and disproportionately impacts women of color. NIAMS is encouraged to work with relevant ICs, including NIMHD, to develop possible collaborative efforts to increase research into this disparity, specifically among Black and Hispanic women, and pursue collaborative opportunities that will lead to new research discoveries.

NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)

Flavored THC.—The agreement appreciates the important data collected in the annual NIDA-funded Monitoring the Future (MTF) survey. The agreement recommends the inclusion of questions on consumption of flavored marijuana vapes and marijuana edibles flavored to appeal to adolescents in the MTF survey.

HEAL Initiative.—The agreement includes no less than \$270,295,000 for the HEAL Initiative targeted at opioid misuse and addiction and has included bill language expanding the allowable uses of these funds to include research related to stimulant misuse and addiction.

Medication-Assisted Treatment (MAT) for Opioid Use Disorder.—The agreement recognizes that medications, including buprenorphine, methadone, and naltrexone, are effective for the treatment of opioid use disorder, and commends NIH for its research and policy leadership in this area. However, access to these MATs remains limited for many individuals and groups, particularly racial and ethnic minorities, people with disabilities, residents of underserved rural communities, and socioeconomically disadvantaged populations. The agreement encourages NIDA and NIMHD to investigate the scope of these access disparities and evaluate strategies for eliminating economic and regulatory barriers to MAT.

Opioid Research, Education, and Outreach.—The U.S. continues to suffer from a complex public health crisis related to opioid misuse. The agreement strongly recommends NIDA continue to support research to better understand opioid use disorder, focusing on detection, prevention, and treatment, and that NIDA continue to provide high-level education for healthcare professionals to prevent, recognize, and assist in treatment and referral for opioid use disorder within their practice.

Overdose Prevention Centers.—The agreement acknowledges the controversial nature of Overdose Prevention Centers and encourages NIDA to support research on the potential public health impacts of these centers.

NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

State of Bereavement Care.—The agreement 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 agreement 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.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE (NHGRI)

Emerging Centers of Excellence in Genomic Sciences.—The agreement includes no less than \$12,500,000 for this activity as described in House Report 116-450.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES (NIMHD)

Chronic Diseases and Health Disparities.—In fiscal year 2020, NIH launched initiatives to address chronic diseases and health disparities in the areas of diabetes, kidney disease, and obesity. Chronic diseases and conditions are among the most common, costly, and preventable of all health conditions and disproportionately affect minority populations. These diseases can often leave those suffering from them more vulnerable to other diseases. A more comprehensive and holistic effort is needed to ensure that efforts to better address health disparities and co-morbidity encapsulate the full continuum of chronic diseases and their lethality in disparate communities. To this end, the agreement includes sufficient funding for NIMHD, working in concert with NIDDK, NHLBI, NCI, and NCATS, to establish a comprehensive center initiative aimed at a wide variety of chronic diseases and their links to health disparities. As these diseases are often multi-faceted and often regionally linked, NIMHD is encouraged to consider funding mechanisms that would support regional multi-institutional consortiums that produce collaboration, research, and translational science on a wide and broad scale.

Research Centers in Minority Institutions.—The agreement includes \$80,000,000, an increase of \$5,000,000 over fiscal year 2020, for this activity.

Research Endowment Program (REP).—The agreement supports the recommendations made by the NIMHD Advisory Council workgroup to restore endowment eligibility for REP.

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

The agreement includes additional funding for FIC to support its mission of advancing research on and training the future biomedical research workforce in global health.

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES (NCATS)

Clinical and Translational Science Awards.—The agreement provides \$587,544,000 for this activity.

Cures Acceleration Network.—The agreement provides up to \$60,000,000 for this activity.

Full Spectrum of Medical Research.—The agreement applauds NIH efforts to support and advance the full spectrum of medical research, which ensure 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 agreement notes the importance of flagship initiatives, including the CTSA program, to these important efforts.

Gene Vector Initiative.—The agreement recognizes the importance and promise of gene therapy in developing new treatments for a number of diseases and conditions. The agreement provides \$10,000,000 to NCATS to expand ongoing gene vector initiatives by creating a Consortium for Innovation in Large-Scale Gene Vector Production where NCATS, along with other partners, can address specific translational roadblocks to vector production.

OFFICE OF THE DIRECTOR (OD)

Advanced Collaborative Robots in the Health Care Setting.—The agreement encourages NIH to support research on advanced robotic and automation technologies to help nurses complete remote physical tasks for patients affected by infectious diseases and to limit caregivers' exposure and/or reduce burden on the healthcare system. Also, this technology could be used for novel neuroadaptive learning control to offer physical assistance for fall prevention, pain assessment, and pain management for patients.

All of Us Precision Medicine Initiative.—The agreement provides a total of \$500,000,000 for this initiative.

Amyotrophic Lateral Sclerosis (ALS).—To leverage the research work done thus far in a meaningful way and make measurable progress towards a cure for ALS patients, it is necessary to bring together researchers 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. The agreement encourages NIH to incentivize the continued exploration of novel therapeutic pathways and support additional clinical trials, thereby ensuring that the progress of the last decade can germinate into cures with the next decade.

Artificial Intelligence/Big Data.—Advancing life sciences is increasingly dependent on data computation and infrastructure, machine learning (ML), and collaborative scientific initiatives. NIH is to be commended for leveraging the potential of ML to accelerate the pace of biomedical innovation, especially in NCI, NIGMS, NIMH, NIBIB, NHGRI, and NLM. The Office of Data Science Strategy (ODSS), collaborating with NLM, has been working in most of the areas identified

by the recent Advisory Committee to the Director (ACD) on Artificial Intelligence to ensure new research datasets meet the international Fast Healthcare Interoperability Resources (FHIR) standard requirements, developing principles for consent, and providing opportunities for data experts to work in the field of biomedicine. Making full use of these opportunities, which rely on scale and collaboration across areas of expertise, presents unique challenges to NIH. The agreement includes \$105,000,000 to support the agency's efforts, including \$50,000,000 to expand the number of ML-focused grants and \$55,000,000 for ODSS. This funding will allow ODSS to coordinate NIH activities on ethics, bias, and training in the context of AI and ML, as well as continue its work to increase the adoption and use of existing data standards and improve data discovery. ODSS is also encouraged to create AI-ready data sets and algorithms, with robust metadata and standards, and with explainable guidelines transparently addressing ethics and bias. There is a growing consensus in the research community that more training is needed for the use of FHIR in clinical and biomedical research, and the recommendation supports expanded training, including for underrepresented and underserved groups. The agreement requests that NIH provide an update to the Committees on its reaction to the ACD's recommendations, and where there is agreement, its plans in fiscal years 2021–2022 to implement those recommendations no later than 90 days after enactment of this Act. Further, NIH should closely examine ways it can facilitate participation by more universities in the national AI effort. In particular, should a university consortia establish one or more regional super-computing centers, NIH should seek ways to leverage this investment to augment in-house supercomputing capability. This would allow NIH to have more supercomputing capacity available in the near-term to meet some of its emerging AI computational-intensive requirements and address biomedical research computational requirements not being satisfied today. Finally, the

agreement supports AI, modeling, and simulation at supercomputing scale to respond to epidemics to include global disease detection, transmission methods, public health data surveillance and analytical infrastructure, diagnosing the disease, and developing countermeasures for prevention and treatment, infection control and mitigation, faster development and manufacturing of vaccines, therapeutics, and diagnostics to prevent or treat the virus, and combatting antimicrobial resistance and antibiotic resistant bacteria as a result of secondary infections. The agreement encourages CDC, NIH, and BARDA to maximize use of the national supercomputing capabilities in other Federal agencies.

Biomedical Research Facilities.—The agreement provides \$50,000,000 for grants to public and/or 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.

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. Because great progress has been made as a direct result of projects funded by the BRAIN Initiative, the recent BRAIN Initiative Advisory Committee 2.0 report noted that “transformative projects” are now possible at a scale and level of completeness that were previously not imaginable. To support these efforts, the agreement provides \$560,000,000 for the BRAIN Initiative, including funding for two specific projects outlined in the Advisory Committee’s report that stand out for their importance to human health and technical viability: \$40,000,000 for the Human Brain Cell Atlas and \$20,000,000 for the Armamentarium for Brain Cell Access. To be successful, transformative projects will require 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. Therefore, the agreement requests that NIH move forward with plans for transformative projects and report to the Committees within 90 days of enactment of this Act specific steps taken to advance each project.

Chimpanzee Maintenance, Care, and Transportation.—The agreement directs NIH to provide a written report to the Committees every 180 days, beginning no later than December 31, 2020, 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 the Alamogordo Primate Facility (APF), the Keeling Center for Comparative Medicine and Research (KCCMR), or the Southwest National Primate Research Center (SNPRC); and (3) a list of any chimpanzee deaths that have occurred at any time after January 1, 2020, at APF, KCCMR, SNPRC, and the national sanctuary system.

Continuous Physiologic Electronic Monitoring.—The agreement directs NIH to conduct research to examine the efficacy and benefits of continuous physiologic electronic monitoring that measures adequacy of respiration of patients taking opioids in the hospital.

Dual Purpose/Dual Benefit Research.—The Dual Purpose with Dual Benefit Research Program in Biomedicine and Agriculture Using Agriculturally Important Domestic Species was a recently discontinued interagency grant program funded by United States Department of Agriculture National Institute of Food and Agriculture (NIFA) and NIH. Both NIFA and NIH are commended for developing this important interagency program that enhanced the use of farm animals as research models and resulted in scientific breakthroughs tangibly benefiting both animal agriculture and human health. As authorized and encouraged in section 7404 of the Agriculture Improvement Act of 2018 (Public Law 115–334), the agreement strongly urges a continued partnership between NIH, NIFA, and other relevant Federal research and development agencies to develop a next generation interagency program using agriculturally important large animal species. Domesticated farm 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. Those problems/challenges include, but are not limited to, immunity and infection; nutrition and neonatal health; microbiome and health; assisted reproductive technologies and pregnancy health; developmental origins of adult health and disease; and development and testing of new diagnostic, genetic, and cell based therapies to identify and treat diseases/disorders. The agreement strongly supports continuation of this important cooperative 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.

Environmental Influences on Child Health Outcomes (ECHO).—The agreement provides \$180,000,000 for this activity. The OD is directed to provide an update in the fiscal year 2022 Congressional Justification on progress made by ECHO-funded research.

Fetal Tissue Research.—The agreement does not include report language on Use of Human Fetal Tissue in Research and Timely Evaluation of Promising Biomedical Research Proposals.

Firearm Injury and Mortality Prevention Research.—The agreement includes \$12,500,000, the same level as fiscal year 2020, to conduct research on firearm injury and mortality prevention. Given violence and suicide have a number of causes, the agreement recommends NIH 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 Director is to report to the Committees within 30 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 Threats to Research.—The Chinese government continues to recruit NIH-funded researchers to steal intellectual property, cheat the peer-review system, establish shadow laboratories in China, and help the Chinese government obtain confidential information about NIH research grants. NIH reported in June 2020 that of the 189 scientists at 87 institutions investigated by NIH, 93 percent received undisclosed support from the Chinese government. Approximately three-

quarters of those under investigation had active NIH grants, and nearly half had at least two grants. The agreement directs that the Committees be notified quarterly on the progress of these investigations, as well as the institutions, scientists, and research affected. The agreement continues to direct NIH to provide \$5,000,000 to the Inspector General to continue additional investigations into this issue.

Gabriella Miller Kids First Research Act (Public Law 113–94).—The agreement continues to provide \$12,600,000 to support the seventh year of the 10-year pediatric research initiative.

Harassment Policies.—NIH must do more to play an active role in addressing sexual harassment, particularly in extramural research settings. For this reason, 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 took a major step toward implementing this direction 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. The agreement directs NIH to revise this guidance within 30 days of enactment of this Act to make clear that grantees must identify any changes to key personnel on an award that are related to concerns about harassment. As proposed by the Government Accountability Office in report GAO-20-187, the agreement directs NIH, in coordination with the HHS Office for Civil Rights, to “assess the feasibility of receiving and reviewing concerns of sex discrimination—including sexual harassment—and communicating to individuals on agency-funded grants the option to notify the agency of these concerns, outside of the Title IX complaint

process.” The agreement directs NIH to update guidance specifying the types of reporting considered to be informal and possible ways information regarding concerns of sex discrimination, including sexual harassment, may be used. The agreement directs NIH to submit to the Committees, within 90 days of enactment of this Act, goals and a plan outlining the potential for this pathway and guidance and assessing the agency’s sexual harassment prevention and intervention efforts for grantees, including methods to regularly monitor and evaluate sexual harassment prevention and intervention policies and communication mechanisms. Finally, the NIH Director is directed to provide semiannual reports to the Committees detailing progress made toward these activities.

Humane Research Alternatives.—The agreement directs NIH to provide a report to the Committees no later than 180 days after enactment of this Act on: 1) progress the Interagency Coordinating Committee on the Validation of Alternative Methods has made on finding alternatives to non-animal research methods; and 2) the incentives, if any, NIH offers to encourage grantees to consider these alternatives. This directive also replaces the directive included under the heading “Office of the Director” entitled “Animal Use in Research” in House Report 116-450.

IDeA States Pediatric Clinical Trials Network.—The agreement includes no less than the fiscal year 2020 funding level to continue this program.

National Commission on Lymphatic Diseases.—The agreement encourages NIH to work with relevant stakeholders to advance the establishment of a National Commission on Lymphatic Diseases that will make critical recommendations on coordinating NIH-wide lymphatic disease research. The Director is requested to provide an update to the Committees no later than 90 days after the enactment of

this Act about specific next steps to establish the Commission. In addition, there are concerns that not enough research is focused on lymphedema and the Director is requested to provide a report to the Committees within 120 days of enactment of this Act regarding the annual support level for lymphatic research funding over the past five years, including the types of grants supported in the last five fiscal years.

National Laboratories.—The agreement directs NIH to update the Committees on its work to coordinate efforts with the Department of Energy's (DOE) National Laboratories as directed in House Report 116-450. The agreement also encourages NIH to explore novel applications for radiopharmaceuticals and leverage next-generation advanced manufacturing techniques for isotope production being made by DOE-funded research universities and National Laboratories.

Office of AIDS Research.—The agreement includes no less than \$3,090,000,000 across NIH for HIV/AIDS research.

Office of Research on Women's Health (ORWH).—The agreement recognizes ORWH efforts to ensure that NIH-supported research addresses issues that affect women, promote the inclusion of women in clinical research, and develop and expand opportunities for women throughout the biomedical research career pipeline. To support expanding this work, the agreement includes an increase of \$5,000,000.

Pediatric Clinical Trials Authorized under Best Pharmaceuticals for Children Act.—The agreement directs that funding authorized by the Best Pharmaceuticals for Children Act (Public Law 107-109) include research to prepare for and conduct clinical trials.

NIH Division of Police.—The agreement notes that the explanatory statement accompanying the Commerce, Justice, Science, and Related Agencies Appropriations Act, 2021 directs the Attorney General to ensure implementation of evidence-based training programs on de-escalation and the use-of-force, as well as on police-community relations, that are broadly applicable and scalable to all Federal law enforcement agencies. The agreement further notes that several agencies funded by this Act employ Federal law enforcement officers and are Federal Law Enforcement Training Centers partner organizations. The agreement directs such agencies to consult with the Attorney General regarding the implementation of these programs for their law enforcement officers. The agreement further directs such agencies to brief the Committees on Appropriations on their efforts relating to such implementation no later than 90 days after consultation with the Attorney General. In addition, the agreement directs such agencies, to the extent that they are not already participating, to consult with the Attorney General and the Director of the FBI regarding participation in the National Use-of-Force Data Collection. The agreement further directs such agencies to brief the Committees on Appropriations, no later than 90 days after enactment of this Act, on their current efforts to so participate

Post-Research Adoption of Animals in Research.—The agreement directs NIH to provide a written update on the development of a policy requiring grantees receiving extramural grants for research using animals to implement post-research adoption policies, including an analysis of the associated costs and potential regulatory burdens, to the Committees within 180 days of enactment of this Act.

Primate Research.— The agreement recognizes the use of nonhuman primates in biomedical research for developing vaccines and treatments for public health threats. It also acknowledges the obligation in Federal law to minimize animal research and consider the use of alternatives wherever possible. The agreement directs NIH to commission an independent study by the National Academies of Sciences, Engineering, and Medicine (NASEM) to explore the current and future use of nonhuman primates in intramural NIH research. This study should include, but not be limited to: an assessment of the extent to which primates will continue to be necessary for intramural NIH biomedical research and, if so, in what areas; an analysis of primate availability and transportation options to fulfill current and future research needs; and a review of existing and anticipated future alternatives to the use of primates and how these could reduce NIH's reliance on nonhuman primates to fulfill the agency's mission currently and in the future.

Swine Research.—The agreement is aware of the value of some large animal models for use in expediting the translation of basic research to find cures and new therapeutics for many human diseases. Pigs are an appropriate animal model for human health and disease research in some areas given the similarities of their anatomy and physiology to humans. Additionally, their genomic structure is three times closer to that of humans than is the mouse genome. However, pigs have complex psychological needs and, when used in biomedical research, should be housed and cared for in accordance with those needs. Therefore, the agreement strongly encourages NIH to study elevating the pig to model organism status. In addition, NIH should identify how Institutes can evaluate the appropriateness of swine as a model for disease or system-specific investigation. The agreement directs OD to include an update on the progress of potentially elevating the pig to model organism status in the fiscal year 2022 Congressional Justification.

Trisomy 21.—The agreement commends NIH for its continued support of the Investigating Co-Occurring Conditions Across the Lifespan to Understand Down Syndrome (INCLUDE) Initiative. The Committee includes no less than \$65,000,000, an increase of \$5,000,000, for this initiative. The agreement reiterates the directives under this heading in House Report 116-450. In addition, the agreement encourages this project to consider research applications related to complementary and integrative health approaches to address co-occurring conditions in individuals with Down syndrome, such as traditional Chinese medicine on development and Applied Behavioral Analysis and Applied Verbal Analysis on development and language acquisition.

Women's Health Research Priorities.—The agreement supports more focus on this research, including research related to gynecology and obstetrics, to address rising maternal morbidity and mortality rates; rising rates of chronic debilitating conditions in women; and stagnant cervical cancer survival rates. The agreement encourages NIH to convene a consensus conference within 180 days of enactment of this Act to include representatives from relevant stakeholders to evaluate research currently underway related to such topics. The agreement requests an update on this effort in the fiscal year 2022 Congressional Justification.

NATIONAL INSTITUTE FOR RESEARCH SAFETY AND QUALITY (NIRSQ)

The agreement does not include funding for NIRSQ.

BUILDINGS AND FACILITIES

The recommendation includes \$200,000,000 for buildings and facilities, in addition to \$225,000,000 from HHS' Nonrecurring Expenses Fund. The explanatory statement accompanying the Further Consolidated Appropriations Act, 2020 (Public Law 116-94) encouraged NIH to implement the recommendations of the 2019 NASEM report *Managing the NIH Bethesda Campus' Capital Assets in a Highly Competitive Global Biomedical Research Environment*, especially those relating to developing best practices around setting priorities and reforming its internal governance process, including empowering a senior leader to manage capital planning. Despite its efforts, NIH has not developed a capital planning process that is used to guide agency decision-making. Capital planning remains fragmented and inconsistent. The agreement recognizes the need for significant investment to modernize NIH's infrastructure in the coming years, but to ensure this work will be effectively executed, NIH must build a unified capital planning and management capability to oversee all of its portfolio. The agreement directs NIH to reform its internal governance process and policies and empower a senior leader to manage all of its capital portfolio, including projects whose cost exceeds \$3,500,000, but falls below \$10,000,000. Establishment of the Research Facilities Advisory Committee (RFAC) has been a step in the right direction, and the agreement expects that all projects, regardless of their funding source, will be consistently evaluated and ranked by the RFAC. The recommendation also expects that as NIH's portfolio management capabilities mature, it will develop the policies and practices to assess whether construction, purchase, or leasing is the most cost-effective approach. The agreement directs NIH to provide quarterly updates of its efforts to develop best practices. These briefings should also include updates of its maintenance and construction plans, including a dashboard that compares the original and current scores, rankings, costs and schedule for major milestones of

the projects in its portfolio. Finally, these updates will highlight and explain any changes from the original baseline estimates for individual projects.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

The agreement encourages SAMHSA to exercise maximum flexibility when developing funding opportunity announcements to ensure that all eligible applicants may apply.

MENTAL HEALTH

Certified Community Behavioral Health Clinics.—The agreement includes increased funding.

Children's Mental Health Services.—The agreement 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.

Mental Health Block Grant.—The agreement includes a \$35,000,000 increase for a new five percent set-aside of the total for evidence-based crisis care programs as directed in House Report 116-450.

National Child Traumatic Stress Initiative.—The agreement includes an increase and directs SAMHSA to distribute the grants in accordance with the directives in House Report 116-450.

Within the total provided for Mental Health Programs of Regional and National Significance (PRNS), the agreement includes the following amounts:

	FY 2021
Budget Activity	Agreement
Capacity:	
Seclusion and Restraint.....	\$1,147,000
Project AWARE.....	107,001,000
Mental Health Awareness Training.....	23,963,000
Healthy Transitions.....	29,451,000
Infant and Early Childhood Mental Health.....	8,000,000
Children and Family Programs.....	7,229,000
Consumer and Family Network Grants.....	4,954,000
Project LAUNCH.....	23,605,000
Mental Health System Transformation.....	3,779,000
Primary and Behavioral Health Care Integration.....	52,877,000
National Strategy for Suicide Prevention	23,200,000
<i>Zero Suicide</i>	21,200,000
<i>American Indian and Alaska Native</i>	2,400,000
Suicide Lifeline.....	24,000,000
Garrett Lee Smith–Youth Suicide Prevention– States.....	36,427,000

	FY 2021
Budget Activity	Agreement
Garrett Lee Smith–Youth Suicide Prevention– Campus.....	6,488,000
American Indian and Alaskan Native Suicide Prevention Initiative.....	2,931,000
Tribal Behavioral Grants.....	20,750,000
Homelessness Prevention Programs.....	30,696,000
Minority AIDS.....	9,224,000
Criminal and Juvenile Justice Programs.....	6,269,000
Assisted Outpatient Treatment.....	21,000,000
Assertive Community Treatment for Individuals with Serious Mental Illness	9,000,000
Science and Service:	
Garrett Lee Smith–Suicide Prevention Resource Center.....	9,000,000
Practice Improvement and Training.....	7,828,000
Primary and Behavioral Health Integration Technical Assistance.....	1,991,000

	FY 2021
Budget Activity	Agreement
<hr/>	
Consumer & Consumer Support Technical	
Assistance Centers.....	1,918,000
Minority Fellowship Program.....	10,059,000
Disaster Response.....	1,953,000
Homelessness.....	2,296,000
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Infant and Early Childhood Mental Health.—The agreement includes an increase for grants to entities that are in different stages of developing infant and early childhood mental health services. The agreement directs SAMHSA to allocate a portion of the increase for technical assistance to existing grantees, to better integrate infant and early childhood mental health into State Systems.

Mental Health Awareness Training.—SAMHSA is directed to continue 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 and armed services personnel and their family members.

National Suicide Prevention Lifeline.—The agreement includes an increase and requests that SAMHSA provide a report to the Committees on Appropriations of the House of Representatives and the Senate within 180 days after enactment of this Act on the level of funding required to meet the needs of the Lifeline, and includes updated data on suicide rates and attempts. In addition, SAMHSA is directed to provide a report to the Committees on Appropriations of the House of

Representatives and the Senate and post such report on SAMHSA's website within 180 days of enactment of this Act detailing call and text volume over the past three years as applicable. The report shall also include an assessment of whether other services such as emails, videos, or other digital modes of communications would improve service of the Lifeline. As SAMHSA considers expanding this service, the agreement encourages SAMHSA to leverage existing infrastructure to the extent practicable. The agreement further urges SAMHSA to provide specific training programs for counselors to increase competency in serving at-risk youth through the utilization of existing specialized resources.

Project AWARE.—The agreement includes an increase for school-and campus-based mental health services and support. Of the amount provided, the agreement directs \$12,500,000 for 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. The agreement requests a report be submitted to the Committees on Appropriations of the House of Representatives and Senate outlining grantee efforts 180 days after enactment of this Act.

Suicide Prevention.—The agreement includes increased funding to expand and enhance access to suicide prevention resources of the Suicide Lifeline, the Zero Suicide program, the Garrett Lee Smith Youth Suicide Prevention State Grants Program, and the Garrett Lee Smith Suicide Prevention Resource Center.

SUBSTANCE ABUSE TREATMENT

State Opioid Response Grants.— The agreement notes concern that longstanding guidance to the Department to avoid a significant cliff between States with similar mortality rates was overlooked in the award of fiscal year 2020 funds. For future awards, the agreement directs the Assistant Secretary to ensure the formula avoids a significant cliff between States with similar mortality rates to prevent unusually large changes in certain States when compared to prior year allocations. SAMHSA is directed to provide State agencies with technical assistance concerning how to enhance outreach and direct support to providers and underserved communities. The agreement 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 and make such an evaluation publicly available on SAMHSA’s website.

Within the total provided for Substance Abuse Treatment Programs of Regional and National Significance, the agreement includes the following amounts:

	FY 2021
Budget Activity	Agreement
Capacity:	
Opioid Treatment Programs/Regulatory Activities.....	\$8,724,000
Screening, Brief Intervention, Referral, and Treatment.....	30,000,000

	FY 2021
Budget Activity	Agreement
<i>PHS Evaluation Funds</i>	2,000,000
Targeted Capacity Expansion - General.....	102,192,000
<i>Medication-Assisted Treatment for Prescription</i>	
<i>Drug and Opioid Addiction</i>	91,000,000
Grants to Prevent Prescription Drug/Opioid Overdose.	12,000,000
First Responder Training.....	42,000,000
<i>Rural Focus</i>	24,000,000
Pregnant and Postpartum Women.....	32,931,000
Recovery Community Services Program.....	2,434,000
Children and Families.....	29,605,000
Treatment Systems for Homeless.....	36,386,000
Minority AIDS.....	65,570,000
Criminal Justice Activities.....	89,000,000
<i>Drug Courts</i>	70,000,000
Improving Access to Overdose Treatment.....	1,000,000
Building Communities of Recovery.....	10,000,000
Peer Support Technical Assistance Center.....	1,000,000

	FY 2021
Budget Activity	Agreement
Comprehensive Opioid Recovery Centers.....	4,000,000
Emergency Department Alternatives to Opioids.....	6,000,000
Treatment, Recovery, and Workforce Support.....	6,000,000
Opioid Response Grants.....	3,000,000
Science and Service:	
Addiction Technology Transfer Centers.....	9,046,000
Minority Fellowship Program.....	5,789,000

Building Communities of Recovery.—The agreement provides an increase for enhanced long-term recovery support principally governed by people in recovery from substance use disorders.

Comprehensive Opioid Recovery Centers.—The agreement includes an increase and directs SAMHSA to make the funding opportunity available to all eligible entities, as defined in section 7121 of the SUPPORT Act (P.L. 115-271), that meet this criterion. The agreement shifts the program from Mental Health PRNS.

First Responder Training.—Of the funding provided, the agreement provides \$5,500,000 to make awards to rural public and non-profit fire and EMS agencies as authorized in the Supporting and Improving Rural Emergency Medical Service’s Needs (SIREN) Act (P.L. 115-334).

Maternal Mortality and Neonatal Abstinence Syndrome.—The agreement supports the continued efforts of expanded implementation of screening, brief

intervention, and referral to treatment and its possible impact on reducing the costs of neonatal abstinence syndrome (NAS). The agreement 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 within SAMHSA programs to address this important issue.

Medication-Assisted Treatment for Prescription Drug and Opioid Addiction.— Within the amount, the agreement includes \$11,000,000 for grants to Indian Tribes, Tribal Organizations, or consortia. The agreement directs SAMHSA to ensure grants allow the use 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.

Opioid Abuse in Rural Communities.—The agreement 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. In addition, the agreement encourages SAMHSA to consider early interventions, such as co-prescription of overdose medications with opioids, as a way to reduce overdose deaths in rural areas.

Opioid Detoxification.—The agreement recognizes SAMHSA's efforts to address opioid detoxification within their Federal grant programs by emphasizing that opioid detoxification should be followed by medication to prevent relapse to opioid dependence. The agreement encourages SAMHSA to continue these efforts.

Opioid Response Grants.— The agreement includes \$3,000,000 for supplemental grants to States whose award from the State Opioid Response formula grant declines by more than 40 percent in fiscal year 2021 in comparison

to fiscal year 2019. The agreement directs SAMHSA to allocate the funds to eligible States within 30 days of enactment of this Act.

Pregnant and Postpartum Women.—The agreement encourages SAMHSA to prioritize States that support best-practice collaborative models for the treatment and support of pregnant women with opioid use disorders. SAMHSA is also encouraged to fund an additional cohort of States under the pilot program authorized by the Comprehensive Addiction and Recovery Act (P.L. 114-198).

Treatment Assistance for Localities.—The agreement recognizes the use of peer recovery specialists and mutual aid recovery programs that support Medication-Assisted Treatment and encourages SAMHSA to support these activities as applicable in its current grant programs.

Treatment for Hepatitis.—The agreement encourages SAMHSA to work with CDC to develop a plan to increase hepatitis A and B vaccinations among those populations targeted through SAMHSA's overdose prevention and substance use treatment programs. SAMHSA is further encouraged to promote awareness about the importance of hepatitis A and B vaccination among medical and health professionals, communities at high risk, and the general public. The agreement requests an update on these efforts in the fiscal year 2022 Congressional Justification.

Treatment, Recovery, and Workforce Support.—The agreement includes an increase to implement section 7183 of the SUPPORT Act (P.L. 115-271). SAMHSA is directed to, in consultation with the Secretary of Labor, 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.

SUBSTANCE ABUSE PREVENTION

Within the total provided for Substance Abuse Prevention Programs of Regional and National Significance, the agreement includes the following amounts:

Budget Activity	FY 2021 Agreement
Capacity:	
Strategic Prevention Framework/	
Partnerships for Success.....	\$119,484,000
<i>Strategic Prevention Framework Rx</i>	<i>10,000,000</i>
Federal Drug-Free Workplace.....	4,894,000
Minority AIDS.....	41,205,000
Sober Truth on Preventing Underage Drinking	
(STOP Act).....	10,000,000
<i>National Adult-Oriented Media Public Service</i>	
<i>Campaign</i>	<i>2,000,000</i>
<i>Community-based Coalition Enhancement Grants</i>	<i>7,000,000</i>
<i>Intergovernmental Coordinating Committee on the</i> <i>Prevention of Underage Drinking</i>	<i>1,000,000</i>

	FY 2021
Budget Activity	Agreement
Tribal Behavioral Health Grants.....	20,750,000
Science and Service:	
Center for the Application of Prevention Technologies.....	7,493,000
Science and Service Program Coordination.....	4,072,000
Minority Fellowship Program.....	321,000

Non-Federal Workplace Substance Abuse Prevention.—The agreement recognizes the lack of workplace information designed to support evidence-based substance abuse prevention education and encourages SAMHSA to coordinate with OSHA to disseminate materials for the workplace.

Sober Truth on Preventing Underage Drinking Act (STOP Act).—The agreement provides an increase for the public health service campaign.

Strategic Prevention Framework-Partnerships for Success Program.—The agreement encourages the program to 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 12 to 18 year old youth as determined by the State’s epidemiological data. The agreement directs SAMHSA to ensure that State alcohol and drug agencies remain eligible to apply along with community-based organizations and coalitions.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

Within the total provided for health surveillance and program support, the agreement includes the following amounts:

Budget Activity	FY 2021 Agreement
Health Surveillance.....	\$47,258,000
<i>PHS Evaluation Funds</i>	<i>30,428,000</i>
Program Management.....	79,000,000
Performance and Quality Information Systems...	10,000,000
Drug Abuse Warning Network.....	10,000,000
Public Awareness and Support.....	13,000,000
Behavioral Health Workforce Data.....	1,000,000
<i>PHS Evaluation Funds</i>	<i>1,000,000</i>

Interagency Task Force on Trauma-Informed Care.—The agreement 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.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)

The agreement includes \$338,000,000 for AHRQ. Within the total, the agreement includes the following amounts:

Budget Activity	FY 2021 Agreement
Health Costs, Quality, and Outcomes:	
Prevention/Care Management.....	\$11,542,000
Health Information Technology (IT).....	16,349,000
Patient Safety Research.....	71,615,000
Health Services Research, Data, and Dissemination.....	95,403,000
Medical Expenditure Panel Survey.....	71,791,000
Program Management.....	71,300,000

Kratom.—The agreement includes \$500,000 for research related to kratom as described in House Report 116-450.

Organ Availability.—The agreement urges AHRQ to evaluate innovative approaches to enhance the availability of organs, otherwise encourage donation, and further improve the organ transplantation process, including through consultation with other Federal agencies.

Partners Enabling Diagnostic Excellence.—The agreement includes \$2,000,000 to support improving diagnosis in medicine as described in House Report 116-450.

Prenatal Care for Pregnant Individuals.—The agreement encourages support for research into efforts to encourage access to prenatal care for expectant mothers.

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

PROGRAM MANAGEMENT

Addressing Obesity and Related Comorbidities.—The agreement encourages CMS to work to ensure beneficiary access to the full continuum of care for obesity, including access to FDA-approved anti-obesity medications under Medicare Part D, if determined as clinically appropriate by the patient’s physician, consistent with CMS’s approach to pharmacotherapy agents used for weight gain to treat AIDS wasting and cachexia. The agreement also encourages CMS to reexamine its Medicare Part B national coverage determination for intensive behavioral therapy for obesity considering current United States Preventive Services Task Force recommendations.

Certified Transplant Centers.—The agreement encourages CMS to consider removing the disincentive for Medicare Certified Transplant Centers to transfer patients suffering from complete loss of brain function to organ recovery centers operated by organ procurement organizations.

Claim Payment Coordination.—The agreement requests updated information in the fiscal year 2022 congressional justification that provides options to reform the current system for the identification of Medicare beneficiaries enrolled in Medicare Advantage or Part D plans by third party payers in situations where no-fault or liability insurance or workers’ compensation is involved.

Computed Tomography (CT) Colonography.—The agreement encourages CMS to consider existing evidence to determine whether CMS should cover CT

colonography as a Medicare-covered colorectal cancer screening test under section 1861(pp)(1) of the Social Security Act.

Congregate Care Settings.—Children and adults with mental illness, and children and adults with disabilities, living in or receiving services in congregate care settings, are in facilities not always subject to Federal reporting requirements. Data collection within these facilities is critical to identifying risks for these critical populations. The agreement urges CMS to assess current reporting requirement regulations and determine whether to include other institutions.

Continuous Electronic Monitoring.—The agreement encourages CMS to study the potential efficacy and benefits of continuous physiologic electronic monitoring of all patients taking opioids in the hospital.

Creative Ideas to Lower Health Care Costs.—The agreement encourages CMS to develop creative projects to lower the cost of care among older populations, including projects that could leverage international collaborations.

Data Transparency.—The agreement encourages CMS to make all of the non-institutional provider claims file data available for researchers in accordance with the manner in which CMS made the Medicare fee for service hospital, Medicare Advantage, and Transformed Medicaid Statistical Information System data available.

Evaluation and Management Services.—The agreement notes CMS's efforts to ensure appropriate valuation of services under the Medicare Physician Fee Schedule. The agreement encourages CMS to assess the effects of any changes on access to services and workforce incentives.

Excellence in Mental Health.—CMS shall continue to administer section 223 of Public Law 113–93 and consult with the Substance Abuse and Mental Health Services Administration, as necessary.

Expanding Support for Screening and Diagnostic Testing in Cancer Treatment.—The agreement urges CMS to identify ways to expand access to screening and testing that involves appropriate utilization of a companion diagnostic and ensures the upmost protection of Americans’ healthcare data.

Health Insurance Exchange Transparency.—The agreement continues bill language requiring CMS to continue to provide cost information for the health insurance exchange, including all categories described under this heading in the explanatory statement accompanying division B of Public Law 115–245, as well as estimated costs for fiscal year 2022.

Home Visiting.—The agreement directs CMS to build upon its 2016 Joint Informational Bulletin to clearly articulate how Medicaid dollars can be blended and braided appropriately in home visiting programs to reach eligible families, provide streamlined coverage options for home visiting services, and cover specific components of home visiting programs.

Hospital Based Nursing Programs.—The agreement acknowledges recent CMS guidance that impacts funding for certain hospital-based nursing programs. The agreement strongly encourages CMS to engage with impacted stakeholders when determining next steps.

Hospital Outpatient Prospective Payments.—The agreement recognizes the U.S. Court of Appeals for the District of Columbia Circuit reversed the district court to uphold a 2019 Medicare payment rule pertaining to hospital outpatient prospective payment policies.

Medicare Accelerated and Advanced Payment System.—The Secretary shall submit a report within 30 days of enactment of this act, and every 90 days thereafter until April 1, 2021, to the Committees on Appropriations, Ways and Means, and Energy and Commerce of the House of Representatives and the Committees on Appropriations and Finance of the Senate, providing a full accounting, including methodology, of federal loans provided in fiscal years 2020 and 2021 through the Medicare Accelerated and Advanced Payments Program.

Medicare Part D.—The agreement 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 agreement encourages CMS to take further steps to reduce patients' out-of-pocket costs.

Medicare Program Integrity Demonstrations Using Advanced Technology.—The agreement notes that CMS issued a Request for Information in October 2019 to obtain input on how the agency can better use emerging technologies to ensure proper claims payment, reduce provider burden, and generally conduct program integrity activities in a more efficient manner. The agreement encourages CMS to consider pilot programs using AI-enabled documentation and coding technology to address CMS' top program integrity priorities and reduce administrative burden.

Non-emergency Medical Transportation (NEMT).— The agreement continues to direct HHS to take no regulatory action on availability of NEMT service until the Medicaid and CHIP Payment and Access Commission completes the study requested in division A of Public Law 116–94. The agreement notes the Committees anticipate such study to be completed in fiscal year 2021.

Nursing Home Quality.—The agreement strongly supports the committee recently formed by the National Academies of Sciences, Engineering, and Medicine to examine the quality of care in U.S. nursing homes. The agreement looks forward to reviewing the committee’s findings and recommendations.

Quality Care for Cancer.—The agreement is aware of voluntary accreditation by the American College of Surgeons Cancer Programs and supports voluntary accreditation efforts that improve performance evaluation and inform quality care improvements.

Reimbursement Coding for Reducing Opioid Consumption.—The agreement encourages CMS to undertake efforts to ensure reimbursement of FDA-approved devices and therapies for unique post-surgery patient populations that use alternative means for effective pain management. In addition, CMS is encouraged to support provider efforts to track patient pain scores and reductions in opioid consumption using such alternative means for effective pain management.

Risk Corridor Program.—The agreement continues to direct CMS to provide a yearly report to the Committees detailing any changes to the receipt and transfer of payments.

Rural Hospitals.—The agreement directs CMS to study and propose solutions that would allow vulnerable hospitals serving rural and underserved populations to receive relief in the near-term, as well as explore payment options that can ensure that more hospitals serving rural and underserved populations can operate in a more financially sustainable way. These recommendations should be provided to the Committees on Appropriations, the Senate Committee on Finance, and the Committees on Ways and Means and Energy and Commerce of the House of Representatives within 180 days of enactment of this Act.

Survey and Certification.—The agreement directs CMS to provide funding to States and territories through an expedited process and prioritize efforts to increase quality of care, infection control, and maintaining staff levels to protect patients and staff. The agreement urges CMS to coordinate with the Department of Veterans Affairs on oversight of long-term care facilities under the Department of Veterans Affairs, including surveys of such facilities.

Total Parenteral Nutrition Cancer Access.—The agreement requests that CMS provide the Committees an update within 180 days of enactment of this Act on any plans to revise the Durable Medical Equipment local policies to allow for parenteral nutrition for patients with head, neck, and gastrointestinal cancers.

HEALTH CARE FRAUD AND ABUSE CONTROL

Interagency Coordination.—The agreement supports the ongoing efforts to coordinate activities between the agencies within the Department of Justice and the Department of Health and Human Services and expects this coordination and collaboration to continue.

Program Integrity.—The agreement encourages CMS to continue working with Oak Ridge National Laboratory to leverage Department of Energy’s computational facilities to bring state-of-the-art computational and data analytics capabilities to address complex issues in CMS to reduce waste, fraud, and abuse.

Program Integrity and Artificial Intelligence (AI) Software.—The agreement strongly encourages CMS 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 (ACF)

REFUGEE AND ENTRANT ASSISTANCE

The U.S. refugee admission program [USRAP] reflects U.S. humanitarian and strategic interests. The USRAP provides for the safe resettlement of some of the most vulnerable refugees and not only saves lives, but also strengthens national and global security by providing support and shared responsibility for strategic allies and regions. The agreement notes that appropriate consultation with Congress is required by statute in advance of the President's determination on the number of refugees to be admitted during the coming fiscal year.

The agreement continues to affirm the community consultation process embedded in USRAP, a process which is grounded in public-private partnerships and works most effectively with cooperation among local, State, and Federal stakeholders.

The agreement continues to encourage HHS, to the extent practicable, to ensure resettlement agencies are able to maintain their infrastructure and capacity at a level to continue to serve new refugees, previously arrived refugees, and others who remain statutorily eligible for integration services, and to ensure future arrivals are adequately served. The agreement directs the Office of Refugee Resettlement (ORR) to submit a report within 180 days of enactment of this Act on efforts ORR is taking to ensure that ORR and its grantees are able to continue to serve such populations, prevent barriers to individuals' ability to seek protection and receive services, and ensure ORR is able to carry out its mission.

Transitional and Medical Services.—The agreement continues to strongly encourage HHS to increase the percentage of eligible arrivals served by the matching grant program and to give matching grant programs flexibility in administering their programs, including, when justified, carrying over unexpended funding and slots and providing exemptions to the 31 day enrollment period.

Victims of Trafficking.—Within the total for this program, the agreement includes no less than \$4,000,000 for the National Human Trafficking Hotline.

The agreement encourages ACF to work with university health centers, allied health professions programs, and medical schools to provide health care and mental health services to treat the immediate and long-term health needs of victims of human trafficking and include human trafficking training in health professions academic programs to prepare students to recognize victims and intervene on their behalf.

Unaccompanied Alien Children (UAC)

The agreement notes that the front matter of this explanatory statement establishes that language included in House Report 116-450 should be complied with unless specifically addressed to the contrary in this explanatory statement. In cases where the House Report addresses an issue not addressed in this joint explanatory statement, the House Report language is deemed to carry the same emphasis as language included in this explanatory statement.

The agreement recognizes that HHS estimates it will spend significantly more on the UAC program in fiscal year 2021 than is currently supported by annual appropriations. This higher operating level, supported by fiscal year 2019 supplemental appropriations, has helped HHS expand its capacity in State-licensed shelters while expanding services to children. While the Committees understand there are significant challenges in estimating annual funding needs, the agreement expects HHS to continue to work with the Committees to refine estimates of the resources necessary for sustaining its expanded capacity and services through the regular, annual appropriations process.

Communicating with Congress.—The agreement directs the Department to continue updating the “Latest UAC Data” available on HHS’ website and to continue to provide the Committees the reports, data, and notifications as required in fiscal year 2020. Additionally, the agreement directs the Department to notify the Committees prior to making any administrative or policy changes expected to impact: the number of children in ORR custody; shelter operations; the placement of children with sponsors; or any post-release services.

The agreement expects ORR to routinely report on the status of efforts undertaken by the Secretary to reunify children with parents from whom they were separated at the border, including the number of such reunifications and the length of any outstanding separations.

The agreement expects ORR to continue to report to the Committees the death of any unaccompanied child in its custody within 24 hours, including relevant details regarding the circumstances of the fatality.

Confidentiality of Mental Health Services.—The agreement notes serious concern about reports that information provided by children during ORR counseling sessions was inappropriately shared with other Federal agencies. The agreement directs ORR to develop specific policies and procedures within 90 days of enactment of this Act, consistent with all applicable child welfare laws, regulations, and licensing requirements, regarding the confidentiality of counseling and mental health services provided to unaccompanied children, and of all related documentation, including case notes and records of therapists and other clinicians, and to ensure shelter providers are aware of such policies.

Facility Oversight.—The agreement directs ORR to submit the reports requested under this heading in House Report 116-450. The agreement recognizes that ORR has not met its monitoring goals for biennial comprehensive monitoring of facilities. The agreement directs ORR to develop a plan to comply with its policy, to increase facility monitoring to ensure the safety and well-being of children in its care. The plan should identify any additional staffing and resources that would be necessary to conduct annual comprehensive monitoring visits to each provider facility. The plan should include ways to abate the challenges in adhering to regular monitoring schedules, as identified in GAO Report 20-609, and should incorporate the recommendations of the GAO Report, including any potential efficiencies that may be gained through coordination with State licensing agencies.

Records Requests.—The agreement continues to expect ORR to maintain records and respond to records requests consistent with the requirements of section 552 of title 5, United States Code, for information related to all children in ORR's custody, regardless of whether such children are housed in Federal facilities or, to the extent possible, non-Federal facilities managed by other entities. The agreement further notes that the Department should not withhold records from disclosure unless the Department reasonably foresees that disclosure would harm an interest protected by an exemption described in section 552(b) of title 5 or is otherwise prohibited by law.

Services for Children.—The agreement expects ORR to spend no less than \$212,000,000 from all sources in fiscal year 2021 on post-release services, legal services, and child advocates. This will allow HHS to expand such services beyond fiscal year 2020 levels, to serve children in ORR's care and children recently released from HHS custody, as well as to additional high-release communities that are not currently being served.

Sibling Placement.—The agreement directs ORR to place siblings in the same facility, or with the same sponsor, to the extent practicable, and so long as it is appropriate and in the best interest of the child.

Spend Plan.—The agreement directs ORR to continue to submit a comprehensive spend plan to the Committees every 60 days, incorporating all funding provided in this Act, and previous Acts, in accordance with section 410 of the Emergency Supplemental Appropriations for Humanitarian Assistance and Security at the Southern Border Act, 2019 (P.L. 116-26).

State-Licensed Shelters.—The agreement continues to direct HHS to prioritize awarding grant or contract funding to licensed, community-based placements (including foster care and small group homes) over large-scale institutions, and to notify the Committees prior to releasing any funding opportunity announcements, grants or contract awards, or plans to lease or acquire real property.

The agreement expects ORR to take steps to consider State licensing issues and past performance of applicants prior to awarding grants or contracts to care providers, and to coordinate with State licensing agencies during ORR grant review processes, and post-State monitoring processes, in accordance with recommendations made by GAO in GAO Report 20-609, “Actions Needed to Improve Grant Application Reviews and Oversight of Care Facilities”.

Temporary Influx Shelters.—The agreement continues to expect that influx facilities are used only as a last resort when there is not sufficient capacity in State-licensed facilities and continues statutory requirements related to the operation of influx facilities.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Early Head Start (EHS) Expansion and EHS-Child Care Partnerships (CCP).—

The agreement continues to strongly support these programs, and directs ACF to continue to prioritize equally EHS Expansion and EHS-CCP, as determined by the needs of local communities. The agreement expects that any funds used for EHS Expansion or EHS-CCP grants that are re-competed would continue to be used for such purposes. Finally, the agreement continues to direct ACF to include in the fiscal year 2022 congressional justification, the actual and estimated number of funded slots for each of the following: Head Start, EHS, and EHS-Child Care Partnerships.

State Child Abuse Prevention.—The agreement includes the directives and reporting requirements regarding child fatalities and near fatalities as requested under this heading in House Report 116-450.

Child Abuse Prevention and Treatment Act Infant Plans of Safe Care.—The agreement continues \$60,000,000 to help States continue to develop and implement plans of safe care as required by section 106 of the Child Abuse Prevention and Treatment Act. The agreement directs HHS to provide technical assistance to States on best-practices and evidence-based interventions to address the health, safety, and substance use disorder treatment needs of the child and family, including guidance on the requirements and key terms in section 106(b)(2)(B) clauses (ii) and (iii), and to evaluate State's activities on plans of safe care.

Child Abuse Discretionary Activities.—The agreement includes \$1,000,000 for an additional year of grant funding for text- and online chat-based intervention and education services through the Child Abuse Hotline.

The agreement encourages the program to work with nonprofit organizations to provide trauma-informed interventions to children who have experienced severe trauma caused by abuse or neglect and to partner with regional children's hospitals to explore how Institutional Review Board-approved research can improve the livelihood of children who have been abused, neglected, or abandoned.

Child Welfare Research, Training and Demonstration.—The agreement includes \$1,000,000 for a pilot project to enhance Statewide multi-disciplinary child advocacy studies training to improve training in how to prevent, identify, and respond to incidences of child abuse. In piloting such training, ACF should prioritize States with the existing infrastructure to train a large number of individuals, including existing partnerships with institutions of higher education in the State.

Adoption Opportunities.—The agreement includes \$1,000,000 to continue the National Adoption Competency Mental Health Training Initiative.

Social Services Research and Demonstration.—The agreement directs \$1,000,000 to the Child Welfare Intergenerational Poverty Study as described in House Report 116-450.

Native American Programs.—The agreement includes \$13,000,000 for Native American language preservation activities, and not less than \$5,000,000 for language immersion programs authorized by section 803C(b)(7)(A)–(C) of the Native American Programs Act, as amended by the Esther Martinez Native American Language Preservation Act of 2006.

National Domestic Violence Hotline.—The agreement includes continued support for the StrongHearts Native Helpline.

ADMINISTRATION FOR COMMUNITY LIVING (ACL)

AGING AND DISABILITY SERVICES PROGRAMS

Protection of Vulnerable Older Americans.—The agreement includes a \$1,000,000 increase for the ombudsman program.

National Family Caregiver Strategy.—The agreement includes \$400,000 for the Family Caregiving Advisory Council.

Aging Network Support Activities.—Within the total, the agreement continues to provide not less than \$5,000,000 for the Holocaust Survivor's Assistance program.

The agreement includes \$4,000,000 to continue the Care Corps grant funded in fiscal year 2019.

Alzheimer's Disease Program.—Within the total, the agreement provides up to \$2,000,000 for the National Alzheimer's Call Center.

Elder Rights Support Activities.—Within the total, the agreement provides \$12,000,000 for the Elder Justice and Adult Protective Services program.

The agreement includes \$2,000,000 in grants to address State guardianship laws and procedures as directed in House Report 116-450.

Paralysis Resource Center (PRC).—Within the total, the agreement directs not less than \$8,700,000 to the National PRC. The agreement expects the report requested under this heading in House Report 116-450 within 180 days of enactment of this Act.

Developmental Disabilities Programs.—The agreement encourages ACL to consult with the appropriate Developmental Disabilities Act stakeholders prior to announcing opportunities for new technical assistance projects and to notify the Committees prior to releasing new funding opportunity announcements, grants, or contract awards with technical assistance funding.

The agreement includes not less than \$700,000 for technical assistance and training for the State Councils on Developmental Disabilities.

Intermediate Care Facilities.—The Department is encouraged to factor the needs and desires of patients, their families, caregivers, legal representatives, and other stakeholders, as well as the need to provide proper settings for care, into its enforcement of the Developmental Disabilities Act.

National Institute on Disability, Independent Living, and Rehabilitation Research.—The agreement supports continued investment, as established by Senate Report 115-289, in research by universities and other eligible entities that seek to develop technologies that allow for independent living, address the disabled aging populations, and target rural, frontier, and tribal communities.

University Centers for Excellence in Developmental Disabilities.—The agreement includes \$1,500,000 to support new partnerships between existing University Centers for Excellence in Developmental Disabilities and highly-qualified, non-profit service providers, to develop models that offer individuals with Intellectual and Developmental Disabilities and their families with community-based adult transition and daytime services to support independent living.

Assistive Technology.—The agreement includes a \$500,000 increase for formula grant funding through section 4 of the Assistive Technology Act.

OFFICE OF THE SECRETARY
GENERAL DEPARTMENTAL MANAGEMENT

Cancer Survivorship Care.—The agreement encourages HHS to complete the identification of best practices for childhood and adolescent cancer survivorship care as directed by the STAR Act (Public Law 115–180).

Chronic Kidney Disease.—The agreement encourages the Secretary to use available funds to support a public awareness initiative, building on the Administration’s July 2019 Advancing American Kidney Health Initiative, which provides education about kidney disease to providers and at-risk Americans and promotes early detection, treatment, and management of kidney disease to improve patient outcomes.

Clinical Psychological Training.—The agreement encourages the Secretary to review accreditation and eligibility requirements for the Public Health Service Corps and behavioral health workforce programs to allow access to the best qualified applicants, including those who graduate from Psychological Clinical Science Accreditation System programs

Data Sharing.—The agreement directs the HHS National Directory of New Hires to update their joint data-sharing agreement to provide public housing authorities with improved upfront income verifications through the Enterprise Income Verification system and to eliminate the hardship of compiling documents for homeless populations.

Disparity Populations.—The agreement directs the Secretary to continue the collection of data on disparity populations, as defined by Healthy People 2021, in surveys administered with funding in this Act.

Ending the HIV Epidemic.—The agreement provides increases for this initiative in HRSA, CDC and NIH. Within 90 days of enactment of this Act, the agreement requests: (1) a spend plan, broken out by State and county and (2) a briefing for the Committees on Appropriations of the House of Representatives and the Senate on progress made to date and outlining how HHS will use funds in fiscal year 2021 and subsequent fiscal years.

Lung Cancer in Women.—The agreement encourages the Secretary, in consultation with DoD and VA, to conduct an interagency study to evaluate the status of research on women and lung cancer and make recommendations for additional research on the disparate impact of lung cancer in women who have never smoked. The study should make recommendations regarding increased access to lung cancer preventive services and strategic public awareness and education campaigns related to lung cancer. The agreement requests an update on these activities in the fiscal year 2022 congressional justification.

Mental Health Parity.—The agreement directs the Secretary, in coordination with the Secretary of Labor and the Secretary of Treasury, to issue regular guidance to ensure compliance with the Mental Health Parity and Addiction Equity Act.

Nonrecurring Expenses Fund.—The agreement directs HHS to continue implementing previously notified projects and prioritize obligations for the following projects: Indian Health Service facilities, Cybersecurity, FDA laboratory renovations, and the CDC NIOSH facility. The agreement notes recent notifications on use of this fund have failed to include adequate detail on projects. The agreement also notes requested reports on such fund have not been supplied quarterly as requested and did not include detail at the project level. The agreement directs the Department to include all information at the project level.

Obligation Reports.—The agreement directs the Secretary to submit electronically to the Committees on Appropriations of the House of Representatives and the Senate 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.

Operation Warp Speed (OWS).—The agreement expects the Secretary to take best practices from OWS and use them to accelerate other areas of medical countermeasures research. The agreement directs the Secretary to provide an update on OWS in the fiscal year 2022 congressional justification. In addition, such update should also include a broader update on efforts to expand methods and lessons learned through OWS into other areas of medical countermeasures research.

Organ Availability and Donation Innovation.—The agreement looks forward to receiving the NASEM study which will examine and recommend improvements to research, policies, and activities related to organ donation and transplantation.

Rapid HIV Self-Test.—The agreement 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 regard to rural and otherwise hard to reach populations. The agreement encourages HHS to incorporate rapid HIV self-testing into agency efforts to reduce the spread of HIV.

Screening Framework for Providers of Synthetic Double-stranded DNA.—The agreement supports the Department's efforts to update the 2010 Screening Framework Guidance for Providers of Synthetic Double-stranded DNA and urges HHS to factor in ways to prevent illicit DNA synthesis and misuse. The agreement requests an update on this effort to the Committees on Appropriations of the House of Representatives and the Senate within 180 days of enactment of this Act.

Sexually Transmitted Infections National Strategic Plan.—The agreement commends the Department and their Federal partners in completing the Sexually Transmitted Infections National Strategic Plan (2021-2025). The agreement requests the Federal implementation plan to include specific dates of when the various aspects of the plan will be implemented and how non-Federal stakeholders and working groups will be included in the implementation and oversight process.

Staffing Reports.—The agreement includes a general provision requiring the Department to submit a biannual staffing report to the Committees. The Excel table shall 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 180 days.

Study on Impact of Wildlife Markets on the Emergence of Novel Viral Pathogens.—The agreement directs GAO to conduct a study to evaluate the impact wildlife and wet-markets have on the emergence of novel viral and microbial pathogens. Such report shall examine the impact these markets have on the transmission of novel viral and microbial pathogens and evaluate the role close contacts between human and food animals have in the transmission of microbes from animals to humans.

Teen Pregnancy Prevention Program.—The agreement does not include reporting requirements on the Teen Pregnancy Prevention program.

Tribal Set-Aside.—The agreement includes \$1,500,000 as a Tribal set-aside within the Minority HIV/AIDS Prevention and Treatment program.

Office of Minority Health (OMH)

Center for Indigenous Innovation and Health Equity.—The agreement includes \$2,000,000 for the Office of Minority Health to create a Center for Indigenous Innovation and Health Equity to support efforts including research, education, service, and policy development related to advancing Indigenous solutions. The agreement urges HHS to consider partnering with universities with a focus on Indigenous health research and policy among Native Americans and Alaska Natives, as well as universities with a focus on Indigenous health policy and innovation among Native Hawaiians/Pacific Islanders. Potential partnerships should include Indigenous leaders and engage Indigenous community partners in both innovation and health disparities focus areas, as well as aligned goals and priorities. The Center should disseminate best practices and lessons learned to other Indigenous communities, including through Indigenous digital storytelling. The agreement requests a report within 120 days of enactment of this Act outlining the Department's plans for a Center for Indigenous Innovation and Health Equity.]

Lupus.—The agreement includes not less than \$2,000,000, to continue to support the OMH National Lupus Outreach and Clinical Trial Education program and the goal of increasing minority participation in lupus clinical trials. The agreement 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.

Minority Leadership Fellowship.—The agreement includes \$500,000 for OMH to establish a Minority Leadership Fellowship grant program, as described in House Report 116–450.

Racial and Ethnic Health Inequities.—The agreement encourages OMH to consider commissioning a non-partisan study of Federal policies that contribute to racial and ethnic health inequities, as described in House Report 116–450.

Office on Women’s Health (OWH)

The agreement includes \$5,100,000 to combat violence against women through the State partnership initiative, an increase of \$1,000,000 above the fiscal year 2020 enacted level. The agreement directs OWH to account for geographical diversification in decisions on additional awards.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY
(ONC)

The agreement includes a \$2,000,000 increase to support interoperability and information sharing efforts related to the implementation of Fast Healthcare Interoperability Resources standards or associated implementation standards.

The agreement notes the general provision limiting funds for actions related to promulgation or adoption of a standard providing for the assignment of a unique health identifier does not prohibit the Department from examining the issues around patient matching, and continues to encourage the Department to provide technical assistance to private-sector-led initiatives to develop a coordinated approach that will promote patient safety by accurately identifying patients to their health information. Additionally, the agreement expects to receive the report requested in the explanatory statement accompanying the Further Consolidated Appropriations Act, 2020 (Public Law 116-94) on current methods and recommended actions to increase the likelihood of an accurate match of patients to their health care data.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

Development of Health Technologies.—The agreement provides an increase of \$2,000,000 to establish 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.

Pediatric Disaster Care.—The agreement includes \$6,000,000 for the Pediatric Disaster Care Centers of Excellence.

Hospital Preparedness Program

National Emerging Special Pathogens Training and Education Centers.—The agreement provides not less than \$11,000,000 for the National Emerging Special Pathogen Training and Education Center and the ten existing regional Ebola and other special pathogen treatment centers.

Biomedical Advanced Research and Development Authority

Infectious Diseases.—The agreement commends the Biomedical Advanced Research and Development Authority (BARDA) for supporting advanced efforts to develop vaccines, diagnostics, drugs, and therapeutics to minimize serious threats of infectious diseases. BARDA is encouraged to continue to proactively prepare for emerging infectious disease outbreaks, including investing in rapid screening technology. The agreement encourages ASPR to delineate information on emerging infectious diseases, pandemic influenza, and antimicrobial resistance 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.

Public Health Emergency Preparedness.—The agreement encourages the Secretary to explore opportunities to prioritize funding multi-use diagnostic testing platforms for the purpose of public health and biodefense. The agreement directs the Secretary to provide an update on these efforts, including an assessment of the effectiveness of current technologies, in the fiscal year 2022 Congressional Justification.

Policy and Planning

National Biodefense Strategy.—The agreement strongly supports continued work on the implementation of the National Biodefense Strategy. The agreement requests a briefing on this effort within 180 days of enactment of this Act.

Strategic National Stockpile

Strategic National Stockpile Supplies.— Not later than 30 days after the date of enactment of this Act, and monthly thereafter through fiscal year 2021, the Secretary shall report to the Committees on Appropriations on the current inventory of ventilators and personal protective equipment in the Strategic National Stockpile, including the numbers of face shields, gloves, goggles and glasses, gowns, head covers, masks, and respirators, as well as deployment of ventilators and personal protective equipment during the previous week, reported by State and other jurisdiction. Further, the agreement 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 Strategic National Stockpile, including in case of a significant pandemic, in the yearly submission of the PHEMCE multi-year budget.

Pandemic Influenza Preparedness

Influenza Vaccines.—To create a universal influenza vaccine, the agreement encourages HHS to continue to explore research, development, and rapid manufacturing technologies that support the development of alternatives that complement the use of vaccines containing live attenuated or killed micro-organisms.

GENERAL PROVISIONS

Prevention and Public Health Fund.—The agreement includes the following allocation of amounts from the Prevention and Public Health Fund.

PREVENTION AND PUBLIC HEALTH FUND

Agency	Budget Activity	FY 2021 Agreement
ACL	Alzheimer's Disease Program.....	\$14,700,000
ACL	Chronic Disease Self-Management.....	8,000,000
ACL	Falls Prevention.....	5,000,000
CDC	Hospitals Promoting Breastfeeding.....	9,500,000
CDC	Diabetes.....	52,275,000
CDC	Epidemiology and Laboratory Capacity Grants.....	40,000,000
CDC	Healthcare Associated Infections.....	12,000,000
CDC	Heart Disease & Stroke Prevention Program.....	57,075,000

Agency	Budget Activity	FY 2021 Agreement
CDC	Million Hearts Program.....	4,000,000
CDC	Office of Smoking and Health.....	128,100,000
CDC	Preventative Health and Health Services Block Grants.....	160,000,000
CDC	Section 317 Immunization Grants.....	372,200,000
CDC	Lead Poisoning Prevention.....	17,000,000
CDC	Early Care Collaboratives.....	4,000,000
SAMHSA	Garrett Lee Smith-Youth Suicide Prevention.....	12,000,000

The agreement modifies a provision related to transfer authority at the National Institutes of Health (NIH).

The agreement modifies a provision related to funds made available for the Chamblee Campus at the Centers for Disease Control and Prevention.

The agreement modifies a provision related to facilities and infrastructure improvements for NIH.

TITLE III
DEPARTMENT OF EDUCATION
EDUCATION FOR THE DISADVANTAGED

Innovative Approaches to Literacy.— The agreement 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. Further, the agreement directs the Department to ensure that grants are distributed among eligible entities that will serve geographically diverse areas, including rural areas and underserved communities in urban school districts in which students from low income families make up at least 50 percent of enrollment.

SCHOOL IMPROVEMENT PROGRAMS

Supplemental Education Grants (SEG).—The agreement notes the total for SEG includes funding for the Republic of the Marshall Islands (RMI) pursuant to section 105(f)(1)(B)(iii) of the Compact of Free Association Amendments Act of 2003. The agreement requests an update and an analysis of RMI's education resource needs as part of the fiscal year 2022 congressional justification.

INDIAN EDUCATION

National Activities.—The agreement includes \$7,865,000 for National Activities, \$500,000 above the fiscal year 2020 enacted level. The fiscal year 2021 increase to National Activities is directed to support the Department's Native American language immersion grant program. Funds for the Native American language immersion program should continue be allocated to all types of eligible entities, including both new and existing language immersion programs and

schools, to support the most extensive possible geographical distribution and language diversity. Further, the Department should continue to give the same consideration to applicants that propose to provide partial immersion schools and programs as to full immersion, as the local Tribes, schools, and other applicants know best what type of program will most effectively assist their youth to succeed.

INNOVATION AND IMPROVEMENT

Education Innovation and Research (EIR).— Within the total for EIR, the agreement includes \$67,000,000 to provide grants for social and emotional learning (SEL). In addition, within the total for EIR, the agreement includes \$67,000,000 for Science, Technology, Education, and Math (STEM) and computer science education activities. Within the STEM and computer science set-aside, awards should expand opportunities for underrepresented students such as minorities, girls, and youth from families living at or below the poverty line to help reduce the enrollment and achievement gap. Further, the agreement continues to support the Department's prioritization of computer science education for the STEM set-aside in recent EIR grant competitions. To fulfill both set-asides, the agreement encourages prioritization of SEL and STEM for both the early- and mid-phase evidence tiers. Within 90 days of enactment of this Act, the Department is directed to brief the Committees on plans for carrying out the SEL and STEM competitions. In addition, the Department shall provide notice of grant awards to the Committees at least seven days before grantees are announced.

Supporting Effective Educator Development (SEED).—Within SEED, the Department is directed to support professional development that helps educators incorporate SEL practices into teaching, and to support pathways into teaching that provide a strong foundation in child development and learning, including skills for implementing SEL strategies in the classroom. In addition, the SEED program is an ideal vehicle for helping ensure that more highly trained school leaders are available to serve in traditionally underserved LEAs. Therefore, the Secretary shall use a portion of funds made available for SEED to support the preparation of principals and other school leaders.

Charter Schools Program (CSP).—The Department is directed to review the extent to which State entities are using set-aside funds to ensure that charter schools receiving CSP grants are equipped to appropriately serve all students, including students with disabilities, and include a summary of findings of such reviews in the fiscal year 2022 congressional justification. In addition, the Department is encouraged to take steps 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.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

In lieu of funding for the Department to engage in a study on firearm violence prevention activities with the National Academies, the agreement provides \$106,000,000 for School Safety National Activities, including a \$1,000,000 increase over the fiscal year 2020 enacted level for the School-Based Mental Health Services Grant Program.

REHABILITATION SERVICES

Disability Innovation Fund (DIF).—The agreement includes modified 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 Departments shall 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, within 120 days of enactment of this Act, on its plans for implementation and uses of funds and provide updates every 6 months thereafter on implementation.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

American Printing House for the Blind.—The agreement includes \$3,000,000, an increase of \$1,000,000, to continue and expand the Center for Assistive Technology Training regional partnership established in fiscal year 2019.

National Technical Institute for the Deaf (NTID).—The agreement includes \$6,500,000, an increase of \$1,000,000, to continue and expand NTID's current Regional STEM Center.

Gallaudet University.—The agreement includes \$3,500,000, an increase of \$500,000, to continue and expand the current regional partnership through the Early Learning Acquisition Project.

STUDENT FINANCIAL ASSISTANCE

Pell Grants.—The agreement increases the maximum award by \$150, to \$6,495 in academic year 2021-2022.

Federal Work Study.—Within the total for Federal Work Study, the agreement includes \$10,136,000, for the Work Colleges program authorized under section 448 of the Higher Education Act.

STUDENT AID ADMINISTRATION

Ability to Benefit.—In addition to the language in House Report 116-450, the Department is directed to implement the directive included in the fiscal year 2020 explanatory statement and issue guidance within 90 days of enactment of this Act that serves as a simple and clear resource for implementing Ability to Benefit at institutions of higher education (IHEs).

Borrowers with Severe Disabilities.—According to the Department of Education, as of February 2020, approximately 589,000 borrowers were identified as qualifying for total and permanent disability (TPD) discharge through the Social Security Administration (SSA) match process, but 362,000 of those borrowers had not received a discharge at such time. The Department has noted that borrowers must provide an exact match to all data elements, and common errors such as a transposed letter or number, missing hyphen in a name, or name change from marriage can result in a non-match, meaning the borrower will not be identified as eligible for a discharge. The Department is directed to work with relevant agencies, including SSA, to provide the ability to retain and review any non-matches for potential clerical errors, and to further simplify all policies and procedures for this program.

Simplifying the Free Application for Federal Student Aid (FAFSA).—There is continued support to further simplify the FAFSA and verification process to reduce the burden on students and IHEs. The Department should provide support for students who, due to substance use disorders, are unable to include parental information in the FAFSA. This could include further efforts to ensure students and financial aid administrators are aware of current options for students, providing specific information and examples of how students whose parents have substance use disorders can utilize current options, and exploring other administrative changes to help address the unique needs of such students.

State-based and Non-profit Servicing Organizations.—The Department shall ensure a role for State-based and non-profit servicing organizations in the Next Gen Federal Student Aid Initiative (Next Gen). Many such organizations have demonstrated expertise in helping struggling borrowers avoid default and may be uniquely positioned to assist borrowers who reside in or attend school in the same State or region. In addition to the directives in House Report 116-450, the Department is directed to brief the Committees not later than 120 days after enactment of this Act on how State and Nonprofit Subcontracting will be incorporated into Next Gen. Further, such briefing should address concerns about small business subcontracting spending requirements at the Department, including how such requirements are determined agency-wide and for specific solicitations.

Student Loan Servicing.—The agreement includes \$1,853,943,000 for Student Aid Administration. Over the last several years, Congress has provided significant funding to support the implementation of the Next Gen initiative; however, the office of Federal Student Aid (FSA) has changed course multiple times, raising

questions about how FSA is ensuring Next Gen will result in better use of resources and better service for borrowers. Most recently, FSA changed course from the Enhanced Processing Solution and is now working towards a newly proposed Interim Servicing Solution (ISS). While FSA states that ISS will be a temporary solution, it is not clear how long this environment will be in place or whether this recent course of action is best for borrowers. Accordingly, the agreement includes new provisions to address specific concerns with ISS.

The agreement includes a new provision requiring the Department to delay awarding contracts under the ISS by no less than 90 days in order to allow appropriate time for a review of the risks of current contracting plans. The agreement also includes a new provision that requires Business Process Operations contractors to be responsible for all servicing requirements related to ISS immediately upon implementation of ISS as opposed to only upon implementation of the ISS Transitional State. This will help ensure continuity of services for borrowers and limit potential disruptions associated with the transition to ISS. Further, noting challenges with the Department's timeline for the transfer of borrower accounts to ISS vendors, the agreement provides the Department with the authority to extend current loan servicing contracts for up to two additional years.

In addition to these new provisions concerning ISS, the agreement includes a new provision related to accountability measures for contractor compliance with FSA guidelines. The agreement also includes a new provision requiring the Department to provide a detailed spend plan of anticipated uses of funds. In addition, the language requires FSA to provide quarterly updates on its progress towards fulfilling the spend plan, including contracts awarded, change orders, bonuses paid to staff, reorganization costs, and any other activity carried out using amounts provided under this heading for fiscal year 2021.

In addition to the directives in House Report 116-450, the agreement continues to direct the Department to provide to the Committees quarterly reports detailing its obligation amounts and plan by quarter for student aid administrative activities, broken out by servicer, Next Gen contractor and activity, and detailing contract expenses, performance metric outcomes, total number of loans, and number of unique borrowers, broken out by servicer, Next Gen contractor and for each private collection agency. The agreement also directs the Department to provide performance metrics outcomes for each servicer and each private collection agency as used to allocate borrower accounts or loan volume, regardless of whether such metrics are under review.

HIGHER EDUCATION

Postsecondary Programs for Students with Intellectual Disabilities

The agreement includes \$2,000,000 to establish a technical assistance center to translate and disseminate research and best practices for all IHEs, including those not participating in the Transition and Postsecondary Programs for Students with Intellectual Disabilities (TPSID) program, for improving inclusive postsecondary education for students with intellectual disabilities. This center will help ensure that knowledge and products gained through research will reach more IHEs and students and improve postsecondary educational opportunities for students with intellectual disabilities.

Child Care Access Means Parents in Schools (CCAMPIS)

The agreement includes \$55,000,000, an increase of \$2,000,000 over fiscal year 2020, for CCAMPIS. In addition to following the directives in House Report 116-450, and to address prior concerns about insufficient application periods, the Department is directed to permit a 90-day application period for applications for

new awards. The agreement extends the period of availability for these funds through December 31, 2021 to accommodate this new requirement.

Fund for the Improvement of Postsecondary Education

Basic Needs Grants.—The agreement includes \$5,000,000 for this activity described under this heading in House Report 116-450.

Center of Educational Excellence.—The agreement includes \$2,000,000 for this activity described under this heading in House Report 116-450.

Centers of Excellence for Veterans Student Success Program.—The agreement includes \$7,000,000 for this activity described under this heading in House Report 116-450.

Modeling and Simulation Programs.—The agreement includes \$7,000,000 for this activity described under this heading in House Report 116-450.

National Center for Information and Technical Support for Postsecondary Students with Disabilities.—The agreement includes \$2,000,000 for this activity described under this heading in House Report 116-450.

Open Textbook Pilot.—The agreement includes \$7,000,000 to continue the Open Textbook Pilot and support a new grant competition in fiscal year 2021. The Department is directed to issue a notice inviting applications and allow for a 60-day application period. This funding should support a significant number of grant awards with the same terms and conditions as specified for this activity in the fiscal year 2020 notice and House Report 116-450.

Rural Postsecondary and Economic Development Grant Program.—The agreement includes \$10,000,000 for competitive grants to IHEs and other public and private non-profit organizations and agencies for innovative approaches to improve rates of postsecondary enrollment and completion among rural students through development of career pathways aligned to high-skill, high-wage or in-

demand industry sectors and occupations in the region. 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 services to help students transition from 2- to 4-year programs as necessary; 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.

Transitioning Gang-Involved Youth to Higher Education.—The agreement includes \$1,000,000 for this activity described under this heading in House Report 116-450.

HOWARD UNIVERSITY

The agreement includes \$34,325,000 for the Howard University Hospital. Within the total, the agreement includes \$7,000,000 to begin work to modernize the hospital's facilities and will continue to evaluate the needs of this multi-year initiative.

INSTITUTE OF EDUCATION SCIENCES (IES)

Operating Plan.—The agreement directs the Director to submit an operating plan within 90 days of enactment of this Act to the Committees detailing how IES plans to allocate funding available to the Institute for research, evaluation, and other activities.

DEPARTMENTAL MANAGEMENT

Diverse Geographical Distribution of Grants.—The Department is encouraged to continue efforts to ensure that competitive grants are distributed among eligible entities that serve geographically diverse areas, including urban, suburban, and rural areas. It is critical that support and solutions developed with Federal funding are relevant to and available in all areas consistent with authorization of Federal programs.

Open Data Formats.—The Department is encouraged to take necessary planning steps to facilitate the publication of any information that is publicly disclosed by the Department for the purpose of comparing IHEs, programs, and credentials (including their competencies) using open data standards, such as formats, schemas, and description languages. Such steps should enable public search and comparison through linked public data assets. The Department is further encouraged to submit a report to the Committees, within 120 days of enactment of this Act, outlining a plan for providing such data, including any challenges, barriers to implementation, as well as anticipated costs for IHEs and the Department.

Perkins Loan Program.—The agreement continues the authority for the Department to provide administrative cost allowances for IHEs servicing outstanding Perkins loans. The agreement is concerned that the Department has not utilized this authority. The agreement directs the Department to provide a report to the Committees outlining why this authority has not been used, the number of institutions eligible under this authority, and an assessment of the potential costs to the Student Aid Administration account should such authority be fully utilized.

Post-Secondary Transfer Articulation Agreements.—Transfer articulation agreements between community colleges and 4-year colleges and universities can play an important role in promoting access, affordability, and completion in higher education. The agreement encourages the Department to gather input from States to develop and disseminate best practices on implementing and scaling up comprehensive statewide systems on articulation agreements.

Report Cards.—The Department is directed to brief House and Senate authorizing and appropriations committees not later than 120 days after enactment of this Act on implementation of report card requirements of the Every Student Succeeds Act, including reporting of per-pupil expenditures; actual and planned monitoring of report card requirements, including actions in addition to consolidated monitoring; and assistance to States in their and LEA's efforts to comply with such requirements.

GENERAL PROVISIONS

The agreement continues authority for pooled evaluation authority.

The agreement continues a provision regarding endowment income.

The agreement continues authority for the National Advisory Committee on Institutional Quality and Integrity.

The agreement continues authority for account maintenance fees.

The agreement modifies a provision rescinding unobligated discretionary balances previously appropriated for the Pell grant program.

The agreement modifies a provision rescinding fiscal year 2020 mandatory funding to offset the mandatory costs of increasing the discretionary Pell award.

The agreement includes a new provision regarding a Nonrecurring Expenses Fund.

The agreement includes a new provision regarding the General Education Provisions Act.

The agreement includes a new provision making technical corrections to Title II-A of the Elementary and Secondary Education Act.

The agreement includes a new provision regarding the Rural Education Achievement Program.

The agreement modifies a provision regarding cohort default rates.

The agreement includes a new provision related to the Randolph-Sheppard Act.

TITLE IV
RELATED AGENCIES

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

The agreement includes an additional \$350,000 for the one-time costs associated with a move of the Inspector General with the headquarters office.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS)

OPERATING EXPENSES

Innovation, Demonstration, and Assistance Activities.— The agreement includes \$9,600,000 for innovation, assistance, and other activities. The agreement includes \$6,400,000 for the Volunteer Generation Fund, \$2,100,000 for the September 11th National Day of Service and Remembrance and \$1,100,000 for the Martin Luther King, Jr. National Day of Service.

Professional Corps.— The agreement 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 professionals in a community. Further, the agreement continues to strongly encourage CNCS to increase the maximum amount of operations funds per member service year that a professional corps program may request as part of their grant application. Finally, the agreement 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.

Transformation and Sustainability Plan (TSP).— The agreement continues to direct CNCS to ensure that TSP does not create any degradation in services, technical assistance, or support for local community service programs, particularly

these operating in under-served and rural areas, and to provide periodic briefings to the Committees on implementation efforts of such plan.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

The agreement includes funds for the following activities:

Budget Activity	FY 2021 Agreement
Library Services Technology Act:	
Grants to States.....	\$168,803,000
Native American Library Services.....	5,263,000
National Leadership: Libraries.....	13,406,000
Laura Bush 21 st Century Librarian.....	10,000,000
Museum Services Act:	
Museums for America.....	26,899,000
Native American/Hawaiian Museum Services	2,272,000
National Leadership: Museums.....	8,113,000
African American History and Culture Act:	
Museum Grants for African American History & Culture.....	3,231,000
Research, Analysis, and Data Collection.....	3,513,000
Program Administration.....	15,500,000
TOTAL.....	257,000,000

Reopening Archives, Libraries, and Museums.—The agreement provides \$500,000 for this project.

MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION (MACPAC)

Non-Emergency Medical Transportation.—The agreement recognizes that the study requested in P.L. 116–94 is ongoing and the Committees await the forthcoming report.

NATIONAL LABOR RELATIONS BOARD (NLRB)

The agreement directs the Board to expand the number of regional full-time equivalent staff beyond the amount on-board at the end of the fourth quarter of fiscal year 2019. Within 90 days of enactment of this Act, NLRB is directed to brief the Committees on Appropriations on its plans for addressing these critical hiring challenges.

The agreement directs the NLRB to provide 180 days advance notification to the Committees on Appropriations and Comptroller General of the United States regarding any restructuring, realignment, or resource sharing plan of the NLRB. The agency shall brief the Committees on the plan within 30 days of providing such plan, and provide periodic updates regarding implementation of such plan every 30 days thereafter.

RAILROAD RETIREMENT BOARD
LIMITATION ON ADMINISTRATION

The agreement includes \$114,500,000, an increase of \$1,000,000 above the fiscal year 2020 enacted level, for administrative expenses.

SOCIAL SECURITY ADMINISTRATION (SSA)
LIMITATION ON ADMINISTRATIVE EXPENSES

The agreement includes an increase of \$67,000,000 for SSA's base administrative expenses.

Continuing Disability Reviews (CDR).—The agreement continues to direct SSA to include in its annual CDR Report to Congress an evaluation of its CDR prioritization models and a detailed cost-benefit analysis of how it uses estimated savings in determining which beneficiaries receive a full-medical CDR.

Disability Hearings Backlog.—The agreement continues to encourage SSA to include comprehensive information in its existing reports to Congress on the specific policies SSA has implemented, or has considered, to streamline the disability determination and adjudication process while protecting due process, ensuring that applicants have a full and adequate opportunity to present their claims.

Field Office Closures.—Field office closures can result in diminished ability for vital customer service opportunities for members of impacted communities. The agreement expects SSA to work to find an appropriate balance between field office services and online services for beneficiaries, with a focus on supporting front line operations. SSA is directed to ensure its policies and procedures for closing field offices include at least 120 days advance notice to the public, SSA employees, Congress, and other stakeholders. Such notice should include a rationale for the

proposed closure and delineate the impact such closure is anticipated to have on beneficiaries. The agreement requests an update in the fiscal year 2022 congressional justification on efforts to maintain field office operations and reduce service wait times.

Occupational Information System (OIS) and Medical Vocational Guidelines.—The agreement continues to direct SSA to include it its annual report on OIS sufficient details on plans to fully implement OIS in coming years.

Work Incentives Planning and Assistance (WIPA) and Protection and Advocacy for Beneficiaries of Social Security (PABSS).—The agreement includes \$23,000,000 for WIPA and \$7,000,000 for PABSS.

TITLE V

GENERAL PROVISIONS

The agreement modifies a provision related to Performance Partnerships.

The agreement includes a new provision to rescind unobligated balances.

The agreement includes a new provision to delay obligation of unobligated balances.

The agreement includes a new provision to provide funds for a program related to drinking water and wastewater.

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

TITLE I--DEPARTMENT OF LABOR					
EMPLOYMENT AND TRAINING ADMINISTRATION					
Training and Employment Services					
Grants to States:					
Adult Training, current year appropriations.....	142,649	142,649	150,649	+8,000	+8,000
Available from prior year appropriations.....	712,000	712,000	712,000	---	---
Subtotal, available this fiscal year.....	854,649	854,649	862,649	+8,000	+8,000
Advance appropriation FY2022.....	712,000	712,000	712,000	---	---
less prior year appropriations.....	-712,000	-712,000	-712,000	---	---
Subtotal, appropriated in this bill.....	854,649	854,649	862,649	+8,000	+8,000
Youth Training.....	913,130	913,130	921,130	+8,000	+8,000
Dislocated Worker Assistance, current year appropriations.....	192,053	192,053	201,553	+9,500	+9,500
Available from prior year appropriations.....	860,000	860,000	860,000	---	---
Subtotal, available this fiscal year.....	1,052,053	1,052,053	1,061,553	+9,500	+9,500
Advance appropriation FY 2022.....	860,000	860,000	860,000	---	---
less prior year appropriations.....	-860,000	-860,000	-860,000	---	---
Subtotal, appropriated in this bill.....	1,052,053	1,052,053	1,061,553	+9,500	+9,500

130

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Total, Grants to States.....	2,819,832	2,819,832	2,845,332	+25,500	+25,500
Current year appropriations.....	(1,247,832)	(1,247,832)	(1,273,332)	(+25,500)	(+25,500)
Advance appropriations.....	(1,572,000)	(1,572,000)	(1,572,000)	---	---
National Programs:					
Dislocated Worker Assistance National Reserve:					
Current year appropriations.....	70,859	20,859	80,859	+10,000	+60,000
Available from prior year appropriations.....	200,000	200,000	200,000	---	---
Subtotal, available this fiscal year.....	270,859	220,859	280,859	+10,000	+60,000
Advance appropriations FY 2022.....	200,000	140,000	200,000	---	+60,000
less prior year appropriations.....	-200,000	-200,000	-200,000	---	---
Subtotal, appropriated in this bill.....	270,859	160,859	280,859	+10,000	+120,000
Total, Dislocated Worker Assistance.....	1,322,912	1,212,912	1,342,412	+19,500	+129,500
Native American programs.....	55,000	---	55,500	+500	+55,500
Migrant and Seasonal Farmworker programs.....	91,896	---	93,896	+2,000	+93,896
YouthBuild activities.....	94,534	84,534	96,534	+2,000	+12,000
Reintegration of Ex-Offenders.....	98,079	93,079	100,079	+2,000	+7,000
Workforce Data Quality Initiative.....	6,000	---	6,000	---	+6,000
Apprenticeship programs.....	175,000	200,000	185,000	+10,000	-15,000
Total, National Programs.....	791,368	538,472	817,868	+26,500	+279,396
Current year appropriations.....	(591,368)	(398,472)	(617,868)	(+26,500)	(+219,396)
Advance appropriations.....	(200,000)	(140,000)	(200,000)	---	(+60,000)

131

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill Final Bill	Final Bill vs Enacted	Final Bill vs Request

	=====	=====	=====	=====	=====
Total, Training and Employment Services.....	3,611,200	3,358,304	3,663,200	+52,000	+304,896
Current year appropriations.....	(1,839,200)	(1,646,304)	(1,891,200)	(+52,000)	(+244,896)
Advance appropriations.....	(1,772,000)	(1,712,000)	(1,772,000)	---	(+60,000)
	=====	=====	=====	=====	=====
Job Corps					
Operations.....	1,603,325	883,334	1,603,325	---	+719,991
Construction, Rehabilitation and Acquisition.....	108,000	100,016	113,000	+5,000	+12,984
Administration.....	32,330	32,547	32,330	---	-217
	-----	-----	-----	-----	-----
Total, Job Corps.....	1,743,655	1,015,897	1,748,655	+5,000	+732,758
Community Service Employment For Older Americans.....	405,000	---	405,000	---	+405,000
Federal Unemployment Benefits and Allowances (indefinite).....	680,000	633,600	633,600	-46,400	---
State Unemployment Insurance and Employment Service Operations					
Unemployment Compensation (trust fund)					
State Operations.....	2,356,816	2,440,686	2,356,816	---	-83,870
Reemployment eligibility assessments--UI integrity	117,000	117,000	117,000	---	---
Program integrity (cap adjustment).....	58,000	83,000	83,000	+25,000	---
UI Integrity Center of Excellence.....	9,000	6,000	9,000	---	+3,000
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132

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Subtotal, Unemployment Compensation.....	2,540,816	2,646,686	2,565,816	+25,000	-80,870
Federal-State UI National Activities (trust fund).....	12,000	18,000	18,000	+6,000	---
Employment Service (ES):					
Grants to States:					
Federal Funds.....	21,413	21,413	21,413	---	---
Trust Funds.....	646,639	646,639	648,639	+2,000	+2,000
Subtotal, Grants to States.....	668,052	668,052	670,052	+2,000	+2,000
ES National Activities (trust fund).....	22,318	19,818	22,318	---	+2,500
Subtotal, Employment Service.....	690,370	687,870	692,370	+2,000	+4,500
Federal Funds.....	(21,413)	(21,413)	(21,413)	---	---
Trust Funds.....	(668,957)	(666,457)	(670,957)	(+2,000)	(+4,500)
Foreign Labor Certifications:					
Federal Administration.....	54,528	56,616	57,528	+3,000	+912
Federal Funds.....	---	6,000	---	---	-6,000
Grants to States.....	14,282	14,282	20,282	+6,000	+6,000
Federal Funds.....	---	3,000	---	---	-3,000
Subtotal, Foreign Labor Certification.....	68,810	79,898	77,810	+9,000	-2,088
One-Stop Career Centers/Labor Market Information.....	62,653	64,826	62,653	---	-2,173

133

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

Total, State Unemployment Insurance and Employment Service Operations.....	3,374,649	3,497,280	3,416,649	+42,000	-80,631
Federal Funds.....	(84,066)	(95,239)	(84,066)	---	(-11,173)
Trust Funds.....	(3,290,583)	(3,402,041)	(3,332,583)	(+42,000)	(-69,458)
Program Administration					
Training and Employment.....	62,040	74,377	62,040	---	-12,337
Trust Funds.....	8,639	8,693	8,639	---	-54
Employment Security.....	3,440	3,461	3,440	---	-21
Trust Funds.....	39,264	39,507	39,264	---	-243
Apprenticeship Services.....	36,160	36,390	36,160	---	-230
Executive Direction.....	7,034	7,079	7,034	---	-45
Trust Funds.....	2,079	2,093	2,079	---	-14

Total, Program Administration.....	158,656	171,600	158,656	---	-12,944
Federal Funds.....	(108,674)	(121,307)	(108,674)	---	(-12,633)
Trust Funds.....	(49,982)	(50,293)	(49,982)	---	(-311)

Total, Employment and Training Administration...	9,973,160	8,676,681	10,025,760	+52,600	+1,349,079
Federal Funds.....	6,690,595	5,307,347	6,726,195	+35,600	+1,418,848
Current year appropriations.....	(4,918,595)	(3,595,347)	(4,954,195)	(+35,600)	(+1,358,848)
Advance appropriations.....	(1,772,000)	(1,712,000)	(1,772,000)	---	(+60,000)
Trust Funds.....	3,340,565	3,452,334	3,382,565	+42,000	-69,769

134

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Employee Benefits Security Administration (EBSA)					
Salaries and Expenses					
Enforcement and Participant Assistance.....	147,400	156,748	147,400	---	-9,348
Policy and Compliance Assistance.....	26,901	26,641	26,901	---	+260
Executive Leadership, Program Oversight and Administration.....	6,699	9,349	6,699	---	-2,650
	=====	=====	=====	=====	=====
Total, Employee Benefits Security Administration.....	181,000	192,738	181,000	---	-11,738
	=====	=====	=====	=====	=====
Pension Benefit Guaranty Corporation (PBGC)					
Pension Benefit Guaranty Corporation Fund					
Consolidated Administrative budget.....	(452,858)	(465,289)	(465,289)	(+12,431)	---
Wage and Hour Division					
Salaries and Expenses.....	242,000	244,283	246,000	+4,000	+1,717
Office of Labor-Management Standard					
Salaries and Expenses.....	43,187	50,410	44,437	+1,250	-5,973

135

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Office of Federal Contract Compliance Programs					
Salaries and Expenses.....	105,976	106,412	105,976	---	-436
Office of Workers' Compensation Programs					
Salaries and Expenses.....	115,424	114,962	115,424	---	+462
Trust Funds.....	2,177	4,350	2,177	---	-2,173
Total, Salaries and Expenses.....	117,601	119,312	117,601	---	-1,711
Federal Funds.....	(115,424)	(114,962)	(115,424)	---	(+462)
Trust Funds.....	(2,177)	(4,350)	(2,177)	---	(-2,173)
Special Benefits					
Federal Employees' Compensation Benefits.....	232,600	237,000	237,000	+4,400	---
Longshore and Harbor Workers' Benefits.....	2,000	2,000	2,000	---	---
Total, Special Benefits.....	234,600	239,000	239,000	+4,400	---
Special Benefits for Disabled Coal Miners					
Benefit Payments.....	30,000	50,000	50,000	+20,000	---
Administration.....	4,970	4,970	4,970	---	---
Subtotal, available this fiscal year.....	34,970	54,970	54,970	+20,000	---

136

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Advance appropriations, FY 2022, 1st quarter.....	14,000	14,000	14,000	---	---
Less prior year advance appropriations.....	-14,000	-14,000	-14,000	---	---
Total, appropriated in this bill.....	34,970	54,970	54,970	+20,000	---
Energy Employees Occupational Illness Compensation Fund					
Administrative Expenses.....	59,846	62,507	62,507	+2,661	---
Black Lung Disability Trust Fund					
Benefit Payments and Interest on Advances.....	293,464	308,626	308,626	+15,162	---
Workers' Compensation Programs, Salaries and Expenses.....	38,246	40,643	40,643	+2,397	---
Departmental Management, Salaries and Expenses.....	32,844	33,033	33,033	+189	---
Departmental Management, Inspector General.....	330	333	333	+3	---
Subtotal, Black Lung Disability Trust Fund.....	364,884	382,635	382,635	+17,751	---
Treasury Department Administrative Costs.....	356	356	356	---	---
Total, Black Lung Disability Trust Fund.....	365,240	382,991	382,991	+17,751	---
Total, Workers' Compensation Programs.....	812,257	858,780	857,069	+44,812	-1,711
Federal Funds.....	810,080	854,430	854,892	+44,812	+462
Current year appropriations.....	(796,080)	(840,430)	(840,892)	(+44,812)	(+462)
Advance appropriations.....	(14,000)	(14,000)	(14,000)	---	---
Trust Funds.....	2,177	4,350	2,177	---	-2,173

137

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Occupational Safety and Health Administration (OSHA)					
Salaries and Expenses					
Safety and Health Standards.....	18,000	18,133	18,000	---	-133
Federal Enforcement.....	221,711	223,848	228,711	+7,000	+4,863
Whistleblower enforcement.....	18,564	20,231	19,064	+500	-1,167
State Programs.....	108,575	108,575	110,075	+1,500	+1,500
Technical Support.....	24,469	24,622	24,469	---	-153
Compliance Assistance:					
Federal Assistance.....	74,481	75,410	75,231	+750	-179
State Consultation Grants.....	61,500	61,500	61,500	---	---
Training Grants.....	11,537	---	11,787	+250	+11,787
Subtotal, Compliance Assistance.....	147,518	136,910	148,518	+1,000	+11,608
Safety and Health Statistics.....	32,900	34,950	32,900	---	-2,050
Executive Direction and Administration.....	10,050	9,544	10,050	---	+506
Total, Occupational Safety and Health Administration.....	581,787	576,813	591,787	+10,000	+14,974

138

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Mine Safety and Health Administration					
Salaries and Expenses					
Mine Safety and Health Enforcement.....	260,500	256,988	260,500	---	+3,512
Standards Development.....	4,500	5,416	4,500	---	-916
Assessments.....	6,627	7,555	6,627	---	-928
Educational Policy and Development.....	39,320	38,834	39,320	---	+486
Technical Support.....	35,041	34,548	35,041	---	+493
Program Evaluation and Information Resources (PEIR)....	17,990	21,693	17,990	---	-3,703
Program Administration.....	15,838	16,553	15,838	---	-715
Total, Mine Safety and Health Administration.....	379,816	381,587	379,816	---	-1,771
Total, Worker Protection Agencies.....	1,651,367	1,671,555	1,666,617	+15,250	-4,938
Federal Funds.....	(1,649,190)	(1,667,205)	(1,664,440)	(+15,250)	(-2,765)
Trust Funds.....	(2,177)	(4,350)	(2,177)	---	(-2,173)

139

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

Bureau of Labor Statistics					
Salaries and Expenses					
Employment and Unemployment Statistics.....	221,000	228,261	228,261	+7,261	---
Labor Market Information (trust fund).....	68,000	68,000	68,000	---	---
Prices and Cost of Living.....	210,000	218,503	216,208	+6,208	-2,295
Compensation and Working Conditions.....	83,500	84,031	84,031	+531	---
Productivity and Technology.....	10,500	11,295	10,500	---	-795
Executive Direction and Staff Services.....	62,000	48,228	48,000	-14,000	-228

Total, Bureau of Labor Statistics.....	655,000	658,318	655,000	---	-3,318
Federal Funds.....	587,000	590,318	587,000	---	-3,318
Trust Funds.....	68,000	68,000	68,000	---	---

Office of Disability Employment Policy					
Salaries and Expenses.....	38,500	27,100	38,500	---	+11,400

140

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
<hr/>					
Department Management					
Salaries and Expenses					
Executive Direction.....	30,250	32,342	30,250	---	-2,092
Departmental Program Evaluation.....	8,040	8,040	8,040	---	---
Legal Services.....	123,745	130,371	123,745	---	-6,626
Trust Funds.....	308	308	308	---	---
International Labor Affairs.....	96,125	18,660	96,125	---	+77,465
Administration and Management.....	28,450	29,158	28,450	---	-708
Adjudication.....	35,000	37,081	35,000	---	-2,081
Women's Bureau.....	14,050	3,525	15,050	+1,000	+11,525
Civil Rights Activities.....	6,880	6,927	6,880	---	-47
Chief Financial Officer.....	5,516	5,540	5,516	---	-24
<hr/>					
Total, Salaries and Expenses.....	348,364	271,952	349,364	+1,000	+77,412
Federal Funds.....	(348,056)	(271,644)	(349,056)	(+1,000)	(+77,412)
Trust Funds.....	(308)	(308)	(308)	---	---

141

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Veterans' Employment and Training					
State Administration, Grants.....	180,000	180,000	180,000	---	---
Transition Assistance Program.....	29,379	29,379	31,379	+2,000	+2,000
Federal Administration.....	43,548	44,207	44,048	+500	-159
National Veterans' Employment and Training Services					
Institute.....	3,414	3,414	3,414	---	---
Homeless Veterans' Programs (trust fund).....	55,000	55,000	57,500	+2,500	+2,500
Total, Veterans' Employment and Training.....					
Federal Funds.....	311,341	312,000	316,341	+5,000	+4,341
Trust Funds.....	55,000	55,000	57,500	+2,500	+2,500
	256,341	257,000	258,841	+2,500	+1,841
IT Modernization					
Departmental support systems.....	4,889	4,889	4,889	---	---
Infrastructure technology modernization.....	20,380	32,111	22,380	+2,000	-9,731
Total, IT Modernization.....					
	25,269	37,000	27,269	+2,000	-9,731

142

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Office of Inspector General					
Program Activities.....	85,187	87,833	85,187	---	-2,646
Trust Funds.....	5,660	5,660	5,660	---	---
Total, Office of Inspector General.....	90,847	93,493	90,847	---	-2,646
Trust funds.....	5,660	5,660	5,660	---	---
=====					
Total, Departmental Management.....	775,821	714,445	783,821	+8,000	+69,376
Federal Funds.....	513,512	451,477	519,012	+5,500	+67,535
Trust Funds.....	262,309	262,968	264,809	+2,500	+1,841
=====					
Total, Workforce Innovation and Opportunity Act					
Programs.....	5,354,855	4,374,201	5,411,855	+57,000	+1,037,654
Current year appropriations.....	(3,582,855)	(2,662,201)	(3,639,855)	(+57,000)	(+977,654)
Advance appropriations.....	(1,772,000)	(1,712,000)	(1,772,000)	---	(+60,000)
=====					
Total, Title I, Department of Labor.....	13,788,504	12,487,567	13,909,166	+120,662	+1,421,599
Federal Funds.....	10,115,453	8,699,915	10,191,615	+76,162	+1,491,700
Current year appropriations.....	(8,329,453)	(6,973,915)	(8,405,615)	(+76,162)	(+1,431,700)
Advance appropriations.....	(1,786,000)	(1,726,000)	(1,786,000)	---	(+60,000)
Trust Funds.....	3,673,051	3,787,652	3,717,551	+44,500	-70,101
=====					

53

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

TITLE II -- DEPARTMENT OF HEALTH AND HUMAN SERVICES					
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
Primary Health Care					
Community Health Centers.....	1,625,522	1,727,522	1,682,772	+57,250	-44,750
Mandatory budget authority (Public Law 115-123).....	(4,000,000)	(4,000,000)	(4,000,000)	---	---
Total, Community Health Centers.....	(5,625,522)	(5,727,522)	(5,682,772)	(+57,250)	(-44,750)
Free Clinics Medical Malpractice.....	1,000	1,000	1,000	---	---
Total, Primary Health Care.....	1,626,522	1,728,522	1,683,772	+57,250	-44,750
Health Workforce					
National Health Service Corps.....	120,000	120,000	120,000	---	---
Training for Diversity:					
Centers of Excellence.....	23,711	23,711	23,711	---	---
Health Careers Opportunity Program.....	15,000	---	15,000	---	+15,000
Faculty Loan Repayment.....	1,190	---	1,190	---	+1,190
Scholarships for Disadvantaged Students.....	51,470	---	51,470	---	+51,470
Total, Training for Diversity.....	91,371	23,711	91,371	---	+67,660
Primary Care Training and Enhancement.....	48,924	---	48,924	---	+48,924

HH

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Oral Health Training.....	40,673	---	40,673	---	+40,673
Interdisciplinary Community-Based Linkages:					
Area Health Education Centers.....	41,250	---	43,250	+2,000	+43,250
Geriatric Programs.....	40,737	---	42,737	+2,000	+42,737
Mental and Behavioral Health.....	36,916	36,916	37,916	+1,000	+1,000
Behavioral Health Workforce Education and Training	102,000	102,000	112,000	+10,000	+10,000
Total, Interdisciplinary Community Linkages...	220,903	138,916	235,903	+15,000	+96,987
Workforce Assessment.....	5,663	4,663	5,663	---	+1,000
Public Health and Preventive Medicine programs.....	17,000	---	17,000	---	+17,000
Subtotal, Health Professions Education and Training.....	424,534	167,290	439,534	+15,000	+272,244
Nursing Programs:					
Advanced Education Nursing.....	75,581	---	75,581	---	+75,581
Nurse Education, Practice, and Retention.....	43,913	---	46,913	+3,000	+46,913
Nurse Practitioner Optional Fellowship Program....	5,000	---	5,000	---	+5,000
Nursing Workforce Diversity.....	18,343	---	19,843	+1,500	+19,843
Nurse Corps Scholarship and Loan Repayment Program	88,635	83,135	88,635	---	+5,500
Nursing Faculty Loan Program.....	28,500	---	28,500	---	+28,500

175

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Children's Hospitals Graduate Medical Education.....	340,000	---	350,000	+10,000	+350,000
Medical Student Education	50,000	---	50,000	---	+50,000
National Practitioner Data Bank.....	18,814	18,814	18,814	---	---
User Fees.....	-18,814	-18,814	-18,814	---	---
Total, Health Workforce.....	1,194,506	370,425	1,224,006	+29,500	+853,581
Maternal and Child Health					
Maternal and Child Health Block Grant.....	687,700	760,700	712,700	+25,000	-48,000
Sickle Cell Disease Treatment Program.....	5,205	---	7,205	+2,000	+7,205
Autism and Other Developmental Disabilities.....	52,344	---	53,344	+1,000	+53,344
Heritable Disorders in Newborns and Children.....	17,883	---	18,883	+1,000	+18,883
Healthy Start.....	125,500	125,500	128,000	+2,500	+2,500
Universal Newborn Hearing Screening.....	17,818	17,818	17,818	---	---
Emergency Medical Services for Children.....	22,334	---	22,334	---	+22,334
Screening and Treatment for Maternal Depression.....	5,000	5,000	5,000	---	---
Pediatric Mental Health Care Access.....	10,000	10,000	10,000	---	---
Total, Maternal and Child Health.....	943,784	919,018	975,284	+31,500	+56,266

146

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

Ryan White HIV/AIDS Program					
Emergency Assistance (Part A).....	655,876	655,876	655,876	---	---
Comprehensive Care Programs (Part B).....	1,315,005	1,315,005	1,315,005	---	---
AIDS Drug Assistance Program (ADAP) (NA).....	(900,313)	(900,313)	(900,313)	---	---
Early Intervention Program (Part C).....	201,079	201,079	201,079	---	---
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	33,611	---	---
Special Projects of Regional and National Significance (SPRNS).....	25,000	25,000	25,000	---	---
Domestic HIV/AIDS Initiative.....	70,000	165,000	105,000	+35,000	-60,000

Total, Ryan White HIV/AIDS program.....	2,388,781	2,483,781	2,423,781	+35,000	-60,000

147

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Health Care Systems					
Organ Transplantation.....	27,549	17,164	29,049	+1,500	+11,885
PHS Eval.....	---	(13,385)	---	---	(-13,385)
Total, Organ Transplantation.....	27,549	30,549	29,049	+1,500	-1,500
National Cord Blood Inventory.....	17,266	8,266	18,266	+1,000	+10,000
C.W. Bill Young Cell Transplantation	30,009	30,009	31,009	+1,000	+1,000
340B Drug Pricing program/Office of Pharmacy Affairs..	10,238	10,238	10,238	---	---
304B Drug Pricing.....	---	24,000	---	---	-24,000
User Fees.....	---	-24,000	---	---	+24,000
Poison Control Centers.....	22,846	22,846	24,846	+2,000	+2,000
Hansen's Disease Program.....	13,706	11,653	13,706	---	+2,053
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	123,593	102,033	129,093	+5,500	+27,060
PHS Eval Funding.....	---	(13,385)	---	---	(-13,385)
Subtotal, Health Care Systems, program level....	123,593	115,418	129,093	+5,500	+13,675

148

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Rural Health					
Rural Outreach Grants.....	79,500	89,500	82,500	+3,000	-7,000
Rural Health Research/Policy Development.....	10,351	5,000	11,076	+725	+6,076
Rural Hospital Flexibility Grants.....	53,609	---	55,609	+2,000	+55,609
State Offices of Rural Health.....	12,500	---	12,500	---	+12,500
Black Lung Clinics.....	11,500	11,500	11,500	---	---
Radiation Exposure Screening and Education Program....	1,834	1,834	1,834	---	---
Telehealth.....	29,000	29,000	34,000	+5,000	+5,000
Rural Communities Opioid Response.....	110,000	110,000	110,000	---	---
Rural Residency Program.....	10,000	---	10,500	+500	+10,500
Total, Rural Health.....	318,294	246,834	329,519	+11,225	+82,685
Family Planning.....	286,479	286,479	286,479	---	---
Program Management.....	155,300	151,993	155,300	---	+3,307
Total, Health resources and services (HRS).....	7,037,259	6,289,085	7,207,234	+169,975	+918,149
Vaccine Injury Compensation Program Trust Fund					
Post-FY 1988 Claims.....	265,600	265,600	265,600	-20,000	---
HRSA Administrative expenses.....	10,200	16,200	11,200	+1,000	-5,000
Total, Vaccine Injury Compensation Trust Fund...	295,800	281,800	276,800	-19,000	-5,000
Total, Health Resources and Services					
Administration.....	7,333,059	6,570,885	7,484,034	+150,975	+913,149
(Evaluation Tap Funding).....	---	(13,385)	---	---	(-13,385)

149
69

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
CENTERS FOR DISEASE CONTROL AND PREVENTION					
Immunization and Respiratory Diseases.....	433,105	577,160	448,805	+15,700	-128,355
Administrative transfer to Emerging and Zoonotic Infectious Diseases.....	(-13,400)	---	---	(+13,400)	---
Subtotal.....	419,705	577,160	448,805	+29,100	-128,355
Prevention and Public Health Fund 1/.....	(370,300)	(302,845)	(372,200)	(+1,900)	(+69,355)
Subtotal.....	(790,005)	(880,005)	(821,005)	(+31,000)	(-59,000)
HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention.....	1,273,556	1,552,556	1,314,056	+40,500	-238,500
Subtotal (including transfers).....	1,273,556	1,552,556	1,314,056	+40,500	-238,500
Emerging and Zoonotic Infectious Diseases.....	570,372	598,772	596,272	+25,900	-2,500
Administrative transfer from Immunization and Respiratory Diseases.....	(13,400)	---	---	(-13,400)	---
Subtotal.....	583,772	598,772	596,272	+12,500	-2,500
Prevention and Public Health Fund 1/.....	(52,000)	(137,000)	(52,000)	---	(-85,000)
Subtotal (including transfers).....	635,772	735,772	648,272	+12,500	-87,500
Chronic Disease Prevention and Health Promotion.....	984,964	962,145	1,021,714	+36,750	+59,569

150

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Prevention and Public Health Fund 1/.....	(254,950)	(454,105)	(254,950)	---	(-199,155)
Subtotal.....	1,239,914	1,416,250	1,276,664	+36,750	-139,586
Birth Defects, Developmental Disabilities, Disabilities and Health.....	160,810	112,250	167,810	+7,000	+55,560
Subtotal.....	160,810	112,250	167,810	+7,000	+55,560
Public Health Scientific Services.....	555,497	115,497	591,997	+36,500	+476,500
Evaluation Tap Funding.....	---	(463,000)	---	---	(-463,000)
Administrative Transfer from Public Health Preparedness and Response.....	(23,000)	---	---	(-23,000)	---
Subtotal (including transfers).....	(578,497)	(578,497)	(591,997)	(+13,500)	(+13,500)
Environmental Health.....	196,850	182,000	205,850	+9,000	+23,850
Prevention and Public Health Fund 1/.....	(17,000)	---	(17,000)	---	(+17,000)
Subtotal.....	213,850	182,000	222,850	+9,000	+40,850
Injury Prevention and Control.....	677,379	730,159	682,879	+5,500	-47,280
National Institute for Occupational Safety and Health. Evaluation Tap Funding.....	342,800	111,362	345,300	+2,500	+233,938
	---	(78,638)	---	---	(-78,638)
Subtotal, National Institute for Occupational					

151

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Safety and Health, program level.....	342,800	190,000	345,300	+2,500	+155,300
Energy Employees Occupational Illness Compensation Program.....	55,358	55,358	55,358	---	---
Global Health.....	570,843	620,843	592,843	+22,000	-28,000
Public Health Preparedness and Response.....	850,200	927,200	842,200	-8,000	-85,000
Administrative transfer to Public Health Scientific Services.....	(-23,000)	---	---	(+23,000)	---
Subtotal.....	827,200	927,200	842,200	+15,000	-85,000
Buildings and Facilities.....	25,000	30,000	30,000	+5,000	---
Subtotal.....	25,000	30,000	30,000	+5,000	---

152

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

CDC-Wide Activities and Program Support					
Prevention and Public Health Fund 1/.....	(160,000)	---	(160,000)	---	(+160,000)
Office of the Director.....	113,570	105,000	113,570	---	+8,570
Infectious Diseases Rapid Response Reserve Fund...	85,000	50,000	10,000	-75,000	-40,000
Errata Adjustment.....	---	218,570	---	---	-218,570

Subtotal.....	(358,570)	(373,570)	(283,570)	(-75,000)	(-90,000)
	=====				
Total, Centers for Disease Control and					
Prevention.....	6,895,304	6,948,872	7,018,654	+123,350	+69,782
Discretionary.....	6,839,946	6,893,514	6,963,296	+123,350	+69,782
Prevention and Public Health Fund 1/.....	(854,250)	(893,950)	(856,150)	(+1,900)	(-37,800)

Total, Centers for Disease Control Program Level	(7,749,554)	(8,384,460)	(7,874,804)	(+125,250)	(-509,656)
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57
W

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
NATIONAL INSTITUTES OF HEALTH					
National Cancer Institute (NCI).....	6,245,442	5,686,173	6,364,852	+119,410	+678,679
NIH Innovation Account, CURES Act2/.....	195,000	195,000	195,000	---	---
Subtotal, NCI.....	6,440,442	5,881,173	6,559,852	+119,410	+678,679
National Heart, Lung, and Blood Institute (NHLBI).....	3,624,258	3,298,004	3,664,811	+40,553	+366,807
Subtotal, NHLBI.....	3,624,258	3,298,004	3,664,811	+40,553	+366,807
National Institute of Dental and Craniofacial Research (NIDCR).....	477,429	434,559	484,867	+7,438	+50,308
Subtotal, NIDCR.....	477,429	434,559	484,867	+7,438	+50,308
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK).....	2,114,314	1,924,211	2,131,975	+17,661	+207,764
Juvenile Diabetes (mandatory).....	(150,000)	(150,000)	(150,000)	---	---
Subtotal, NIDDK.....	2,114,314	1,924,211	2,131,975	+17,661	+207,764

154

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
National Institute of Neurological Disorders and Stroke (NINDS).....	2,374,687	2,195,110	2,463,393	+88,706	+268,283
NIH Innovation Account, CURES Act2/.....	70,000	50,000	50,000	-20,000	---
Subtotal, NINDS.....	2,444,687	2,245,110	2,513,393	+68,706	+268,283
National Institute of Allergy and Infectious Diseases (NIAID).....	5,885,470	5,885,470	6,069,619	+184,149	+184,149
Subtotal, NIAID.....	5,885,470	5,885,470	6,069,619	+184,149	+184,149
National Institute of General Medical Sciences (NIGMS) Evaluation Tap Funding.....	1,706,397 (1,230,821)	1,931,074 (741,000)	1,719,912 (1,271,505)	+13,515 (+40,684)	-211,162 (+530,505)
Subtotal, NIGMS.....	2,937,218	2,672,074	2,991,417	+54,199	+319,343
National Institute of Child Health and Human Development (NICHD).....	1,556,879	1,416,366	1,590,337	+33,458	+173,971
Subtotal, NICHD.....	1,556,879	1,416,366	1,590,337	+33,458	+173,971

155

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
National Eye Institute (NEI).....	824,090	749,003	835,714	+11,624	+86,711
Subtotal, NEI.....	824,090	749,003	835,714	+11,624	+86,711
National Institute of Environmental Health Sciences (NIEHS).....	802,598	730,147	814,675	+12,077	+84,528
Subtotal, NIEHS.....	802,598	730,147	814,675	+12,077	+84,528
National Institute on Aging (NIA).....	3,543,673	3,225,782	3,899,227	+355,554	+673,445
Subtotal, NIA.....	3,543,673	3,225,782	3,899,227	+355,554	+673,445
National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS).....	624,889	568,480	634,292	+9,403	+65,812
Subtotal, NIAMS.....	624,889	568,480	634,292	+9,403	+65,812
National Institute on Deafness and Other Communication Disorders (NIDCD).....	490,692	446,397	498,076	+7,384	+51,679
Subtotal, NIDCD.....	490,692	446,397	498,076	+7,384	+51,679
National Institute of Nursing Research (NINR).....	169,113	156,804	174,957	+5,844	+18,153
Subtotal, NINR.....	169,113	156,804	174,957	+5,844	+18,153
National Institute on Alcohol Abuse and Alcoholism					

156

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
(NIAAA).....	545,373	497,346	554,923	+9,550	+57,577
Subtotal, NIAAA.....	545,373	497,346	554,923	+9,550	+57,577
National Institute on Drug Abuse (NIDA).....	1,462,016	1,431,770	1,479,660	+17,644	+47,890
Subtotal, NIDA.....	1,462,016	1,431,770	1,479,660	+17,644	+47,890
National Institute of Mental Health (NIMH).....	1,968,374	1,794,865	2,053,708	+85,334	+258,843
NIH Innovation Account, CURES Act2/.....	70,000	50,000	50,000	-20,000	---
Subtotal, NIMH.....	2,038,374	1,844,865	2,103,708	+65,334	+258,843
National Human Genome Research Institute (NHGRI).....	606,349	550,116	615,780	+9,431	+65,664
Subtotal, NHGRI.....	606,349	550,116	615,780	+9,431	+65,664
National Institute of Biomedical Imaging and Bioengineering (NIBIB).....	403,638	368,111	410,728	+7,090	+42,617
Subtotal, NIBIB.....	403,638	368,111	410,728	+7,090	+42,617
National Center for Complementary and Integrative Health (NCCIH).....	151,740	138,167	154,162	+2,422	+15,995
Subtotal, NCCIH.....	151,740	138,167	154,162	+2,422	+15,995
National Institute on Minority Health and Health					

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Disparities (NIMHD).....	335,812	305,498	390,865	+55,053	+85,367
Subtotal, NIMHD.....	335,812	305,498	390,865	+55,053	+85,367
John E. Fogarty International Center (FIC).....	80,760	73,531	84,044	+3,284	+10,513
Subtotal, FIC.....	80,760	73,531	84,044	+3,284	+10,513
National Library of Medicine (NLM).....	456,911	415,665	463,787	+6,876	+48,122
Subtotal, NLM.....	456,911	415,665	463,787	+6,876	+48,122
National Institute for Research on Safety and Quality (NIRSQ).....	---	256,660	---	---	-256,660
National Center for Advancing Translational Sciences (NCATS).....	832,888	787,703	855,421	+22,533	+67,718
Subtotal, NCATS.....	832,888	787,703	855,421	+22,533	+67,718
Office of the Director.....	2,239,787	2,086,463	2,411,110	+171,323	+324,647
Common Fund (non-add).....	(626,511)	(583,867)	(635,939)	(+9,428)	(+52,072)
Office for Research on Women's Health (non-add)...	(38,925)	---	(43,925)	(+5,000)	(+43,925)
Gabriella Miller Kids First Research Act (Common Fund add).....	12,600	12,600	12,600	---	---
NIH Innovation Account, CURES Act2/.....	157,000	109,000	109,000	-48,000	---

158

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Buildings and Facilities.....	200,000	300,000	200,000	---	-100,000
Transfer from Nonrecurring Expense Fund.....	(225,000)	---	(225,000)	---	(+225,000)
Subtotal, Buildings and Facilities.....	425,000	300,000	425,000	---	+125,000
Total, National Institutes of Health (NIH).....	40,228,179	38,070,075	41,437,495	+1,209,316	+3,367,420
(Evaluation Tap Funding).....	(1,230,821)	(741,000)	(1,271,505)	(+40,684)	(+530,505)
Total, NIH Program Level.....	41,459,000	38,811,075	42,709,000	+1,250,000	+3,897,925
Transfers from Nonrecurring Expenses Fund.....	(225,000)	---	(225,000)	---	(+225,000)
Total, NIH Program Level (with transfer).....	41,684,000	38,811,075	42,934,000	+1,250,000	+4,122,925

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)					
Mental Health					
Programs of Regional and National Significance.....	448,774	440,906	475,036	+26,262	+34,130
Prevention and Public Health Fund 1/.....	(12,000)	---	(12,000)	---	(+12,000)
Subtotal.....	460,774	440,906	487,036	+26,262	+46,130
Community Mental Health Services Block Grant (MHBG)....	701,532	736,532	736,532	+35,000	---
Evaluation Tap Funding.....	(21,039)	(21,039)	(21,039)	---	---
Subtotal.....	(722,571)	(757,571)	(757,571)	(+35,000)	---
Certified Community Behavioral Health Clinics.....	200,000	225,000	250,000	+50,000	+25,000
National Child Traumatic Stress Initiative.....	68,887	68,887	71,887	+3,000	+3,000
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	14,146	36,146	---	+22,000
Subtotal, Mental Health.....	1,644,974	1,675,106	1,759,236	+114,262	+84,130
(Evaluation Tap Funding).....	(21,039)	(21,039)	(21,039)	---	---
(Prevention and Public Health Fund 1/.....)	(12,000)	---	(12,000)	---	(+12,000)
Subtotal, Mental Health program level.....	(1,678,013)	(1,696,145)	(1,792,275)	(+114,262)	(+96,130)

150

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Substance Abuse Treatment					
Programs of Regional and National Significance.....	477,677	364,677	494,677	+17,000	+130,000
Evaluation Tap Funding.....	(2,000)	---	(2,000)	---	(+2,000)
Subtotal.....	(479,677)	(364,677)	(496,677)	(+17,000)	(+132,000)
Substance Abuse Prevention and Treatment Block Grant..	1,778,879	1,778,879	1,778,879	---	---
Evaluation Tap Funding.....	(79,200)	(79,200)	(79,200)	---	---
Subtotal. block grant.....	(1,858,079)	(1,858,079)	(1,858,079)	---	---
State Opioid Response grants.....	1,500,000	1,585,000	1,500,000	---	-85,000
Subtotal, Substance Abuse Treatment.....	3,756,556	3,728,556	3,773,556	+17,000	+45,000
(Evaluation Tap Funding).....	(81,200)	(79,200)	(81,200)	---	(+2,000)
Subtotal, Program level.....	(3,837,756)	(3,807,756)	(3,854,756)	(+17,000)	(+47,000)
Substance Abuse Prevention					
Programs of Regional and National Significance.....	206,469	96,985	208,219	+1,750	+111,234
Total, Substance Abuse Prevention.....	206,469	96,985	208,219	+1,750	+111,234

161

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Health Surveillance and Program Support.....	128,830	97,004	128,830	---	+31,826
Evaluation Tap Funding (NA).....	(31,428)	(42,453)	(31,428)	---	(-11,025)
Subtotal.....	160,258	139,457	160,258	---	+20,801
Total, SAMHSA.....	5,736,829	5,597,651	5,869,841	+133,012	+272,190
(Evaluation Tap Funding).....	(133,667)	(142,692)	(133,667)	---	(-9,025)
(Prevention and Public Health Fund 1/.).....	(12,000)	---	(12,000)	---	(+12,000)
Total, SAMHSA Program Level.....	(5,882,496)	(5,740,343)	(6,015,508)	(+133,012)	(+275,165)

162

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)3/					
Healthcare Research and Quality					
Research on Health Costs, Quality, and Outcomes:					
Federal Funds.....	196,709	---	196,709	---	+196,709
Medical Expenditures Panel Surveys:					
Federal Funds.....	69,991	---	69,991	---	+69,991
Program Support:					
Federal Funds.....	71,300	---	71,300	---	+71,300
Total, AHRQ Program Level 3/.....	(338,000)	---	(338,000)	---	(+338,000)
Federal funds 3/.....	(338,000)	---	(338,000)	---	(+338,000)
	=====	=====	=====	=====	=====
Total, Public Health Service (PHS) appropriation	60,531,371	57,187,483	62,148,024	+1,616,653	+4,960,541
Total, Public Health Service Program Level.....	(63,212,109)	(59,533,533)	(64,871,346)	(+1,659,237)	(+5,337,813)
	=====	=====	=====	=====	=====

5/2

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
CENTERS FOR MEDICARE AND MEDICAID SERVICES					
Grants to States for Medicaid					
Medicaid Current Law Benefits.....	383,836,264	425,687,168	425,687,168	+41,850,904	---
State and Local Administration.....	22,522,603	23,168,636	23,168,636	+646,033	---
Vaccines for Children.....	4,761,408	4,951,369	4,951,369	+189,961	---
Total, Medicaid Program Level, available this					
fiscal year.....	411,120,275	453,807,173	453,807,173	+42,686,898	---
New advance, 1st quarter, FY 2022.....	139,903,075	148,732,315	148,732,315	+8,829,240	---
Less appropriations provided in prior years.....	-137,931,797	-139,903,075	-139,903,075	-1,971,278	---
Total, Grants to States for Medicaid, appropriated in this bill.....	413,091,553	462,636,413	462,636,413	+49,544,860	---
Payments to Health Care Trust Funds					
Supplemental Medical Insurance.....	304,044,600	325,500,000	325,500,000	+21,455,400	---
Federal Uninsured Payment.....	109,000	95,000	95,000	-14,000	---
Program Management.....	913,000	904,000	904,000	-9,000	---
General Revenue for Part D Benefit.....	104,539,500	111,800,000	111,800,000	+7,260,500	---
General Revenue for Part D Administration.....	861,000	882,000	882,000	+21,000	---
HCFAC Reimbursement.....	324,000	328,000	328,000	+4,000	---
State Low-Income Determination for Part D.....	5,000	5,000	5,000	---	---
Total, Payments to Trust Funds.....	410,796,100	439,514,000	439,514,000	+28,717,900	---

101

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Program Management					
Research, Demonstration, Evaluation.....	20,054	---	20,054	---	+20,054
Program Operations.....	2,519,823	2,478,823	2,479,823	-40,000	+1,000
State Survey and Certification.....	397,334	442,192	397,334	---	-44,858
Federal Administration.....	732,533	772,533	772,533	+40,000	---
Total, Program management.....	3,669,744	3,693,548	3,669,744	---	-23,804
Health Care Fraud and Abuse Control Account					
Centers for Medicare and Medicaid Services.....	610,000	628,356	616,000	+6,000	-12,356
HHS Office of Inspector General.....	93,000	101,644	99,000	+6,000	-2,644
Department of Justice.....	83,000	83,000	92,000	+9,000	+9,000
Total, Health Care Fraud and Abuse Control (Trust funds).....	786,000	813,000	807,000	+21,000	-6,000
Program integrity (cap adjustment).....	(475,000)	(496,000)	(496,000)	(+21,000)	---
Total, Centers for Medicare and Medicaid Services Federal funds.....	828,343,397	906,656,961	906,627,157	+78,283,760	-29,804
Current year.....	(683,984,578)	(753,418,098)	(753,418,098)	(+69,433,520)	---
FY 2022 Advance.....	(139,903,075)	(148,732,315)	(148,732,315)	(+8,829,240)	---
Trust Funds.....	4,455,744	4,506,548	4,476,744	+21,000	-29,804

151
55

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
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	1,000	1,000	---	---
Subtotal.....	34,000	34,000	34,000	---	---
Child Support Enforcement:					
State and Local Administration.....	3,648,494	3,788,273	3,788,273	+139,779	---
Federal Incentive Payments.....	597,506	606,727	606,727	+9,221	---
Access and Visitation.....	10,000	10,000	10,000	---	---
Subtotal, Child Support Enforcement.....	4,256,000	4,405,000	4,405,000	+149,000	---
Total, Family Support Payments Program Level,					
available this fiscal year.....	4,290,000	4,439,000	4,439,000	+149,000	---
Less appropriations provided in prior years.....	-1,400,000	-1,400,000	-1,400,000	---	---
Total, Family Support Payments, available in					
this bill.....	2,890,000	3,039,000	3,039,000	+149,000	---
New advance, 1st quarter, FY 2022.....	1,400,000	1,400,000	1,400,000	---	---

166

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Low Income Home Energy Assistance Program (LIEAP)					
Formula Grants.....	3,740,304	---	3,750,304	+10,000	+3,750,304
Total, LIEAP, Program Level.....	3,740,304	---	3,750,304	+10,000	+3,750,304
Refugee and Entrant Assistance					
Transitional and Medical Services.....	354,000	278,559	354,000	---	+75,441
Refugee Support Services.....	207,201	150,821	207,201	---	+56,380
Victims of Trafficking.....	27,755	27,755	28,755	+1,000	+1,000
Unaccompanied Alien Children (UAC).....	1,303,245	1,983,245	1,303,245	---	-680,000
Victims of Torture.....	16,000	16,000	17,000	+1,000	+1,000
Total, Refugee and Entrant Assistance.....	1,908,201	2,456,380	1,910,201	+2,000	-546,179
Payments to States for the Child Care and Development					
Block Grant.....	5,826,000	5,826,000	5,911,000	+85,000	+85,000
Social Services Block Grant (Title XX).....	1,700,000	---	1,700,000	---	+1,700,000

18
11

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

Children and Families Services Programs					
Programs for Children, Youth and Families:					
Head Start.....	10,613,095	10,613,095	10,748,095	+135,000	+135,000
Preschool Development Grants.....	275,000	---	275,000	---	+275,000
Runaway and Homeless Youth Program.....	113,780	113,780	116,780	+3,000	+3,000
Service Connection for Youth on the Streets.....	18,641	18,641	20,000	+1,359	+1,359
Child Abuse State Grants.....	90,091	90,091	90,091	---	---
Child Abuse Discretionary Activities.....	35,000	51,000	35,000	---	-16,000
Community Based Child Abuse Prevention.....	55,660	55,660	60,660	+5,000	+5,000
Child Welfare Services.....	268,735	268,735	268,735	---	---
Child Welfare Training, Research, or Demonstration projects.....	17,984	20,984	18,984	+1,000	-2,000
Adoption Opportunities.....	42,100	42,100	44,100	+2,000	+2,000
Adoption Incentive Grants.....	75,000	75,000	75,000	---	---
Social Services and Income Maintenance Research.....	7,012	6,512	7,512	+500	+1,000
Native American Programs.....	56,050	57,275	57,050	+1,000	-225

168

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

Community Services:					
Community Services Block Grant Act programs:					
Grants to States for Community Services.....	740,000	---	745,000	+5,000	+745,000
Economic Development.....	20,383	---	20,383	---	+20,383
Rural Community Facilities.....	10,000	---	10,000	---	+10,000
Subtotal, Community Services.....	770,383	---	775,383	+5,000	+775,383

Domestic Violence Hotline.....	12,000	12,000	13,000	+1,000	+1,000
Family Violence Prevention and Services.....	175,000	175,000	182,500	+7,500	+7,500
Chafee Education and Training Vouchers.....	43,257	43,257	43,257	---	---
Disaster Human Services Case Management.....	1,864	4,000	1,864	---	-2,136
Program Direction.....	206,000	209,000	207,500	+1,500	-1,500
Total, Children and Families Services Programs..	12,876,652	11,856,130	13,040,511	+163,859	+1,184,381
Promoting Safe and Stable Families.....	345,000	345,000	345,000	---	---
Discretionary Funds.....	92,515	59,765	82,515	-10,000	+22,750
Total, Promoting Safe and Stable Families.....	437,515	404,765	427,515	-10,000	+22,750

169

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Payments for Foster Care and Permanency					
Foster Care.....	5,253,000	5,795,634	5,795,634	+542,634	---
Adoption Assistance.....	2,931,000	3,802,045	3,802,045	+871,045	---
Guardianship.....	217,000	270,858	270,858	+53,858	---
Independent Living.....	143,000	143,000	143,000	---	---

Total, Payments to States, available this fiscal year.....	8,544,000	10,011,537	10,011,537	+1,467,537	---
Advance appropriations, 1st quarter, FY 2022.....	3,000,000	3,000,000	3,000,000	---	---
less appropriations provided in prior years.....	-2,800,000	-3,000,000	-3,000,000	-200,000	---

Total, Payments to States, available in this bill.....	8,744,000	10,011,537	10,011,537	+1,267,537	---
=====					
Total, Administration for Children and Families					
Current year appropriations.....	39,522,672	34,993,812	41,190,068	+1,667,396	+6,196,256
Advance appropriations.....	(35,122,672)	(30,593,812)	(36,790,068)	(+1,667,396)	(+6,196,256)
	(4,400,000)	(4,400,000)	(4,400,000)	---	---

Total, ACF Program Level.....	39,522,672	34,993,812	41,190,068	+1,667,396	+6,196,256
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170

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
ADMINISTRATION FOR COMMUNITY LIVING					
Aging and Disability Services Programs					
Grants to States:					
Home and Community-based Supportive Services.....	390,074	390,074	392,574	+2,500	+2,500
Preventive Health.....	24,848	24,848	24,848	---	---
Protection of Vulnerable Older Americans-Title VII	22,658	20,628	23,658	+1,000	+3,030
Subtotal.....	437,580	435,550	441,080	+3,500	+5,530
Family Caregivers.....	185,936	150,586	188,936	+3,000	+38,350
Native American Caregivers Support.....	10,306	10,306	10,806	+500	+500
Subtotal, Caregivers.....	196,242	160,892	199,742	+3,500	+38,850
Nutrition:					
Congregate Meals.....	510,342	510,342	515,342	+5,000	+5,000
Home Delivered Meals.....	266,342	266,342	276,342	+10,000	+10,000
Nutrition Services Incentive Program.....	160,069	160,069	160,069	---	---
Subtotal.....	936,753	936,753	951,753	+15,000	+15,000
Subtotal, Grants to States.....	1,570,575	1,533,195	1,592,575	+22,000	+59,380
Grants for Native Americans.....	34,708	34,708	35,208	+500	+500
Aging Network Support Activities.....	12,461	11,503	16,461	+4,000	+4,958
Alzheimer's Disease Program.....	11,800	26,500	12,800	+1,000	-13,700

171

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Prevention and Public Health Fund 1/.....	(14,700)	---	(14,700)	---	(+14,700)
Lifespan Respite Care.....	6,110	3,360	7,110	+1,000	+3,750
Chronic Disease Self-Management Program.....	---	---	---	---	---
Prevention and Public Health Fund 1/.....	(8,000)	---	(8,000)	---	(+8,000)
Elder Falls Prevention.....	---	---	---	---	---
Prevention and Public Health Fund 1/.....	(5,000)	---	(5,000)	---	(+5,000)
Elder Rights Support Activities.....	15,874	17,874	17,874	+2,000	---
Aging and Disability Resources.....	8,119	6,119	8,119	---	+2,000
State Health Insurance Program.....	52,115	36,115	52,115	---	+16,000
Paralysis Resource Center.....	9,700	9,700	9,700	---	---
Limb Loss Resource Center.....	4,000	4,000	4,000	---	---
Traumatic Brain Injury.....	11,321	11,321	11,321	---	---
Developmental Disabilities Programs:					
State Councils.....	78,000	56,000	79,000	+1,000	+23,000
Protection and Advocacy.....	40,784	38,734	41,784	+1,000	+3,050
Voting Access for Individuals with Disabilities....	7,463	7,463	7,963	+500	+500
Developmental Disabilities Projects of National Significance.....	12,250	1,050	12,250	---	+11,200
University Centers for Excellence in Developmental Disabilities.....	41,619	32,546	42,119	+500	+9,573
Subtotal, Developmental Disabilities Programs...	180,116	135,793	183,116	+3,000	+47,323

172

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Workforce Innovation and Opportunity Act					
Independent Living.....	116,183	113,646	116,183	---	+2,537
National Institute on Disability, Independent Living, and Rehabilitation Research.....	111,970	90,371	112,970	+1,000	+22,599
Assistive Technology.....	37,000	31,939	37,500	+500	+5,561
Subtotal, Workforce Innovation and Opportunity Act.....	265,153	235,956	266,653	+1,500	+30,697
Program Administration.....	41,063	42,063	41,063	---	-1,000
Total, Administration for Community Living.....	2,223,115	2,108,207	2,258,115	+35,000	+149,908
Federal funds.....	(2,171,000)	(2,072,092)	(2,206,000)	(+35,000)	(+133,908)
Trust Funds.....	(52,115)	(36,115)	(52,115)	---	(+16,000)
(Prevention and Public Health Fund 1/.).....	(27,700)	---	(27,700)	---	(+27,700)
Total, ACL program level.....	2,250,815	2,108,207	2,285,815	+35,000	+177,608

173

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

OFFICE OF THE SECRETARY					
General Departmental Management					
General Departmental Management, Federal Funds.....	196,419	200,895	196,419	---	-4,476
Teen Pregnancy Prevention Community Grants.....	101,000	---	101,000	---	+101,000
Evaluation Tap Funding.....	(6,800)	---	(6,800)	---	(+6,800)
Subtotal, Grants.....	(107,800)	---	(107,800)	---	(+107,800)
Sexual Risk Avoidance.....	35,000	---	35,000	---	+35,000
Office of Minority Health.....	58,670	58,670	61,835	+3,165	+3,165
Office on Women's Health.....	33,640	33,640	35,140	+1,500	+1,500
Minority HIV/AIDS prevention and treatment.....	53,900	53,900	55,400	+1,500	+1,500
Embryo Adoption Awareness Campaign.....	1,000	---	1,000	---	+1,000
Planning and Evaluation, Evaluation Tap Funding.....	(58,028)	(73,840)	(58,028)	---	(-15,812)
Total, General Departmental Management.....	479,629	347,105	485,794	+6,165	+138,689
Federal Funds.....	(479,629)	(347,105)	(485,794)	(+6,165)	(+138,689)
(Evaluation Tap Funding).....	(64,828)	(73,840)	(64,828)	---	(-9,012)
Total, General Departmental Management program level.....	544,457	420,945	550,622	+6,165	+129,677

h74

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Medicare Hearings and Appeals.....	191,881	196,381	191,881	---	-4,500
Office of the National Coordinator for Health Information Technology.....	60,367	50,717	62,367	+2,000	+11,650
Office of Inspector General Inspector General Federal Funds.....	80,000	90,000	80,000	---	-10,000
Office for Civil Rights					
Federal Funds.....	38,798	30,286	38,798	---	+8,512
Retirement Pay and Medical Benefits for Commissioned Officers					
Retirement Payments.....	491,090	524,818	524,818	+33,728	---
Survivors Benefits.....	31,650	31,925	31,925	+275	---
Dependents' Medical Care.....	100,851	96,280	96,280	-4,571	---
Total, Benefits for Commissioned Officers.....	623,591	653,023	653,023	+29,432	---

175

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

Public Health and Social Services Emergency Fund (PHSSEF)					
Assistant Secretary for Preparedness and Response					
Operations.....	30,938	30,938	30,938	---	---
Preparedness and Emergency Operations.....	24,654	27,154	24,654	---	-2,500
National Disaster Medical System.....	57,404	88,404	63,404	+6,000	-25,000
Hospital Preparedness Cooperative Agreement Grants:					
Formula Grants.....	275,555	257,555	280,555	+5,000	+23,000
Biomedical Advanced Research and Development Authority (BARDA).....	561,700	561,700	596,700	+35,000	+35,000
Policy and Planning.....	14,877	19,877	14,877	---	-5,000
Project BioShield.....	735,000	535,000	770,000	+35,000	+235,000
Strategic National Stockpile.....	705,000	705,000	705,000	---	---
Medical Reserve Corps.....	6,000	3,900	6,000	---	+2,100
Preparedness and Response Innovation.....	---	15,000	2,000	+2,000	-13,000
Subtotal, Preparedness and Response.....	2,411,128	2,244,528	2,494,128	+83,000	+249,600

176

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Assistant Secretary for Administration					
Assistant Secretary for Administration, Cybersecurity. Administrative transfer to Office of Security and Strategic Information.....	58,860	67,053	57,820	-1,040	-9,233
	(-1,040)	---	---	(+1,040)	---
Subtotal.....	57,820	67,053	57,820	---	-9,233
Office of Security and Strategic Information.....	7,470	8,884	8,510	+1,040	-374
Administrative transfer from Asst. Sec. for Admin. Cybersecurity.....	(1,040)	---	---	(-1,040)	---
Subtotal (including transfer).....	8,510	8,884	8,510	---	-374
Office of the Assistant Secretary of Health.....	---	11,000	---	---	-11,000
Public Health and Science					
Pandemic Influenza Preparedness.....	260,000	310,000	287,000	+27,000	-23,000
Subtotal, Non-pandemic flu/BioShield/SNS.....	1,037,458	1,091,465	1,085,458	+48,000	-6,007
Total, PHSSEF.....	2,737,458	2,641,465	2,847,458	+110,000	+205,993

177

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

Total, Office of the Secretary.....	4,211,724	4,008,977	4,359,321	+147,597	+350,344
Federal Funds.....	4,019,843	3,812,596	4,167,440	+147,597	+354,844
Trust Funds.....	191,881	196,381	191,881	---	-4,500
(Evaluation Tap Funding).....	(64,828)	(73,840)	(64,828)	---	(-9,012)

Total, Office of the Secretary Program Level....	4,276,552	4,082,817	4,424,149	+147,597	+341,332
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Total, Title II, Department of Health and Human Services.....	934,832,279	1,004,955,440	1,016,582,685	+81,750,406	+11,627,245
Federal Funds.....	929,630,339	999,796,196	1,011,446,745	+81,816,406	+11,650,549
Current year appropriations.....	(785,327,264)	(846,663,881)	(858,314,430)	(+72,987,166)	(+11,650,549)
Advance appropriations.....	(144,303,075)	(153,132,315)	(153,132,315)	(+8,829,240)	---
Trust Funds.....	(4,709,940)	(4,755,244)	(4,731,940)	(+22,000)	(-23,304)
CURES Act2/.....	(492,000)	(404,000)	(404,000)	(-88,000)	---
Prevention and Public Health Fund 1/.....	(893,950)	(893,950)	(895,850)	(+1,900)	(+1,900)
Transfers from Nonrecurring Expenses Fund.....	(450,000)	---	(450,000)	---	(+450,000)
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Title II Footnotes:

1/ Sec.4002 of Public Law 111-148

2/ 21st Century CURES Act (Public Law 114-255)

178

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
TITLE III - DEPARTMENT OF EDUCATION					
IMPROVING ELEMENTARY AND SECONDARY EDUCATION					
Elementary and Secondary Education for the Disadvantaged Block Grant.....	---	6,840,812	---	---	-6,840,812
Advance appropriations, FY 2022.....	---	12,522,618	---	---	-12,522,618
Total.....	---	19,363,430	---	---	-19,363,430
EDUCATION FOR THE DISADVANTAGED					
Grants to Local Educational Agencies (LEAs)					
Basic Grants:					
Appropriations from prior year advances.....	1,440,776	990,776	990,776	-450,000	---
Forward funded.....	5,463,625	---	5,690,625	+227,000	+5,690,625
Current appropriation.....	5,000	---	5,000	---	+5,000
Subtotal, Basic grants available this fiscal year.....	5,468,625	---	5,695,625	+227,000	+5,695,625
Advance appropriations, FY 2022.....	990,776	---	763,776	-227,000	+763,776
less appropriations available from prior year advances.....	-1,440,776	-990,776	-990,776	+450,000	---
Subtotal, Basic grants, appropriated in this bill.....	6,459,401	---	6,459,401	---	+6,459,401

179

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Concentration Grants:					
Appropriations from prior year advances.....	1,362,301	1,362,301	1,362,301	---	---
Advance appropriations FY 2022.....	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.....	4,019,050	4,244,050	4,244,050	+225,000	---
Advance appropriations FY 2022.....	4,244,050	---	4,357,550	+113,500	+4,357,550
less appropriations provided from prior year advances.....	-4,019,050	-4,244,050	-4,244,050	-225,000	---
Subtotal, Targeted Grants, appropriated in this bill.....	4,244,050	---	4,357,550	+113,500	+4,357,550
Education Finance Incentive Grants:					
Appropriations from prior year advances.....	4,019,050	---	4,244,050	+225,000	+4,244,050
Advance appropriations, FY 2022.....	4,244,050	---	4,357,550	+113,500	+4,357,550
less appropriations provided from prior year advances.....	-4,019,050	---	-4,244,050	-225,000	-4,244,050

150

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

Subtotal, Education Finance Incentive Grants, appropriated in this bill.....	4,244,050	---	4,357,550	+113,500	+4,357,550

Subtotal, Grants to LEAs, program level appropriated in this bill.....	16,309,802	---	16,536,802	+227,000	+16,536,802
Innovative Approaches to Literacy.....	27,000	---	28,000	+1,000	+28,000
Comprehensive literacy development grants.....	192,000	---	192,000	---	+192,000
State Agency Programs:					
Migrant.....	374,751	---	375,626	+875	+375,626
Neglected and Delinquent/High Risk Youth.....	47,614	---	48,239	+625	+48,239

Subtotal, State Agency programs.....	422,365	---	423,865	+1,500	+423,865
Special Programs for Migrant Students.....	45,623	---	46,123	+500	+46,123
=====					
Total, Education for the disadvantaged.....	16,996,790	---	17,226,790	+230,000	+17,226,790
Current Year appropriations.....	(6,155,613)	---	(6,385,613)	(+230,000)	(+6,385,613)
(Forward Funded).....	(6,077,990)	---	(6,306,490)	(+228,500)	(+6,306,490)
FY 2022 Advances.....	(10,841,177)	---	(10,841,177)	---	(+10,841,177)
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181

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
IMPACT AID					
Basic Support Payments.....	1,340,242	1,340,242	1,354,242	+14,000	+14,000
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	---	---
Payments for Federal Property (Sec. 8002).....	75,313	---	76,313	+1,000	+76,313
Total, Impact aid.....	1,486,112	1,410,799	1,501,112	+15,000	+90,313
SCHOOL IMPROVEMENT PROGRAMS					
Supporting Effective Instruction State Grants.....	450,389	---	461,639	+11,250	+461,639
Appropriations from prior year advances.....	1,681,441	1,681,441	1,681,441	---	---
Advance appropriations, FY 2022.....	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.....	2,131,830	---	2,143,080	+11,250	+2,143,080
Supplemental Education Grants.....	16,699	16,699	16,699	---	---
Nita M. Lowey 21st Century Community Learning Centers.....	1,249,673	---	1,259,673	+10,000	+1,259,673
State Assessments.....	378,000	369,100	378,000	---	+8,900
Education for Homeless Children and Youth.....	101,500	---	106,500	+5,000	+106,500
Training and Advisory Services (Civil Rights).....	6,575	6,575	6,575	---	---

182

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Education for Native Hawaiians.....	36,897	---	37,397	+500	+37,397
Alaska Native Education Equity.....	35,953	---	36,453	+500	+36,453
Rural Education.....	185,840	---	187,840	+2,000	+187,840
Comprehensive Centers.....	52,000	---	52,000	---	+52,000
Student Support and Academic Enrichment grants.....	1,210,000	---	1,220,000	+10,000	+1,220,000
=====					
Total, School Improvement Programs.....	5,404,967	392,374	5,444,217	+39,250	+5,051,843
Current Year appropriations.....	(3,723,526)	(392,374)	(3,762,776)	(+39,250)	(+3,370,402)
(Forward Funded).....	(3,575,402)	(369,100)	(3,613,652)	(+38,250)	(+3,244,552)
=====					
Advance appropriations.....	(1,681,441)	---	(1,681,441)	---	(+1,681,441)
INDIAN EDUCATION					
Grants to Local Educational Agencies.....	105,381	105,381	105,381	---	---
Federal Programs:					
Special Programs for Indian Children.....	67,993	67,993	67,993	---	---
National Activities.....	7,365	7,365	7,865	+500	+500

Subtotal, Federal Programs.....	75,358	75,358	75,858	+500	+500
=====					
Total, Indian Education.....	180,739	180,739	181,239	+500	+500
=====					

183

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
INNOVATION AND IMPROVEMENT					
Education Innovation and Research.....	190,000	---	194,000	+4,000	+194,000
American History and Civics Academies.....	1,815	---	2,000	+185	+2,000
American History and Civics National Activities.....	3,000	---	3,250	+250	+3,250
Charter Schools Grants.....	440,000	---	440,000	---	+440,000
Magnet Schools Assistance.....	107,000	---	109,000	+2,000	+109,000
Teacher and School Leader Incentive Grants.....	200,000	---	200,000	---	+200,000
Ready-to-Learn Television.....	29,000	---	29,500	+500	+29,500
Supporting Effective Educator Development (SEED).....	80,000	---	80,000	---	+80,000
Arts in Education.....	30,000	---	30,500	+500	+30,500
Javits Gifted and Talented Students.....	13,000	---	13,500	+500	+13,500
Statewide Family Engagement Centers.....	10,000	---	12,500	+2,500	+12,500
	=====	=====	=====	=====	=====
Total, Innovation and Improvement.....	1,103,815	---	1,114,250	+10,435	+1,114,250
	=====	=====	=====	=====	=====

1721

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
SAFE SCHOOLS AND CITIZENSHIP EDUCATION					
Promise Neighborhoods.....	80,000	---	81,000	+1,000	+81,000
School Safety National Activities.....	105,000	---	106,000	+1,000	+106,000
Full-Service Community Schools.....	25,000	---	30,000	+5,000	+30,000
	=====	=====	=====	=====	=====
Total, Safe Schools and Citizenship Education...	210,000	---	217,000	+7,000	+217,000
	=====	=====	=====	=====	=====
ENGLISH LANGUAGE ACQUISITION					
Current funded.....	51,181	---	51,831	+650	+51,831
Forward funded.....	736,219	---	745,569	+9,350	+745,569
	=====	=====	=====	=====	=====
Total, English Language Acquisition.....	787,400	---	797,400	+10,000	+797,400
	=====	=====	=====	=====	=====
SPECIAL EDUCATION					
State Grants:					
Grants to States Part B current year.....	3,481,009	3,581,009	3,654,074	+173,065	+73,065
Part B advance from prior year.....	(9,283,383)	(9,283,383)	(9,283,383)	---	---
Grants to States Part B (FY 2022).....	9,283,383	9,283,383	9,283,383	---	---
	-----	-----	-----	-----	-----
Subtotal, program level.....	12,764,392	12,864,392	12,937,457	+173,065	+73,065

125

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Preschool Grants.....	394,120	394,120	397,620	+3,500	+3,500
Grants for Infants and Families.....	477,000	477,000	481,850	+4,850	+4,850
Subtotal, program level.....	13,635,512	13,735,512	13,816,927	+181,415	+81,415
IDEA National Activities (current funded):					
State Personnel Development.....	38,630	38,630	38,630	---	---
Technical Assistance and Dissemination.....	44,345	44,345	44,345	---	---
Special Olympics Education Programs.....	20,083	20,083	23,683	+3,600	+3,600
Personnel Preparation.....	89,700	89,700	90,200	+500	+500
Parent Information Centers.....	27,411	27,411	27,411	---	---
Educational Technology, Media, and Materials.....	29,547	29,547	29,547	---	---
Subtotal, IDEA National Activities.....	249,716	249,716	253,816	+4,100	+4,100
Total, Special education.....	13,885,228	13,985,228	14,070,743	+185,515	+85,515
Current Year appropriations.....	(4,601,845)	(4,701,845)	(4,787,360)	(+185,515)	(+85,515)
(Forward Funded).....	(4,352,129)	(4,452,129)	(4,533,544)	(+181,415)	(+81,415)
Advance appropriations.....	(9,283,383)	(9,283,383)	(9,283,383)	---	---
REHABILITATION SERVICES					
Vocational Rehabilitation State Grants.....	3,610,040	3,667,801	3,675,021	+64,981	+7,220
Client Assistance State grants.....	13,000	13,000	13,000	---	---
Training.....	29,388	29,388	29,388	---	---
Demonstration and Training programs.....	5,796	5,796	5,796	---	---

186

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Protection and Advocacy of Individual Rights (PAIR)...	17,650	17,650	18,150	+500	+500
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.....	16,000	16,000	17,000	+1,000	+1,000
Total, Rehabilitation Services.....	3,747,739	3,782,952	3,814,220	+66,481	+31,268
(Discretionary).....	137,699	115,151	139,199	+1,500	+24,048
(Mandatory).....	3,610,040	3,667,801	3,675,021	+64,981	+7,220

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

American Printing House for the Blind.....	32,431	32,431	34,431	+2,000	+2,000
National Technical Institute for the Deaf (NTID):					
Operations.....	79,500	79,500	81,500	+2,000	+2,000
Gallaudet University:					
Operations.....	137,361	137,361	140,361	+3,000	+3,000
Total, Special Institutions for Persons with Disabilities.....	249,292	249,292	256,292	+7,000	+7,000

187

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
CAREER, TECHNICAL, AND ADULT EDUCATION					
Career Education:					
Basic State Grants/Secondary & Technical Education					
State Grants.....	491,598	1,171,598	543,848	+52,250	-627,750
Appropriations available from prior year advances.....	791,000	791,000	791,000	---	---
Total, available this fiscal year.....	1,282,598	1,962,598	1,334,848	+52,250	-627,750
Advance appropriations, FY 2022.....	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.....	1,282,598	1,962,598	1,334,848	+52,250	-627,750
National Programs.....	7,421	90,000	7,421	---	-82,579
Subtotal, Career Education.....	1,290,019	2,052,598	1,342,269	+52,250	-710,329
Adult Education:					
State Grants/Adult Basic and Literacy Education:					
State Grants, forward funded.....	656,955	656,955	674,955	+18,000	+18,000
National Leadership Activities.....	13,712	13,712	13,712	---	---
Subtotal, Adult education.....	670,667	670,667	688,667	+18,000	+18,000

107

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

Total, Career, Technical, and Adult Education...	1,960,686	2,723,265	2,030,936	+70,250	-692,329
Current Year appropriations.....	(1,169,686)	(1,932,265)	(1,239,936)	(+70,250)	(-692,329)
(Forward Funded).....	(1,169,686)	(1,932,265)	(1,239,936)	(+70,250)	(-692,329)
Advance appropriations.....	(791,000)	(791,000)	(791,000)	---	---
	=====	=====	=====	=====	=====
STUDENT FINANCIAL ASSISTANCE					
Pell Grants -- maximum grant (NA).....	(5,285)	(5,285)	(5,435)	(+150)	(+150)
Pell Grants.....	22,475,352	22,475,352	22,475,352	---	---
Federal Supplemental Educational Opportunity Grants...	865,000	---	880,000	+15,000	+880,000
Federal Work Study.....	1,180,000	500,000	1,190,000	+10,000	+690,000
	=====	=====	=====	=====	=====
Total, Student Financial Assistance.....	24,520,352	22,975,352	24,545,352	+25,000	+1,570,000
	=====	=====	=====	=====	=====
FEDERAL DIRECT STUDENT LOAN PROGRAM ACCOUNT.....	50,000	---	50,000	---	+50,000
STUDENT AID ADMINISTRATION					
Salaries and Expenses.....	878,943	1,148,604	878,943	---	-269,661
Servicing Activities.....	890,000	734,705	975,000	+85,000	+240,295
	=====	=====	=====	=====	=====
Total, Student Aid Administration.....	1,768,943	1,883,309	1,853,943	+85,000	-29,366

189

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
HIGHER EDUCATION					
Aid for Institutional Development:					
Strengthening Institutions.....	107,854	---	109,007	+1,153	+109,007
Hispanic Serving Institutions.....	143,081	---	148,732	+5,651	+148,732
Promoting Post-Baccalaureate Opportunities for Hispanic Americans.....	12,838	---	13,845	+1,007	+13,845
Consolidated MSI Grant.....	---	196,324	---	---	-196,324
Strengthening Historically Black Colleges (HBCUs).	324,792	324,792	337,619	+12,827	+12,827
Strengthening Historically Black Graduate Institutions.....	83,995	83,995	87,313	+3,318	+3,318
Strengthening Predominantly Black Institutions....	13,197	---	14,218	+1,021	+14,218
Strengthening Asian American and Native American Pacific Islander-Serving Institutions.....	4,444	---	5,120	+676	+5,120
Strengthening Alaska Native and Native Hawaiian-Serving Institutions.....	18,320	---	19,044	+724	+19,044
Strengthening Native American-Serving Nontribal Institutions.....	4,444	---	5,120	+676	+5,120
Strengthening Tribal Colleges.....	36,633	36,633	38,080	+1,447	+1,447
Strengthening HBCU Masters programs.....	9,956	9,956	10,956	+1,000	+1,000
Subtotal, Aid for Institutional development...	759,554	651,700	789,054	+29,500	+137,354

190

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
International Education and Foreign Language:					
Domestic Programs.....	68,103	---	69,353	+1,250	+69,353
Overseas Programs.....	8,061	---	8,811	+750	+8,811
Subtotal, International Education and Foreign Language.....	76,164	---	78,164	+2,000	+78,164
Postsecondary Program for Students with Intellectual					
Disabilities.....	11,800	11,800	13,800	+2,000	+2,000
Minority Science and Engineering Improvement.....	12,635	150,000	13,370	+735	-136,630
Tribally Controlled Postsec Voc/Tech Institutions.....	10,000	10,000	10,634	+634	+634
Federal TRIO Programs.....	1,090,000	950,000	1,097,000	+7,000	+147,000
GEAR UP.....	365,000	---	368,000	+3,000	+368,000
Graduate Assistance in Areas of National Need.....	23,047	---	23,547	+500	+23,547
Teacher Quality Partnerships.....	50,092	---	52,092	+2,000	+52,092
Child Care Access Means Parents in School.....	53,000	15,134	55,000	+2,000	+39,866
Fund for the Improvement of Postsecondary Ed. (FIPSE).....	24,500	---	41,000	+16,500	+41,000
Total, Higher Education.....	2,475,792	1,788,634	2,541,661	+65,869	+753,027

191

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
HOWARD UNIVERSITY					
Academic Program.....	209,288	209,288	213,288	+4,000	+4,000
Endowment Program.....	3,405	3,405	3,405	---	---
Howard University Hospital.....	27,325	27,325	34,325	+7,000	+7,000
Total, Howard University.....	240,018	240,018	251,018	+11,000	+11,000
COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM.					
	435	435	435	---	---
HISTORICALLY BLACK COLLEGE AND UNIVERSITY (HBCU) CAPITAL FINANCING PROGRAM ACCOUNT					
HBCU Federal Administration.....	334	334	334	---	---
HBCU Loan Subsidies.....	46,150	40,150	48,150	+2,000	+8,000
Total, HBCU Capital Financing Program.....	46,484	40,484	48,484	+2,000	+8,000
INSTITUTE OF EDUCATION SCIENCES (IES)					
Research, Development and Dissemination.....	195,877	195,877	197,877	+2,000	+2,000
Statistics.....	110,500	113,500	111,500	+1,000	-2,000
Regional Educational Laboratories.....	56,022	---	57,022	+1,000	+57,022

192

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Research in Special Education.....	56,500	56,500	58,500	+2,000	+2,000
Special Education Studies and Evaluations.....	10,818	10,818	11,318	+500	+500
Statewide Data Systems.....	33,000	---	33,500	+500	+33,500
Assessment:					
National Assessment.....	153,000	181,000	165,000	+12,000	-16,000
National Assessment Governing Board.....	7,745	7,745	7,745	---	---
Subtotal, Assessment.....	160,745	188,745	172,745	+12,000	-16,000
Total, Institute of Education Sciences.....	623,462	565,440	642,462	+19,000	+77,022

193

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
DEPARTMENTAL MANAGEMENT					
Program Administration:					
Salaries and Expenses.....	430,000	433,723	430,000	---	-3,723
Building Modernization.....	---	15,000	---	---	-15,000
Total, Program administration.....	430,000	448,723	430,000	---	-18,723
Office for Civil Rights.....	130,000	130,000	131,000	+1,000	+1,000
Office of Inspector General.....	63,000	68,019	63,000	---	-5,019
Total, Departmental management.....	623,000	646,742	624,000	+1,000	-22,742
Total, Title III, Department of Education.....	76,361,254	70,228,493	77,211,554	+850,300	+6,983,061
Current Year appropriations.....	(53,764,253)	(47,631,492)	(54,614,553)	(+850,300)	(+6,983,061)
Advance appropriations.....	(22,597,001)	(22,597,001)	(22,597,001)	---	---

194

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

TITLE IV--RELATED AGENCIES					
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED.....	10,000	13,930	10,500	+500	-3,430
(Office of Inspector General).....	(1,650)	(2,300)	(2,500)	(+850)	(+200)
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE					
Operating Expenses					
Domestic Volunteer Service Programs:					
Volunteers in Service to America (VISTA).....	93,364	4,665	97,364	+4,000	+92,699
National Senior Volunteer Corps:					
Foster Grandparents Program.....	118,799	111	118,799	---	+118,688
Senior Companion Program.....	50,863	111	52,863	+2,000	+52,752
Retired Senior Volunteer Program.....	51,355	111	53,355	+2,000	+53,244
Subtotal, Senior Volunteer Corps.....	221,017	333	225,017	+4,000	+224,684
Subtotal, Domestic Volunteer Service.....	314,381	4,998	322,381	+8,000	+317,383

195

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
National and Community Service Programs:					
AmeriCorps State and National Grants.....	428,510	2,224	455,096	+26,586	+452,872
Innovation, Assistance, and Other Activities.....	9,600	---	9,600	---	+9,600
Evaluation.....	4,000	---	4,000	---	+4,000
National Civilian Community Corps (NCCC)(subtitle E).....	32,500	22,883	33,500	+1,000	+10,617
State Commission Support Grants.....	17,538	---	18,538	+1,000	+18,538
Subtotal, National and Community Service.....	492,148	25,107	520,734	+28,586	+495,627
Total, Operating expenses.....	806,529	30,105	843,115	+36,586	+813,010
National Service Trust.....	208,342	10,000	185,000	-23,342	+175,000
Salaries and Expenses.....	83,737	47,333	86,487	+2,750	+39,154
Office of Inspector General.....	5,750	4,258	6,500	+750	+2,242
Total, Corporation for National and Community Service.....	1,104,358	91,696	1,121,102	+16,744	+1,029,406

196

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
CORPORATION FOR PUBLIC BROADCASTING:					
Appropriation available from FY 2019 advance.....	(445,000)	(445,000)	(445,000)	---	---
Rescission.....	---	-415,000	---	---	+415,000
Total, available this fiscal year.....	445,000	30,000	445,000	---	+415,000
Advance appropriation, FY 2023.....	465,000	---	475,000	+10,000	+475,000
Public television interconnection system.....	20,000	---	20,000	---	+20,000
FEDERAL MEDIATION AND CONCILIATION SERVICE.....	47,200	48,600	48,600	+1,400	---
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION.....	17,184	17,184	17,184	---	---
INSTITUTE OF MUSEUM AND LIBRARY SERVICES.....	252,000	23,000	257,000	+5,000	+234,000
MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION.....	8,780	9,265	8,780	---	-485
MEDICARE PAYMENT ADVISORY COMMISSION.....	12,545	13,575	12,905	+360	-670
NATIONAL COUNCIL ON DISABILITY.....	3,350	3,350	3,350	---	---
NATIONAL LABOR RELATIONS BOARD.....	274,224	246,876	274,224	---	+27,348
NATIONAL MEDIATION BOARD.....	14,050	13,900	14,300	+250	+400
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION.....	13,225	13,721	13,225	---	-496
RAILROAD RETIREMENT BOARD					
Dual Benefits Payments Account.....	16,000	13,000	13,000	-3,000	---
Less Income Tax Receipts on Dual Benefits.....	-1,000	-1,000	-1,000	---	---
Subtotal, Dual Benefits.....	15,000	12,000	12,000	-3,000	---

197

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Federal Payments to the Railroad Retirement Accounts..	150	150	150	---	---
Limitation on administrative expenses.....	123,500	120,225	123,500	---	+3,275
Limitation on the Office of Inspector General.....	11,000	11,499	11,500	+500	+1
SOCIAL SECURITY ADMINISTRATION					
Payments to Social Security Trust Funds.....	11,000	11,000	11,000	---	---
Supplemental Security Income Program					
Federal Benefit Payments.....	56,982,000	55,451,434	55,451,434	-1,530,566	---
Beneficiary Services.....	45,000	45,000	45,000	---	---
Research and Demonstration.....	101,000	86,000	86,000	-15,000	---
Administration.....	4,286,889	4,625,743	4,476,334	+189,445	-149,409
Subtotal, available this fiscal year.....	61,414,889	60,208,177	60,058,768	-1,356,121	-149,409
less appropriations provided from prior year advances..	-19,700,000	-19,900,000	-19,900,000	-200,000	---
Subtotal, current year appropriation.....	41,714,889	40,308,177	40,158,768	-1,556,121	-149,409
Subtotal, Mandatory.....	37,428,000	35,682,434	35,682,434	-1,745,566	---
Advance appropriations, 1st quarter, FY 2022.....	19,900,000	19,600,000	19,600,000	-300,000	---
Total, SSI program appropriated in this bill....	61,614,889	59,908,177	59,758,768	-1,856,121	-149,409

198

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Limitation on Administrative Expenses					
OASI/DI Trust Funds.....	5,715,042	5,447,159	5,265,484	-449,558	-181,675
HI/SHI Trust Funds.....	2,458,514	2,833,410	2,744,166	+285,652	-89,244
Social Security Advisory Board.....	2,500	2,700	2,500	---	-200
SSI.....	2,981,889	3,357,204	3,207,795	+225,906	-149,409
Subtotal.....	11,157,945	11,640,473	11,219,945	+62,000	-420,528
User Fees:					
SSI User Fee activities.....	130,000	135,000	135,000	+5,000	---
CBO adjustment.....	---	-1,000	---	---	+1,000
SSPA User Fee Activities.....	1,000	1,000	1,000	---	---
CBO adjustment.....	-1,000	-1,000	-1,000	---	---
Subtotal, User fees.....	130,000	134,000	135,000	+5,000	+1,000
Subtotal, Limitation on administrative expenses.....	11,287,945	11,774,473	11,354,945	+67,000	-419,528
Program Integrity:					
OASDI Trust Funds.....	277,000	306,461	306,461	+29,461	---
SSI.....	1,305,000	1,268,539	1,268,539	-36,461	---
Subtotal, Program integrity funding.....	1,582,000	1,575,000	1,575,000	-7,000	---
Base Program Integrity.....	(273,000)	(273,000)	(273,000)	---	---
Program Integrity (cap adjustment).....	(1,309,000)	(1,302,000)	(1,302,000)	(-7,000)	---

199

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Total, Limitation on Administrative Expenses....	12,869,945	13,349,473	12,929,945	+60,000	-419,528
Total, Limitation on Administrative Expenses (less user fees).....	12,739,945	13,215,473	12,794,945	+55,000	-420,528
Special Benefits for WW II Veterans.....	---	1,000	---	---	-1,000
Office of Inspector General					
Federal Funds.....	30,000	33,000	30,000	---	-3,000
Trust Funds.....	75,500	83,000	75,500	---	-7,500
Total, Office of Inspector General.....	105,500	116,000	105,500	---	-10,500
Adjustment: Trust fund transfers from general revenues	-4,286,889	-4,625,743	-4,476,334	-189,445	+149,409
Total, Social Security Administration.....	70,314,445	68,759,907	68,328,879	-1,985,566	-431,028
Federal funds.....	61,785,889	60,087,177	59,934,768	-1,851,121	-152,409
Current year.....	(41,885,889)	(40,487,177)	(40,334,768)	(-1,551,121)	(-152,409)
New advances, 1st quarter, FY 2022.....	(19,900,000)	(19,600,000)	(19,600,000)	(-300,000)	---
Trust funds.....	8,528,556	8,672,730	8,394,111	-134,445	-278,619
Total, Title IV, Related Agencies.....	72,706,011	68,983,878	70,752,199	-1,953,812	+1,768,321
Federal Funds.....	64,030,410	60,165,849	62,210,183	-1,820,227	+2,044,334

200

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
Current Year.....	(43,665,410)	(40,565,849)	(42,135,183)	(-1,530,227)	(+1,569,334)
FY 2022 Advance.....	(19,900,000)	(19,600,000)	(19,600,000)	(-300,000)	---
FY 2023 Advance.....	(465,000)	---	(475,000)	(+10,000)	(+475,000)
Trust Funds.....	8,675,601	8,818,029	8,542,016	-133,585	-276,013
=====					
TITLE VI - EMERGENCY FUNDING					
AWIU - Emergency.....	---	---	925,000	+925,000	+925,000
Water and Wastewater (emergency).....	---	---	638,000	+638,000	+638,000
=====					
Total, Title VI, Emergency Funding.....	---	---	1,563,000	+1,563,000	+1,563,000
=====					
Grand Total.....	1,097,688,048	1,156,655,378	1,180,018,604	+82,330,556	+23,363,226

201

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request

RECAP					
Mandatory, total in bill.....	902,255,048	978,255,384	979,961,604	+77,706,556	+1,706,220
Less advances for subsequent years.....	-164,217,075	-172,746,315	-172,746,315	-8,529,240	---
Plus advances provided in prior years.....	161,845,797	164,217,075	164,217,075	+2,371,278	---
Total, mandatory, current year.....	899,883,770	969,726,144	971,432,364	+71,548,594	+1,706,220
Discretionary, total in bill.....	195,433,000	178,399,994	200,057,000	+4,624,000	+21,657,006
Less advances for subsequent years.....	-24,834,001	-24,309,001	-24,844,001	-10,000	-535,000
Plus advances provided in prior years.....	24,814,001	24,814,001	24,814,001	---	---
Subtotal, discretionary, current year.....	195,413,000	178,904,994	200,027,000	+4,614,000	+21,122,006

Discretionary Scorekeeping adjustments:					
Average Weekly Insured Unemployment (AWIU)					
Contingent.....	20,000	65,000	---	-20,000	-65,000
Medicare Eligible Accruals					
(permanent, indefinite)1/.....	30,000	31,000	31,000	+1,000	---
SSI User Fee Collection.....	-130,000	-135,000	-135,000	-5,000	---
CBO adjustment.....	-1,000	1,000	1,000	+2,000	---
SSA proposed fee for issuance of new Social					
Security charge.....	---	-68,000	---	---	+68,000
Surplus property (Department of Labor).....	2,000	2,000	2,000	---	---
Adult employment and training activities					
(rescission).....	---	-60,000	---	---	+60,000
H-1B (rescission) (DOL).....	-150,000	---	-435,000	-285,000	-435,000

202

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2021

(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Final Bill	Final Bill vs Enacted	Final Bill vs Request
H-1B transfer (DOL).....	---	-9,000	---	---	+9,000
Nonrecurring expenses fund (rescission).....	-350,000	-500,000	-375,000	-25,000	+125,000
Childrens Health Insurance Program performance bonus (rescission).....	---	-3,490,339	-4,000,000	-4,000,000	-509,661
Childrens Health Insurance Program Annual Allotment to States (rescission).....	-3,169,819	-5,299,661	-3,000,000	+169,819	+2,299,661
Child Enrollment contingency fund (rescission)....	-6,093,181	---	-14,000,000	-7,906,819	-14,000,000
Pell: Increase maximum award.....	50,000	---	28,000	-22,000	+28,000
Pell mandatory funds (rescission).....	-50,000	---	-28,000	+22,000	-28,000
Traditional Medicare program.....	305,000	---	305,000	---	+305,000
CNCS National Service Trust unobligated balances (rescission).....	---	-120,000	---	---	+120,000
21ST Century Cures Act adjustment (PL 114-255) (nonadd)(nonprint).....	(492,000)	(404,000)	(404,000)	(-88,000)	---
21ST Century Cures Act adjustment (PL 114-255)....	-492,000	-404,000	-404,000	+88,000	---
Less emergency appropriations.....	---	---	-1,563,000	-1,563,000	-1,563,000
Total, discretionary.....	185,384,000	168,917,994	176,454,000	-8,930,000	+7,536,006
Grand Total, current year.....	1,085,267,770	1,138,644,138	1,147,886,364	+62,618,594	+9,242,226

203