

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

XXX , 2021.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Ms. DELAURO, from the Committee on Appropriations,
submitted the following

R E P O R T

[To accompany H.R. XXX]

The Committee on Appropriations submits the following report in explanation of the accompanying bill making appropriations for the Departments of Labor, Health and Human Services (except the Food and Drug Administration, the Agency for Toxic Substances and Disease Registry and the Indian Health Service), and Education, and the Committee for Purchase from People Who Are Blind or Severely Disabled, Corporation for National and Community Service, Corporation for Public Broadcasting, Federal Mediation and Conciliation Service, Federal Mine Safety and Health Review Commission, Institute of Museum and Library Services, Medicaid and CHIP Payment and Access Commission, Medicare Payment Advisory Commission, National Council on Disability, National Labor Relations Board, National Mediation Board, Occupational Safety and Health Review Commission, Railroad Retirement Board, and Social Security Administration for the fiscal year ending September 30, 2022, and for other purposes.

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SUMMARY OF ESTIMATES AND APPROPRIATIONS

The following table compares on a summary basis the appropriations, including trust funds for fiscal year 2022, the budget request for fiscal year 2022, and the Committee recommendation for fiscal year 2022 in the accompanying bill.

2022 LABOR, HHS, EDUCATION BILL
 [Discretionary funding in thousands of dollars]

Budget Activity	Fiscal Year—			2022 Committee compared to—	
	2021 Enacted	2022 Budget	2022 Committee	2021 Enacted	2022 Budget
Department of Labor	\$12,536,098	\$14,320,422	\$14,720,051	+2,183,953	+399,629
Department of Health and Human Services	\$96,962,754	\$119,972,989	\$119,845,125	+22,882,371	- 127,864
Department of Education	\$73,536,533	\$102,823,263	\$102,823,263	+29,286,730	- - -
Related Agencies	\$15,428,615	\$16,845,305	\$16,867,354	+1,438,739	+22,049

GENERAL SUMMARY OF THE BILL

For fiscal year 2022, the Committee recommends a total of \$237,466,000,000 in current year discretionary funding—the 302(b) allocation—and \$253,805,000,000 in overall programmatic funding, including offsets and adjustments. The fiscal year 2022 recommendation is an increase of \$55,236,000,000 above the fiscal year 2021 enacted level.

The Labor-HHS-Education bill supports some of the nation’s most critical programs that touch individuals and families throughout their lifespan, from Early Head Start to Social Security. Many of the bill’s programs have been severely strained over the past 18 months during the simultaneous public health and economic emergencies related to COVID–19. Fortunately, the President’s fiscal year 2022 budget proposes to invest significant resources in these critical programs that provide opportunities for millions of families. Through this bill, the Committee is moving ambitiously to help the country recover from the worst pandemic in a century and move forward to strengthen opportunities for every individual to have a better chance at a better life—with a good education, a good job, and access to affordable health care.

The Committee recommends historic investments in education programs, including meeting the Biden-Harris Administration’s commitment to more than double federal funding for Title I Grants to Local Educational Agencies in fiscal year 2022 to a new level of \$36,037,000,000. These investments will strengthen Federal support for high-poverty schools and support the delivery of a high-quality education for all students.

The Committee also recommends a historic investment in rebuilding our public health system. As the country recovers from the

worst pandemic in a century, the Committee includes more than \$10,500,000,000 for the Centers for Disease Control and Prevention (CDC), an increase of nearly \$2,700,000,000, which is the largest increase in budget authority ever provided to the CDC. This includes a new flexible funding stream of \$1,000,000,000 for public health infrastructure and capacity, as well as an increase of \$250,000,000 for CDC's global health activities.

The Committee continues to build on investments made over the past six years in biomedical research by increasing funding for the National Institutes of Health (NIH) by \$6,500,000,000, including an increase of \$3,500,000,000 for basic biomedical research at existing NIH institutes and centers. As part of the Committee's investment in health research, the Committee also includes \$3,000,000,000 to support the President's request to establish the Advanced Research Projects Agency for Health, or ARPA-H, to accelerate the pace of scientific breakthroughs that have the potential to transform health care and address our most complex health challenges.

And the Committee invests in workforce training and worker protection agencies, including significant new investments to rebuild capacity to enforce federal labor laws to protect workers' paychecks, benefits, and ensure the health and safety of our workplaces. The Committee also makes a major commitment to retired workers by including an increase of \$1,000,000,000 for the Social Security Administration's operating expenses, which will restore federal capacity to provide earned benefits and services through Social Security, one of the cornerstones of the federal safety net.

Some of the most notable initiatives in fiscal year 2022 include:

Investing in Public Education

The Committee is committed to increasing investments in core Federal programs that support high-quality public education opportunities for all students. Our nation's public schools serve more than 50 million children, more than 50 percent of whom come from low-income families. Research shows that low-income students are more likely to struggle academically and often attend high-need schools with fewer resources, less experienced teachers, and more limited access to advanced coursework. At the same time, there is overwhelming empirical evidence on education spending and student outcomes that finds more funding in schools yields statistically significant positive results for students.

Overall, the Committee recommendation provides \$65,551,722,000 for Federal K-12 education programs, including Individuals with Disabilities Education Act (IDEA), an increase of \$24,998,971,000 over the fiscal year 2021 enacted level and the same as the Biden-Harris Administration's fiscal year 2022 budget request. The recommendation is a 62 percent increase over last year.

In particular, the Committee recommends an additional \$19,500,000,000 over the fiscal year 2021 enacted level for Title I Grants to Local Educational Agencies for a total of \$36,036,802,000. Title I serves an estimated 25 million students in nearly 90 percent of school districts and nearly 60 percent of all public schools.

The Committee recommends \$1,000,000,000 for the English Language Acquisition program, which provides formula grants to States to serve English Learners (EL), an increase of \$202,600,000 over the fiscal year 2021 enacted level and \$82,600,000 above the fiscal year 2022 budget request. Federal data shows that significant achievement gaps exist between ELs and their peers. At the same time, many States and school districts have experienced rapid growth in their EL populations. Providing increased resources to improve educational quality for EL students is a top priority for the Committee.

The Committee recommends \$15,537,429,000 for IDEA Part B Grants to States, which is \$2,599,972,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. The Committee is concerned that the Federal share of the excess cost of educating students with disabilities has declined and notes the critical role this increase will play in helping to reverse this trend and serve as a significant first step toward fully funding IDEA.

Public Health Infrastructure

The COVID-19 pandemic exposed the inadequacies of the current public health ecosystem. After the COVID-19 pandemic is over, public health agencies cannot go back to what they were and can no longer only get attention during a crisis. The Committee recognizes that State, local, territorial, and Federal public health partners need a long-term strategy and long-term investments, beginning at CDC. The bill includes more than \$10,500,000,000 for the CDC, an increase of nearly \$2,700,000,000.

The Committee provides a new, annual funding line to turn the tide on the nation's public health infrastructure by providing a stable source of disease-agnostic funding so that nation's State, local, territorial, and Federal public health agencies are better equipped to coordinate together to save lives. This bill includes \$1,000,000,000 for Public Health Infrastructure and Capacity to begin to address mission-critical gaps nationwide.

In addition, this bill includes increases of: \$50,000,000 for Public Health Workforce and Career Development to invest in essential public health workers who protect our communities and are empowered by science; \$100,000,000 for Public Health Data Modernization to advance the transformation of the collection and utilization of public health data from retrospective reporting to driving action in real time; \$15,000,000 for the National Center for Health Statistics to initiate investments in the next generation of surveys; and \$250,000,000 for Global Health to modernize and expand disease surveillance and response capabilities to strengthen global health security.

NIH Research

The unprecedented speed with which scientists were able to develop effective COVID-19 vaccines would not have been possible without years of sustained investments made by Congress in biomedical research supported by the National Institutes of Health (NIH). The Committee continues and accelerates this investment by providing \$46,434,000,000, an increase of \$6,500,000,000 above

the fiscal year 2021 enacted level. The bill includes an increase of \$3,500,000,000 for traditional NIH research and activities, the largest annual appropriations increase for NIH since fiscal year 2003.

The Committee continues its ongoing support for key NIH initiatives, such as the Cancer Moonshot, BRAIN Initiative, and the All of Us Precision Medicine Initiative. The bill also includes sufficient funding to provide an across-the-board increase of no less than five percent for each Institute and Center. The Committee remains concerned that targeted funding for specific research initiatives in recent years has slowed the growth in other areas of basic research that may lead to unforeseeable scientific breakthroughs.

The Committee also includes \$3,000,000,000 to establish the Advanced Projects Research Agency for Health (ARPA-H), as proposed in the President's budget request. Modeled after the Defense Advanced Research Project Agency (DARPA), ARPA-H will invest in large high-risk, high-reward research projects that have the potential to achieve breakthroughs in the treatment of diseases such as cancer, Alzheimer's disease, diabetes, and amyotrophic lateral sclerosis (ALS).

Employment and Training

The economic recession resulting from the COVID-19 pandemic impacted American families and further exposed existing inequities in our society. For example, while the unemployment rate peaked at 14.8 percent in April 2020 and is now at 5.9 percent, the unemployment rate for Black workers peaked in May 2020 at 16.7 percent and is now at 9.2 percent and the unemployment rate for Hispanic workers peaked at 18.9 percent in April 2020 and is now at 7.4 percent. The unemployment rate for White workers peaked at 14.1 percent in April 2020 and is now at 5.2 percent. In addition, COVID-19 had devastating impacts on women's participation in the labor force, especially for women of color. As our nation emerges from the COVID-19 pandemic, unemployment assistance and workforce development opportunities will continue to play a critical role in our recovery.

As such, the Committee recommendation includes needed investments in workforce and training systems. Specifically, the recommendation includes \$6,237,181,000 for Workforce Innovation and Opportunity Act Programs, an increase of \$825,326,000 above the fiscal year 2021 enacted level and \$271,750,000 above the fiscal year 2022 budget request. The recommendation includes \$285,000,000 for registered apprenticeships, an increase of \$100,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. The recommendation also includes \$100,000,000 for the Strengthening Community Colleges Training Grant program, an increase of \$55,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request. This program helps community colleges build capacity for training workers. The recommendation includes \$100,000,000 for a new grant program to support communities suffering dislocations related to changes in fossil fuel and other energy industries.

The recommendation also includes \$2,866,214,000 for Unemployment Compensation State Operations, an increase of \$509,398,000 over the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. This funding will help support States in

overcoming challenges associated with administering unemployment insurance programs. Altogether, these investments will continue to support families struggling with the economic consequences of COVID-19 and prepare workers for new employment opportunities.

Protecting America's Workers

The Committee recommends \$2,095,685,000 for Department of Labor agencies responsible for worker protection and worker rights. This is an increase of \$305,015,000 over the fiscal year 2021 enacted level and \$1,161,000 over the fiscal year 2022 budget request.

The Wage and Hour Division employs fewer investigators today than it did in 1948, despite the workforce having grown significantly in that time. To help make up for this lost ground, hold bad-acting employers accountable and defend working people so they receive the pay they earned and are legally entitled to, the Committee recommendation includes \$300,000,000, an increase of \$54,000,000 over the fiscal year 2021 enacted level and an increase of \$23,500,000 over the fiscal year 2022 budget request.

The Occupational Safety and Health Administration (OSHA) currently has the lowest number of health and safety inspectors in the agency's 48-year history. OSHA enforcement is critical to preventing workplace tragedies from occurring, which is why it is concerning that, under current staffing levels, the agency would need 165 years to inspect each workplace under its jurisdiction just once. To reverse the erosion of enforcement capacity at OSHA, the Committee includes \$691,787,000, an increase of \$100,000,000 over the fiscal year 2021 enacted level and \$27,163,000 over the fiscal year 2022 budget request for this critical worker protection agency.

The Committee also recommends \$316,925,000 for the National Labor Relations Board, an increase of \$42,701,000 over the fiscal year 2021 enacted level and \$15,000,000 over the fiscal year 2022 budget request. This increase will address decline in field staff the Board has seen over the past four years.

Early Childhood Education

The Committee includes over \$20,000,000,000 for early childhood education programs through the Child Care and Development Block Grant (CCDBG), Head Start, and Preschool Development Grants—an increase of \$3,075,000,000 over the fiscal year 2021 enacted level.

Child care is one of the most critical needs of families with young children—it is essential—and yet CCDBG currently reaches only 15 percent of children who are eligible to receive child care services. The increase included in this bill will provide CCDBG-funded child care for approximately 200,000 additional children, which will also enable more parents in low-income families to remain in the workforce. Women, particularly women of color, are disproportionately impacted by the child care crisis in this country, and the investment in this bill builds on the \$52,500,000,000 in supplemental funding that Congress provided for child care during the coronavirus pandemic: \$3,500,000,000 in the Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136), \$10,000,000,000 through the Coronavirus Response and Relief Sup-

plemental Appropriations (CRRSA) Act, 2021 (P.L. 116–260), and \$39,000,000,000 through the American Rescue Plan (P.L. 117–2).

The bill includes an increase of \$1,434,000,000 for Head Start, including increases of \$250,000,000 for Quality Improvement Funding for Trauma-Informed Care and \$750,000,000 to expand Head Start, Early Head Start, and Early Head Start-Child Care Partnerships to over 40,000 additional infants and toddlers from low-income families. The bill also includes \$200,000,000 for Head Start programs to extend to full day services, to better support working parents and bring additional programs into compliance with the 2016 Head Start Program Performance Standards.

The Committee further recommends \$450,000,000, an increase of \$175,000,000, for Preschool Development Grants to build State and local capacity to provide early childhood care and education for children birth through five from low- and moderate-income families.

Higher Education

In the aftermath of the COVID–19 pandemic, college affordability and access are vital to our nation’s recovery efforts. Therefore, the Committee recommendation makes necessary investments in programs supporting student financial aid, student support services, and other programs supporting institutions of higher education and their students.

The recommendation includes sufficient funding to support an increase in the maximum Pell Grant by \$400 over the fiscal year 2021 enacted level, from \$6,495 to \$6,895, which is the same as the fiscal year 2022 discretionary budget request.

In addition, the Committee recommendation provides \$1,434,000,000 for Federal Work Study, an increase of \$244,000,000 over the fiscal year 2021 enacted level and the fiscal year 2022 budget request. The Committee recommendation also includes \$1,028,000,000 for the Federal Supplemental Educational Opportunity Grants, an increase of \$148,000,000 over the fiscal year 2021 enacted level and the fiscal year 2022 budget request.

The Committee recommendation includes \$1,297,761,000 for the TRIO programs, an increase of \$200,761,000 over the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. The recommendation also includes \$408,000,000 for the Gaining Early Awareness and Readiness for Undergraduate Programs, which is \$40,000,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request.

In an effort to assist postsecondary institutions in addressing barriers in completion and attainment, the Committee recommendation includes a total of \$1,134,054,000 for programs that serve high proportions of students of color (Historically Black Colleges and Universities, Hispanic-Serving Institutions, Tribal Colleges and Universities, and other Minority Serving Institutions), an increase of \$345,000,000 over the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request.

The Committee also includes robust funding to support teacher preparation. The recommendation includes \$20,000,000 in new funding for the Augustus F. Hawkins Centers of Excellence program, and the recommendation includes \$132,092,000 for the Teacher Quality Partnerships program, an increase of \$80,000,000

over the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request.

Maternal Health

The U.S. has the highest maternal mortality rate among developed nations, with a particularly high mortality rate for Black and American Indian/Alaska Native women. To help eliminate race-based disparities in outcomes among birthing people and drive down the rate of maternal mortality, the bill provides an increase of \$56,000,000 for CDC's Safe Motherhood and Infant Health programs. This funding allows for the expansion of Maternal Mortality Review Committees and Perinatal Quality Collaboratives to all 50 States and territories, and for increased support to current States and territories, as well as increased support for other programs including Sudden Unexplained Infant Death. The bill includes an increase of over \$178,000,000 at HRSA to support activities to improve maternal health, including an increase of \$30,000,000 for State Maternal Health Innovation Grants, an increase of \$5,300,000 to expand the Alliance for Maternal Health Safety Bundles to more States, an increase of \$2,000,000 to support and expand availability of the Maternal Mental Health Hotline, \$25,000,000 to conduct a demonstration program on pregnancy medical homes, an increase of \$5,000,000 to double funding for Screening and Treatment for Maternal Depression and Related Disorders, an increase of \$5,400,000 for Rural Maternity and Obstetrics Management Strategies. The bill also includes increased investments in research related to maternal health and health disparities at NIH and the Agency for Healthcare Research and Quality (AHRQ).

HIV Initiative

Advances in medications for the prevention and treatment of HIV, improved diagnostic tests, and new outbreak detection technology provide a unique opportunity to alter the trajectory of HIV infection rates in the U.S. with a goal of eliminating new HIV infections. This bill provides a total of \$688,000,000, which is an increase of \$245,000,000 for the third year of the Ending the HIV Epidemic Initiative, which began a new era of moving the U.S. from HIV prevention to HIV epidemic control.

Firearm Injury and Mortality Prevention Research

Firearm injury and mortality is among the leading causes of death for people aged 1–64 in the U.S. In 2019, there were nearly 40,000 firearm-related deaths in the U.S. Addressing the gaps in knowledge around this issue and identifying effective prevention strategies are needed steps toward keeping people, families, schools, and communities safe from firearm injury. In fiscal year 2020, the Committee provided the first funding in more than two decades to address the public health emergency of firearm violence with a total of \$25,000,000 to CDC and NIH. This bill doubles the total funding to \$50,000,000 to support research to identify the most effective ways to prevent firearm related injuries and deaths, and to broaden firearm injury data collection. Building on these efforts to address firearm injury and death, this bill also includes

\$100,000,000 for a new evidence-based community violence intervention initiative at CDC, which aims to prevent intentional violence, such as mass casualty violence or gang violence.

Mental and Behavioral Health

The existing mental health and substance use disorder crises were worsened by the COVID–19 pandemic, with Americans reporting increased levels of anxiety, depression, suicidal ideation, and substance use. Between September 2019 and August 2020, more than 85,000 people nationwide died from drug overdoses, and 47,000 people died from suicide in 2019.

The Committee recommendation includes \$9,160,277,000 for the Substance Abuse and Mental Health Services Administration (SAMHSA), making a range of investments across the behavioral health continuum to support prevention, screening, treatment, and other services. The Committee includes a total increase of \$1,366,020,000 for mental health activities. This includes an increase of \$825,000,000 for the Mental Health Block Grant and an increase of \$125,000,000 for Certified Community Behavioral Health Clinics. The bill increases the mental health crisis set-aside to ten percent, creates a new set-aside for prevention and early intervention, and makes investments to prepare for the launch of a new three digit National Suicide Prevention Lifeline.

The Committee includes \$100,000,000 to establish the Mental Health Crisis Response Partnership Pilot Program, to help communities create mobile crisis response teams that divert the response for mental health crises from law enforcement to behavioral health teams.

The bill supports children’s mental health with a \$28,113,000 increase to the National Child Traumatic Stress Initiative, a \$17,000,000 increase for Infant and Early Childhood Mental Health, and an additional \$25,000,000 for Children’s Mental Health services.

The Committee includes a total increase of \$1,657,187,000 for substance use treatment activities. This includes an increase of \$1,000,000,000 for the Substance Abuse Prevention and Treatment Block Grant and an increase of \$500,000,000 for State Opioid Response Grants. The bill creates a new set-aside within the block grant to support recovery services. The Committee recommendation also includes an increase of \$35,284,000 for substance misuse prevention activities.

OVERSIGHT OF THE EXECUTIVE BRANCH

The Committee has also fulfilled its responsibility to maintain oversight of the Executive Branch by holding seven oversight hearings—in addition to annual hearings on the fiscal year 2022 budget request. The Committee has focused on ongoing crises in health care, education, and labor, which have highlighted unjust racial disparities which were further exacerbated by the COVID–19 pandemic. These oversight hearings have informed many of the decisions in the fiscal year 2022 Labor-HHS Education bill.

COVID–19 and the Child Care Crisis

The Committee held a virtual hearing to discuss the devastating impacts that the COVID–19 pandemic had on a child care industry already in crisis. Affordable child care was already a significant and severe issue, but rising operating costs and decreased enrollment as a result of the pandemic were too much for the razor thin margins of many child care providers, and other providers were left grasping for financial assistance. The Committee heard from policy experts, a State administrator, and a program director, about the critical financial needs of child care providers struggling to stay afloat, the necessity of child care for parents and especially for women in the workforce, and the impact that the child care shortage has on job reports and unemployment statistics. The hearing highlighted how COVID–19 exacerbated the child care crisis, and exposed the necessity for a financially stable child care industry, to support women and communities of color, and for post-pandemic economic recovery. Soon after the Committee’s hearing, House and Senate Democrats passed the American Rescue Plan (P.L. 117–2) which included \$39,000,000,000 for the Child Care and Development Block Grant program.

Ready or Not: U.S. Public Health Infrastructure

The Committee held a virtual hearing to examine the status and challenges of our nation’s public health infrastructure, with a particular focus on public health data, laboratories, and workforce. The COVID–19 pandemic exposed the inadequacies of the current public health ecosystem, and the Committee heard from State and local public health officials about the importance of flexible, long-term investments in public health. As a result of this hearing, this bill includes a new funding line of \$1,000,000,000 for Public Health Infrastructure and Capacity. The Committee’s action denotes that the tide has turned for public health funding, as it establishes a disease-agnostic source of funding to address mission-critical gaps in public health infrastructure nationwide.

Health and Safety Protections for Meatpacking, Poultry, and Agricultural Workers

The Committee held a virtual hearing to examine dangerous conditions faced by meat, poultry, and farm workers, especially during the COVID–19 pandemic, and to highlight the role strong federal enforcement from the Occupational Health and Safety Administration (OSHA) can play in addressing the problem. The Committee heard from a worker safety and health expert, a farmworker advocate, and the child of a Smithfield meatpacking worker about the concerning hazards workers faced during the pandemic and the need for urgent action from OSHA to hold these industries accountable to protect vulnerable workers. As a result of this hearing, this bill includes an increase of \$100,000,000 for OSHA above the fiscal year 2021 enacted level. The recommendation, a 17 percent increase over last year, will support additional OSHA inspectors and restore the agency’s capacity to conduct more complex, labor-intensive inspections.

COVID-19 and the Mental Health and Substance Use Crises

The Committee held a virtual hearing to examine the impact of the COVID-19 pandemic on the mental health and substance use crises and the responses to this emergency, and heard recommendations on how to build a stronger behavioral health system capable of meeting the demand for services. The COVID-19 pandemic dramatically worsened these existing crises, creating new barriers to treatment while increasing numbers of Americans are reporting anxiety, depression, and substance use. People with existing vulnerabilities have been disproportionately affected—including communities of color, underserved communities, essential workers, people who were already struggling with a mental illness or substance use disorder or were otherwise in poor health, children, and families struggling economically. As a result of this hearing, the Committee is making substantial investments to strengthen the behavioral health continuum of care to increase access to prevention, screening, treatment and other critical services.

Addressing the Maternal Health Crisis

The Committee held a virtual hearing to identify the reasons why the U.S. lags behind other industrialized nations in maternal health outcomes; examine the disparities in maternal health outcomes by race, socioeconomic status, residence, and other factors; and identify opportunities to address these issues through investments in HHS programs. As a result of this hearing, the bill increases funding for programs across HRSA, CDC, NIH, and AHRQ to improve access to quality maternal and postpartum health care and reduce disparities in maternal health outcomes.

Building Capacity, Building Community: Increasing Investments in Community Colleges

The Committee held a virtual hearing that explored the importance of community colleges, as well as their strengths and challenges. Today, there are more than 1,000 community colleges. Community colleges touch upon the lives of individuals in every State and even the outlying areas. Community colleges are typically open access institutions, serving a diverse student body with unique challenges. While, typically, the associate's degree is the highest degree awarded at community colleges, these institutions also offer a wide variety of postsecondary credentials. In this way, community colleges are uniquely positioned to meet the workforce development and educational needs of our country simultaneously. As a result of this hearing, the recommendation includes robust increases for programs that help support community colleges and their students: the WIOA programs, the Strengthening Community Colleges Training Grant program, the Apprenticeship Grants program, the Strengthening Institutions program, and the Child Care Access Means Parents in School program.

Mental Health Emergencies: Building a Robust Crisis Response System

The Committee held a virtual hearing on how to create a robust mental health crisis care system with services available to anyone, anywhere, anytime, with a goal of diverting people experiencing a mental health crisis from the criminal justice system into mental

health treatment. The lack of sufficient mental health care resources in communities means mental illness often goes untreated, which can lead to law enforcement responding to mental health emergencies because there are no alternatives to respond to the crisis. As a result of this hearing, the bill increases funding for mental health crisis services and creates a Mental Health Crisis Response Partnership Pilot Program for communities to create, or enhance existing, mobile crisis response teams that divert the response for mental health crises from law enforcement to behavioral health teams.

TITLE I—DEPARTMENT OF LABOR

EMPLOYMENT AND TRAINING ADMINISTRATION

Appropriation, fiscal year 2021	\$10,025,760,000
Budget request, fiscal year 2022	11,254,695,000
Committee Recommendation	11,625,914,000
Change from enacted level	+1,600,154,000
Change from budget request	+371,219,000

The Employment and Training Administration (ETA) administers Federal job training grant programs and Trade Adjustment Assistance and provides funding for the administration and oversight of the State Unemployment Insurance and Employment Service system.

TRAINING AND EMPLOYMENT SERVICES

Appropriation, fiscal year 2021	\$3,663,200,000
Budget request, fiscal year 2022	4,210,672,000
Committee Recommendation	4,407,108,000
Change from enacted level	+743,908,000
Change from budget request	+196,436,000

Training and Employment Services provides funding for Federal job training programs authorized primarily by the Workforce Innovation and Opportunity Act of 2014 (WIOA).

Adult Employment and Training Activities.—For Adult Employment and Training Activities, the Committee recommends \$923,174,000, which is \$60,525,000 more than the fiscal year 2021 enacted level and \$23,187,000 more than the fiscal year 2022 budget request.

Youth Employment and Training Activities.—For Youth Employment and Training Activities, the Committee recommends \$988,604,000, which is \$67,474,000 more than the fiscal year 2021 enacted level and \$24,767,000 more than the fiscal year 2022 budget request.

Dislocated Worker Employment and Training Activities.—For Dislocated Worker Employment and Training Activities, the Committee recommends \$1,183,554,000, which is \$122,001,000 more than the fiscal year 2021 enacted level and \$28,276,000 more than the fiscal year 2022 budget request.

Dislocated Worker Assistance National Reserve.—The Committee recommends \$435,859,000 for the Dislocated Workers National Reserve, an increase of \$155,000,000 more than the fiscal year 2021 enacted level and \$55,000,000 over the fiscal year 2022 budget request.

The Committee recommendation includes \$100,000,000, an increase of \$55,000,000 over the fiscal year 2021 enacted level and

the fiscal year 2022 budget request, for Strengthening Community College Training Grants to support a new grant competition. This funding will continue to help better align workforce development efforts with postsecondary education and build off lessons learned from the Trade Adjustment Assistance Community College and Career Training Grant program. The Committee recommendation continues to direct the Department to follow the program requirements as laid out in House Report 116-62, except that the 120 day requirement for the solicitation shall not apply.

The Committee recommendation also includes \$100,000,000 for a new program designed to assist communities experiencing dislocations occurring in fossil fuel and other energy related industries. A part of the Interagency Working Group on Coal and Power Plant Communities and Economic Revitalization, this program builds upon the Obama Administration's POWER initiative and is intended to support the economic well-being of workers and communities impacted by changes in the coal, oil, gas, and other industries.

The Committee includes \$10,000,000, the same as the fiscal year 2021 enacted level, for grants to support national out-of-school time organizations that serve youth and teens and place an emphasis on age-appropriate workforce readiness programming to expand job training and workforce pathways for youth and disconnected youth, including soft skill development, career exploration, job readiness and certification, summer jobs, year-round job opportunities, and registered apprenticeships. Funding will also support partnerships between workforce investment boards and youth serving organizations.

The Committee includes \$5,000,000 for the Department of Labor to establish an Automation Impacted Industries Pilot Program to award competitive grants to industry or sector partnerships to support demonstration and pilot projects relating to the training needs of workers who are, or are likely to become, dislocated workers as a result of automation. Under this program, grantees may use the funds for one or more of the following: 1) Providing training services, which may include training services that prepare workers for in-demand industry sectors or occupations.; 2) providing assistance for employers in developing a staff position for an individual who will be responsible for supporting training services provided under the grant; 3) purchasing equipment or technology necessary for training services; 4) providing job search and other transitional assistance to workers in industries with high rates of job loss; 5) providing a training stipend to workers for training services; 6) providing integrated education and training.

The Committee includes \$5,000,000 in fiscal year 2022 for a demonstration program to provide fulltime, work-based learning coordinators in underserved communities with an already proven track record for secondary career and technical education. Work-based learning coordinators will conduct outreach, engagement, recruitment and coordination of work-based learning activities, including, but not limited to, paid internships or pre-apprenticeships for high school students, with local community employers, especially with in-demand industries of information technology, health sciences, and engineering. The work-based learning coordinators may be employed by the local education agency, local workforce development

board or local workforce development agency, a group of employers, or a consortium of eligible entities. In making grant awards, the Committee directs the Secretary to ensure to require a plan for evaluations in each individual grant proposal, including types of work-based learning opportunities completed, demographics of participating students, and students' post-secondary career plan, as well as to conduct a national assessment of all grantee proposals once complete.

Native Americans.—For the Indian and Native American programs, the Committee recommends \$58,000,000, which is \$2,500,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request.

Migrant and Seasonal Farmworkers.—For the National Farmworker Jobs program, the Committee recommends \$96,711,000, which is \$2,815,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request.

YouthBuild.—For the YouthBuild program, the Committee recommends \$145,000,000, which is \$48,466,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request.

Reintegration of Ex-Offenders.—The Committee recommends \$150,000,000 for training and reintegration activities for individuals with criminal legal histories or who have been justice system-involved, which is \$49,921,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. The Committee directs the Department to ensure grantees establish formal partnerships with employers and that program participants receive industry recognized credentials and training in fields that prepare them for successful reintegration, including ensuring participants receive training and credentials in fields where their criminal record is not a barrier to entry or continued employment. The Committee also directs the Department to consider the needs of communities that have recently experienced significant unrest or have been disproportionately impacted by the COVID-19 pandemic.

The Committee also continues the set-aside of \$25,000,000 for competitive grants to national and regional intermediaries for activities that prepare young adults with criminal legal histories or who have been justice system-involved or who have dropped out of school or other educational programs, with a priority for projects serving high-crime, high-poverty areas. The Committee directs the Department to consult data from the Department of Education and prioritize grants in communities where students of color have disproportionate rates of expulsions and suspensions.

The Committee is aware that recent re-entry programs are an excellent way to help address workforce challenges, including those in the advanced manufacturing sector. The Committee directs the Department to provide an update in the fiscal year 2023 Congressional Budget Justification on information from the last three fiscal years on pathways and relationships built with employers, including data on formerly incarcerated individuals who have utilized the program, rates of increased credentials, and placement in higher paying positions.

Workforce Data Quality Initiative.—The Committee recommends \$7,250,000 for the Workforce Data Quality Initiative, which is

\$1,250,000 more than the fiscal year 2021 enacted level and the fiscal year 2022 budget request. The Committee supports the work of States in using these funds to create and utilize data to align preschool through workforce systems.

Apprenticeship Grants.—The Committee recommends \$285,000,000 for the apprenticeship grants program, which is \$100,000,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. The Committee established this program in 2016 to expand work-based learning programs in in-demand industries through registered apprenticeships. Registered apprenticeships are a proven strategy for meeting the needs of our nation's workforce and industry simultaneously.

The Committee continues to invest in expanding opportunities relating to Registered Apprenticeship programs registered only under the National Apprenticeship Act, to be available to the Secretary to carry out activities through grants, cooperative agreements, contracts and other arrangements with States and other appropriate entities. As part of these opportunities, the Committee directs the Secretary to continue funding for national and local apprenticeship intermediaries, business and labor industry partner intermediaries, and equity intermediaries. The Committee also directs the Department to ensure that these intermediaries are given opportunities to apply for competitive grants, cooperative agreements, contracts, and other funding opportunities. The Committee urges the Secretary to ensure that States engage both business and labor as part of any State funding opportunities associated with this program. In addition, the Committee continues to support the funding and development of industry or sector partnerships as a means to expand work-based learning programs and registered apprenticeships in in-demand industries.

The Committee directs the Secretary to submit a report to the Committees on Appropriations providing details on entities awarded funding, selection criteria used, and the funding amount for each grant or contract awarded at the time such awards are made. Not later than 90 days after enactment of this Act, the Department shall provide the Committees on Appropriations a detailed spend plan of anticipated uses of funds made available, including administrative costs. The Committee also directs the Department to provide quarterly briefings on all spending activities under this program to the Committee.

The Committee is encouraged by the Administration's actions to restore the Federal Government's role in ensuring high-quality training opportunities by taking steps to rescind the industry registered apprenticeship program. The national apprenticeship program is in dramatic need of modernization through expansion of registered apprenticeship, youth apprenticeships, and pre-apprenticeship programs to create more job training opportunities, especially in the face of shifting workforce needs and in-demand career skills. In light of this need, the Committee encourages the Secretary to identify key sectors, beginning with cybersecurity workforce and advanced manufacturing, with growing workforce demands that adapt well within apprenticeship models and develop streamlined plans with key stakeholders to execute apprenticeship programs.

The Committee strongly supports efforts to expand Registered Apprenticeships to traditionally underrepresented communities and encourages the Department to explore the feasibility and expansion of Registered Apprenticeship programs within the arts, theater, film, and television industries. Specifically, the Committee requests that the Department explore expanding the Registered Apprenticeship model to create career training strategies for all roles in the entertainment industry such as creative, production, technical, marketing and public relations roles.

In addition, the Committee notes that apprenticeships are an important path to the middle-class. However, women are largely underrepresented in apprenticeship programs, and women who do participate make far less than men. Therefore, the Committee directs the Department to accelerate efforts to recruit and retain women as part of these programs and to ensure equal compensation.

The Committee is also concerned about shortages nationwide of qualified drinking water and wastewater operation professionals, especially in rural areas, and encourages the Secretary to make funding available to address these challenges. Further, the Committee directs the Department to work with eligible community organizations to support the creation of new training programs focused on filling identified gaps in the maritime workforce.

The Committee also supports the use of apprenticeship grants that provide worker education based on public-private partnerships in in-demand fields, including first responders, as well as in goods movement sectors such as global logistics, rail and other freight-related employment.

The Committee encourages the Department to support apprenticeship programs that increase the number of trained workers in cybersecurity.

The Committee notes that apprenticeship programs contribute to higher wages and fewer injuries for workers in the energy industry. The Committee also notes that as the United States combats climate change, we need to expand the clean energy workforce. However, we currently lack sufficient apprenticeship programs in the clean energy sector. Therefore, the Committee encourages prioritization of apprenticeships in clean energy and encourages the Department of Labor to accelerate efforts to support apprenticeship programs that increase the number of trained workers in the clean energy sector, with an emphasis in regions anticipating a loss in fossil fuel industry jobs.

National Youth Employment Program.—For the National Youth Employment Program, the Committee recommends \$50,000,000, which is the same as the fiscal year 2022 budget request. This new competitive grant program will provide funding for youth employment programs, including summer and year-round opportunities.

Veterans' Clean Energy Training Program.—For the Veterans' Clean Energy Training Program, the Committee recommends \$20,000,000, which is the same as the fiscal year 2022 budget request. This new competitive grant program will prepare veterans and their spouses for careers in clean energy.

Community Project Funding.—Within the funds included in this account, \$63,956,000 shall be used for the following projects in the following amounts:

Project	Amount
AIDS Service Center of Lower Manhattan, Inc. dba Alliance for Positive Change, New York, NY for a workforce development initiative	\$1,000,000
Anne Arundel County Government, Annapolis, MD for Youthworks!	\$500,000
Arizona Opportunities Industrialization Center, Phoenix, AZ for the provision of comprehensive training courses and job placement in the hospitality industry	\$1,200,000
Avivo, Minneapolis, MN for workforce training related to clean energy and green building, including equipment	\$1,000,000
Benedict College, Columbia, SC for workforce development activities, including technology, equipment, and supportive services	\$2,000,000
Beyond the Sanctuary, Inc., Rochester, NY for job readiness program, including equipment and supportive services	\$525,000
Bristol County Chamber Foundation, Fall River, MA for workforce development activities	\$500,000
Broward College, Ft. Lauderdale, FL for workforce development initiative, including mobile training units	\$2,000,000
Buffalo Sewer Authority, Buffalo, NY for a workforce development initiative related to green infrastructure, including equipment, stipends, and supportive services	\$575,000
California Mobility Center, Sacramento, CA for a workforce development initiative, including equipment	\$2,000,000
City of Boston, MA for short-term training programs, including stipends	\$1,000,000
City of East Providence, RI for a training program	\$350,000
City of Greensboro, NC for a workforce development initiative, including technology and supportive services	\$1,600,000
City of Houston, TX for a workforce development initiative related to a solar initiative, including job placement, stipends, and supportive services	\$750,000
City of Perris, CA for a workforce development initiative	\$1,000,000
City of South San Francisco, CA, for workforce development services, including career services and job placement	\$500,000
Coalition for Responsible Community Development, Los Angeles, CA for transitional employment and training for formerly incarcerated adults, including supportive services	\$250,000
College of Eastern Idaho, Idaho Falls, ID for workforce training program and equipment	\$100,000
College of Lake County, Grayslake, IL for a workforce development initiative related to manufacturing, including equipment	\$900,000
Colonial Farmhouse Restoration Society of Bellerose, Inc., Floral Park, NY for a workforce training initiative, including equipment	\$200,000
Community Assistance Programs, Chicago, IL for job training, job placement and supportive services ...	\$100,000
Comunidades Organizando el Poder y la Accion Latina Education Fund, Minneapolis, MN for workforce development activities, including equipment	\$1,000,000
Cornerstone Revitalization Foundation, Inc., Birmingham, AL for workforce development activities, including opportunities to obtain a GED, postsecondary credentials, and stipends	\$1,500,000
Council for Native Hawaiian Advancement, Kapolei, HI for workforce training programs	\$1,200,000
Covenant House Florida, Ft. Lauderdale, FL for work-based learning and supportive services for homeless youth	\$300,000
DC Central Kitchen, Washington, DC for culinary job training, including stipends and equipment	\$500,000
Dream It Do It Western New York Inc., Jamestown, NY for job training and placement	\$250,000
Eclectic Soul VOICES Corporation, Indianapolis, IN for a job training program, including supportive services and stipends	\$100,000
Emerald Isle Immigration Center, Woodside, NY for workforce development activities, including career and supportive services	\$60,000
Fairfax County Government, Fairfax, VA for a job training program for pregnant and parenting teens and non-parenting young adults, including equipment	\$1,000,000
Fairfax County Government, Fairfax, VA for an apprenticeship training program, including stipends	\$400,000
Florida Endowment Foundation for Florida's Graduates, Flagler Beach, FL for an at-risk youth jobs program	\$1,500,000
Frederick County Government, Frederick, MD for a mobile career center	\$250,000
Hire Heroes USA, Alpharetta, GA for job placement and career services for veterans	\$625,000
iFoster, Inc., Las Vegas, NV for a workforce development and readiness program	\$150,000
Jewish Family Service of Colorado, Denver, CO for workforce development activities, including technology and equipment	\$500,000
Kent State University at Tuscarawas, New Philadelphia, OH for advanced manufacturing equipment and training	\$250,000
Kentucky Capital Development Corporation, Frankfort, KY for cybersecurity/IT workforce development	\$440,000
La Colaborativa/Chelsea Collaborative, Chelsea, MA for workforce development initiative	\$300,000
Lansing Community College, Lansing, MI for mobile skills laboratories, including equipment	\$400,000
Living Classrooms Foundation, Baltimore, MD for workforce development activities, including technology	\$750,000
Macombs County, Clinton Township, MI for workforce development and certification courses, including technology and supportive services	\$525,000
Make the Road New York, Jackson Heights, NY for workforce development, including adult education and equipment	\$400,000
Mary's Mercy Center, Inc., San Bernardino, CA for a training program and supportive services	\$300,000

Project	Amount
Mecklenburg County, Charlotte, NC for a training program and supportive services	\$1,000,000
Meristem, Inc., Fair Oaks, CA for a training program for individuals with autism, including stipends	\$450,000
Mi Casa Resource Center, Denver, CO for a workforce development program	\$20,000
Milwaukee Metropolitan Sewerage District, Milwaukee, WI for a workforce development initiative, including equipment and stipends	\$1,000,000
Montgomery County Office of Broadband Programs, Rockville, MD for a technology job training pilot program, including equipment and supportive services	\$1,000,000
Multi-Craft Apprenticeship Preparation Program, Inc., Rochester, NY for workforce development initiative, including stipends and equipment	\$200,000
National Institute for Medical Assistant Advancement, Denver, CO for a training program, including technology and equipment	\$450,000
Neighborhood House Incorporated, Seattle, WA for job placement and career services	\$275,000
Neighbors and Neighbors Association, Inc., Miami, FL for work readiness and vocational training	\$500,000
New Century Careers, Pittsburgh, PA for pre-apprenticeship and apprenticeship programs in advanced manufacturing, including job placement services.	\$500,000
New Jersey Chamber of Commerce Foundation, Trenton, NJ for student training and equipment, including information technology	\$270,000
Newark Emergency Services for Families (NESF), Newark, NJ for a workforce readiness program for hard-to-serve target populations	\$325,000
Northern Maine Community College, Presque Isle, ME for a mechanized logging operations training program, including equipment	\$1,000,000
Opportunities Industrialization Center (d/b/a Philadelphia OIC), Philadelphia, PA for a healthcare-related job training program, including equipment	\$575,000
Opportunity Village, Las Vegas, NV for workforce development initiative for individuals with intellectual and related disabilities	\$525,000
Para Los Niños, Los Angeles, CA for a youth workforce development initiative, including career and supportive services	\$350,000
Passaic County Community College, Patterson, NJ for workforce training and career coaching, including equipment	\$1,950,000
Path of Life Ministries, Riverside, CA for workforce development activities, including supportive services and stipends	\$250,000
Philadelphia Works, Inc., Philadelphia, PA for workforce development activities, including transitional employment	\$1,000,000
PIDC Community Capital, Philadelphia, PA for workforce development activities, including technology and stipends	\$525,000
Presbyterian Villages of Michigan, Flint, MI for a workforce development initiative, including a certification program	\$600,000
Prince George's County Office of Human Resources Management, Largo, MD for a job training program	\$2,000,000
Project QUEST, Inc., San Antonio, TX for an education and training program, including supportive services	\$1,000,000
Proyecto Del Barrio Inc., Arleta, CA for a job training program	\$300,000
Quad County Urban League, Inc., Aurora, IL for education and skills training to enter apprenticeships or positions in construction or TDL industries, including equipment	\$425,000
San Jose Conservation Corps & Charter School for workforce development initiative for youth, including stipends and technology	\$275,000
Second Harvest Food Bank of Central Florida, Orlando, FL for a culinary workforce training program, including internships, equipment, and supportive services	\$775,000
South Bay Workforce Investment Board, Hawthorne, CA for workforce development activities, including supportive services	\$500,000
Southeast Michigan Community Alliance Inc., Taylor, MI for a work-based learning program for at-risk in-school youth age 14 or older, including stipends and supportive services	\$850,000
Southern California Regional Occupational Center, Torrance, CA for a workforce development initiative ..	\$1,000,000
Southern Maine Community College, South Portland, ME for welding workforce training, including equipment	\$1,000,000
State of Hawaii Workforce Development Council, State of Hawaii Department of Labor and Industrial Relations, Honolulu, HI for digital skills literacy training	\$975,000
Sunnyside Community Services, Sunnyside, NY for a workforce development initiative	\$175,000
SUNY Maritime College, Bronx, NY for offshore wind energy training program, including equipment	\$800,000
The Corporate Source, Garden City, NY for IT training and certification training program for people with disabilities, including equipment and supportive services	\$125,000
The HOPE Program, Bronx, NY for a job training program for green jobs to support justice-impacted individuals, including technology and equipment	\$800,000
Tri-Council Development Fund, Aurora, IL for a pre-apprenticeship program, including equipment and supportive services	\$975,000
TXRX LABS, Houston, TX for employment and training activities, an apprenticeship program, and a youth STEM initiative.	\$550,000

Project	Amount
Uintah Basin Technical College, Roosevelt, UT for electrical apprentice training program and the purchase of equipment	\$515,000
United Community Services for Working Families, Reading, PA for job training for youth, including stipends, technology, and supportive services	\$450,000
United Northeast Community Development Corporation, Indianapolis, IN for a job training initiative, including supportive services	\$600,000
United Way of Central Jersey, Milltown, NJ for workforce development activities, including career and supportive services	\$425,000
United Way of Chester County, Exton, PA for job training services	\$100,000
United Way of Long Island, Deer Park, NY for a YouthBuild program, including stipends	\$700,000
United Way of Miami-Dade Inc., Miami, FL for job training activities and supportive services for veterans and their families, including stipends, technology, and supportive services	\$250,000
University of Rochester, Rochester, NY for youth workforce development initiative for youth, including technology and equipment	\$300,000
UPROSE, Brooklyn, NY for workforce development initiative	\$175,000
Urban League of Hillsborough County, Inc., Tampa, FL for preapprenticeships and paid internship programs, including supportive services	\$300,000
Vehicles for Change, Halethorpe, MD for a workforce training initiative, including stipends and equipment	\$750,000
Warren County Employment & Training Administration, Glens Falls, NY for job recruitment and training program, including the purchase of information technology	\$205,000
Workforce Connections, Las Vegas, NV for a workforce development initiative	\$800,000
WorkSystems, Inc., Portland, OR for registered apprenticeship opportunities in construction, including supportive services	\$1,000,000
WV Council for Community and Technical College Education, Charleston, WV for aerospace training, equipment, and curriculum	\$300,000

JOB CORPS

Appropriation, fiscal year 2021	\$1,748,655,000
Budget request, fiscal year 2022	1,754,759,000
Committee Recommendation	1,830,073,000
Change from enacted level	+81,418,000
Change from budget request	+75,314,000

Job Corps is the nation’s largest residential employment and workforce development program for youth, helping prepare thousands of young people ages 16 through 24 for jobs in in-demand occupations with good wages each year.

Operations.—For Job Corps Operations, the Committee recommends \$1,653,325,000, which is \$50,000,000 more than the fiscal year 2021 enacted level and \$50,314,000 more than the fiscal year 2022 budget request.

Construction, Rehabilitation, and Acquisition.—The Committee recommends \$138,000,000 for construction, rehabilitation, and acquisition activities, which is \$25,000,000 more than the fiscal year 2021 enacted level and the fiscal year 2022 budget request.

Administration.—The Committee recommends \$38,748,000 for the administrative expenses of the Job Corps program, which is the same as the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request.

For over 50 years, Job Corps has successfully educated and trained millions of young adults for jobs in high demand industries and trades. Job Corps has campuses across all 50 States and Puerto Rico and provides a safe living, learning and disciplined residential setting that allows disconnected and opportunity youth to gain the employment and skills that U.S. employers seek. The Committee recommendation includes funding for Job Corps to meet capacity and ensure a safe learning environment for all students and staff, including to train youth for employment in industry sectors facing critical shortages of skilled workers, such as construction,

healthcare, manufacturing, transportation, and cyber technologies. Job Corps centers are capable of serving approximately 50,000 out-of-work and out-of-school youth each year, and the Committee encourages the Department to use such funding accordingly.

In addition, the Committee is concerned with the administration of the Job Corps program, including the underutilization of centers relative to on-board strength, industry-standard training, and performance incentives.

To better utilize Job Corps centers, the Committee directs the Department to include an update in the fiscal year 2023 Congressional Budget Justification on Job Corps application and enrollment data to evaluate the relative efficacy of different investments in producing Job Corps-eligible applicants, arrivals, and their families, including social media, national television or radio buys, and local outreach efforts targeted at eligible youth, guardians, and influencers.

As millions of disconnected youth struggle with housing, food insecurity, and unemployment, the Committee supports the efforts to resume operations at Job Corps centers as safely and rapidly as possible. Like other schools across the country, once Job Corps staff are vaccinated, the Committee encourages full resumption of Job Corps operations. The Committee directs the Department to include an update in the fiscal year 2023 Congressional Budget Justification on the requirements and measures the Department will utilize to approve Job Corps centers resuming operations at full capacity.

The Committee has previously expressed its concern that the transition to fixed price Job Corps contracts may negatively impact students and staff by prioritizing reducing costs over improving student outcomes. The Committee encourages the Department to ensure that Job Corps contracts offer competitive wages and benefits. The Committee directs the Department to include an update in the fiscal year 2023 Congressional Budget Justification on the process by which the Department evaluates cost-realism in bid evaluations, particularly with respect to budgeting to pay prevailing wages, and data on the rate of contract turnover over each of the last ten years.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriation, fiscal year 2021	\$405,000,000
Budget request, fiscal year 2022	405,000,000
Committee Recommendation	450,000,000
Change from enacted level	+45,000,000
Change from budget request	+45,000,000

The Community Service Employment for Older Americans program provides grants to public and private non-profit organizations that subsidize part-time work in community service activities for unemployed persons aged 55 and older whose family income is below 125 percent of the poverty level.

The Committee recommends \$450,000,000 for the Community Service Employment for Older Americans program, which is \$45,000,000 more than the fiscal year 2021 enacted level and the fiscal year 2022 budget request.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriation, fiscal year 2021	\$633,600,000
Budget request, fiscal year 2022	551,000,000
Committee Recommendation	551,000,000
Change from enacted level	- 82,600,000
Change from budget request	---

The Trade Adjustment Assistance program (TAA) provides assistance to workers adversely affected by international trade. TAA provides training, income support, wage subsidies for older workers, job search and relocation allowances to groups of workers who file a petition and are certified as eligible to apply for such benefits due to job losses resulting from increases in imports or foreign trade.

The authorization for this program is set to expire on July 1, 2022, and a sunset provision took effect on July 1, 2021, causing the program to revert to limited eligibility for the program. The amount for fiscal year 2022 reflects this reversion.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Appropriation, fiscal year 2021	\$3,416,649,000
Budget request, fiscal year 2022	4,121,761,000
Committee Recommendation	4,176,230,000
Change from enacted level	+759,581,000
Change from budget request	+54,469,000

The total includes \$4,087,164,000 from the Employment Security Administration Account from the Unemployment Trust Fund and \$89,066,000 from the General Fund of the Treasury. These funds are used to support the administration of Federal and State unemployment compensation laws.

Unemployment Insurance Compensation.—For Unemployment Insurance (UI) Compensation, the Committee recommends \$3,125,214,000, which is \$559,398,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. The recommendation provides additional resources for States to increase staffing capacity and to accommodate sustained increases in workload.

In addition, the recommendation provides contingency funding for increased workloads that States may face in the administration of UI. The Committee recommendation includes bill language so that, during fiscal year 2022, for every 100,000 increase in the total average weekly insured unemployment (AWIU) above 2,008,000, an additional \$28,600,000 shall be made available to States from the Unemployment Trust Fund.

In the event that additional funds are provided to States under the AWIU contingency authority, the Department is directed to provide notification to the Committees on Appropriations of the current projected AWIU level for the fiscal year, when funds were provided to States, and how much additional funding was provided in total and to each State within 15 days of funding being provided. In the event that additional funds are provided on a quarterly basis, the Department shall provide this information on a quarterly basis.

The Committee includes \$117,000,000 for the Reemployment Services and Eligibility Assessments program, and an additional

\$133,000,000 is made available pursuant to the Bipartisan Budget Act of 2018 (P.L. 115–123), which is \$50,000,000 more than the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request.

UI Integrity Center of Excellence (UIICE).—The recommendation 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.

GAO Study on Unemployment Insurance Compensation.—The Committee notes that the significant increase in Unemployment Insurance (UI) Compensation claims during the COVID–19 pandemic, which Congress provided to address the corresponding economic crisis, has strained the ability of state agencies responsible for administering UI Compensation in a timely and reliable manner. In a few short months, the unemployment rate increased from 3.5 percent in February 2020 to 14.8 percent in April 2020, requiring States to respond to unexpected workloads. Moreover, fraudulent filing for, and receipt of, UI Compensation, increased significantly as well. The Committee directs GAO to study existing deficiencies in the administration of UI Compensation, including but not limited to the need for investment in technological improvements at the state-level, and provide the Committees on Appropriations with its findings and recommendations.

Pandemic Unemployment Assistance.—The Coronavirus Aid, Relief, and Economic Security Act (CARES Act, P.L. 116–136) established the Pandemic Unemployment Assistance (PUA) program, which delivered billions of dollars in emergency assistance to individuals who became unemployed due to the economic effects of the COVID–19 public health emergency. Further, this program sustained American families and provided needed economic relief. The Committee notes that critical emergency assistance during simultaneous public health and financial crises should be targeted to individuals who are eligible for benefits. The Department and States should ensure that proper safeguards—including program integrity and fraud prevention tools and procedures—are in place to identify any schemes to defraud this emergency program. The Committee urges the Department to work with the Office of the Inspector General on this matter and to utilize the UIICE to assist States in efforts to ensure benefits are delivered to individuals and families who qualify for them.

Unemployment Compensation National Activities.—The Committee recommends \$118,108,000 for National Activities, which is \$100,108,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. This increase in funding is intended to help modernize information technology systems and support States in administering the UI program.

The Committee supports ongoing efforts by the Department’s Employment and Training Administration to collaborate with state workforce agencies to modernize unemployment insurance management systems. The Committee urges the department to develop a comprehensive long-term strategy for delivery of assistance to state workforce agencies that would: develop an open-systems approach and modular program of unemployment management systems that can be adapted for state-by-state usage plans; standardize employment and wage records reporting requirements; incorporate 21st

century accessibility standards; develop enforcement and oversight methods so that states meet established US DOL technology guidance such as Unemployment Insurance Program Letter 2–1; avoid use of high-risk automated decision-making and identity-proofing systems to deny claims; standardize dashboard and claimant portal information; require public dissemination of by-county demographic data on benefits denials, delays, overpayments, and fraud determinations; correct past inequities in benefits distribution by taking into account user-experiences of historically disadvantaged groups; conduct user testing and a full consultation with state-level stakeholders, users, and worker organizations.

Employment Service.—The Committee recommends \$748,862,000 for the Employment Service allotment to States, which is \$78,810,000 more than the fiscal year 2021 enacted level and \$50,000,000 more than the fiscal year 2022 budget request.

The Committee also recommends \$22,318,000 for Employment Service National Activities, which is the same as the fiscal year 2021 enacted level and the fiscal year 2022 budget request. Within the total, the Committee provides \$2,500,000 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.

The Employment Service offers vital services such as referrals for job openings, career counseling, and job searches for individuals seeking employment, including veterans and people with disabilities. Since 1933, this Federal-State partnership has facilitated the connection between employers in need of workers and individuals seeking employment. Given the nature of this exchange, the Department has historically required that the Employment Service system rely on State merit-staff employees to ensure that these services are rendered in the public interest and not solely to meet private interests. However, under the previous Administration, the Department issued a final rule that marked a dangerous departure from this operation. As such, the recommendation includes new bill language preventing the implementation of the final rule, entitled “Wagner-Peyser Act Staffing Flexibility” (85 Fed. Reg. 592).

Foreign Labor Certification.—The Committee recommends \$94,075,000 for the Foreign Labor Certification (FLC) program, which is \$16,265,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. The recommendation includes \$67,793,000 for Federal administration, an increase of \$10,265,000 over the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request, that is intended to be used to ensure effective oversight and enforcement of employer regulations, and \$26,282,000 for grants to States, an increase of \$6,000,000 over the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request.

H-2A Program.—Given the rapid growth of the H-2A program, the role of farm labor contractors, and the troubling rate of violations within the program, the Committee directs the Secretary to submit a report to the Committee on Appropriations on the Department’s enforcement of farm labor contractors (FLCs) within 180 days of enactment of this Act. The report shall contain, at a minimum, the following information for each of the last 5 years: an

analysis of H-2A certifications for fixed-site employers and FLCs; an analysis of the inspections, audits, investigations, administrative complaints, and judicial litigation regarding findings of violations by farm labor contractors in the H-2A program, including remedies; and recommendations to deter violations and improve compliance by farm labor contractors in the H-2A program and how to ensure that farmworkers obtain adequate relief for any violations. The content of the final report shall be made publicly available on the agency’s website.

H-2B visa disbursements.—The Committee directs the Department to include an update in its fiscal year 2023 Congressional Budget Justification on the number of labor certifications granted through the H-2B non-immigrant visa program. At a minimum, the report shall contain, but is not limited to, the number of job openings published on seasonaljobs.dol.gov each fiscal year, categorized by industry and occupation.

Schedule A Occupational Classification.—The Committee is aware that the Schedule A occupational classification list currently includes only two broad occupational classifications and a narrow subset of other applicants. The Committee continues to encourage the Secretary to consider rulemaking to improve the experience of employers and to effectively allocate Department resources with the goal of protecting U.S. workers from undue foreign competition through the labor certification process.

One-Stop Career Centers/Labor Market Information.—The Committee recommends \$67,653,000 for One-Stop Career Centers and Labor Market Information, which is \$5,000,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. The recommendation also includes language authorizing the Secretary to transfer certain funding to the Office of Disability Employment Policy for research and demonstration projects.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

The Committee recommends such sums as necessary for Advances to the Unemployment Trust Fund and Other Funds. The funds are made available to accounts authorized under Federal and State unemployment insurance laws and the Black Lung Disability Trust Fund when the balances in such accounts are insufficient.

PROGRAM ADMINISTRATION

Appropriation, fiscal year 2021	\$158,656,000
Budget request, fiscal year 2022	211,503,000
Committee Recommendation	211,503,000
Change from enacted level	52,847,000
Change from budget request	---

The recommendation includes \$144,497,000 from the General Fund of the Treasury and \$67,006,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

The Committee includes new bill language ensuring Office of Apprenticeship resources support Registered Apprenticeships and adequate staffing in the Office of Apprenticeship and State offices.

Prize Competition.—The Committee encourages the Department, in coordination with the Office of Science and Technology Policy, to establish a prize competition consistent with the requirements of

section 24 of the Stevenson-Wydler Technology Innovation Act of 1980, to support eligible programs designed to prepare high school students to enter and succeed in an in-demand industry sector or occupation.

Long-term Unemployed.—The Committee notes the economic challenges millions of individuals now face due to the coronavirus pandemic and high-unemployment. Within a matter of months, a nine-year period of sustained economic recovery and growth was swept away by a wave of pathogen, shuttering businesses and creating economic uncertainty. The Committee also notes that the economic prospects for many individuals unemployed prior to the start of the national emergency were worsened as a result of COVID-19. Prior to the pandemic, these individuals faced significant barriers to employment, having been unemployed for 27 weeks or more. While it is essential that the Department supports policies and practices that put Americans back to work in a safe and sustainable way, the Department must also ensure that the long-term unemployed do not fall through the cracks of our economic recovery. To advance this effort, the Committee encourages the Department to support reemployment programs targeting long-term unemployed workers.

Open Data Formats.—The Committee notes that Congress has made a significant investment in our workforce development, post-secondary, and career and technical education systems. As a result of this investment, the number of credentials in the U.S. continues to rise. However, the Committee is aware that many workers and students may face challenges in navigating an intricate network of diplomas, licenses, certifications, and badges. Therefore, 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 provide a briefing 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.

National Guard Job ChalleNGe.—The Committee appreciates the value and success of the National Guard's Youth ChalleNGe Program, and the benefits the Department of Labor's collaboration through Job ChalleNGe provides to the youth served through the experience. The occupational skills training, individualized career and academic counseling, work-based learning opportunities, and leadership development activities provided through the Job ChalleNGe are even more vital in the aftermath of the economic fallout associated with the pandemic. The Committee encourages the Department to build upon its collaboration with Youth ChalleNGe programs and offer youth occupational skills training, individualized career and academic counseling, work-based learning opportunities, and leadership development activities.

Gun Violence.—The Committee encourages the Department to prioritize Workforce Innovation and Opportunity Act funding opportunities, like the Young Adult Reentry Partnership and YouthBuild, to support reintegration, transitional employment, long-term impactful positions, union positions, and living wages for systems-involved youth and older adults in cities disproportionately impacted by daily gun violence.

Collaborations between manufacturers and educational institutions.—The Committee encourages the Department to develop demonstration and pilot programs that facilitate education and training programs in the field of advanced manufacturing. Eligible entities include local educational entities (e.g., technical college, community college, a manufacturing extension center, or an entity that assists educationally underserved communities) partnering with manufacturers that employ individuals who have advanced manufacturing skills. These programs should (1) develop skills and competencies of workers in communities with expected growth in advanced manufacturing; (2) provide education and training for available and anticipated jobs in advanced manufacturing; (3) educate individuals about career advancement opportunities within advanced manufacturing; (4) strengthen community college partnerships with manufacturing extension centers and advanced manufacturing businesses in an effort to meet the needs of businesses for adaptability in training of workers; and (5) give priority to incumbent workers, dislocated workers, and unemployed individuals.

Justice Involved Workers.—The Committee supports the Department’s intention to expand education, skills training, and work experience programs to connect justice-involved individuals with employment opportunities to obtain and retain jobs. The Committee urges the Department to develop and improve the availability of employment and transitional job programs that support work-based learning activities designed to increase reentry employment as an equitable workforce approach. To increase alignment of work experience opportunities across Federal programs, the committee also encourages the Department to work with national nonprofit organizations that have proven track records in this area, including organizations with partnerships with the SNAP Employment and Training program.

EMPLOYEE BENEFITS SECURITY ADMINISTRATION

SALARIES AND EXPENSES

Appropriation, fiscal year 2021	\$181,000,000
Budget request, fiscal year 2022	218,475,000
Committee Recommendation	218,475,000
Change from enacted level	+37,475,000
Change from budget request	— — —

The Employee Benefits Security Administration (EBSA) assures the security of retirement, health and other workplace-related benefits of working Americans.

The Committee recommends \$218,475,000 for EBSA, which is \$37,475,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request.

Mental Health Parity and Addiction Equity Act (MHPAEA) Compliance.—The Committee has included resources for EBSA to fully

implement Section 203 of Division BB of the Consolidated Appropriations Act, 2021. Section 203 requires that all group health plans perform comparative analyses of the design and application of nonquantitative treatment limitations (NQTLs) to ensure those imposed on mental health and substance use disorder benefits are not more restrictive than limitations for medical and surgical benefits.

These funds will enable EBSA to hire additional health investigators who will focus exclusively on MHPAEA NQTL compliance and contract with external consultants with expertise in NQTL comparative analyses to assist and train investigators. To the extent resources allow, the Committee also encourages EBSA to create templates and tools for collecting and scoring the comparative analyses and rendering decisions on compliance; enhance coordination, standardization and MHPAEA-related decision-making uniformity among regional offices; and conduct follow-up investigations into group health plans whose comparative analyses indicate likely noncompliance or areas in which further examination is needed to determine compliance.

PENSION BENEFIT GUARANTY CORPORATION

Appropriation, fiscal year 2021	\$465,289,000
Budget request, fiscal year 2022	472,955,000
Committee Recommendation	472,955,000
Change from enacted level	+7,666,000
Change from budget request	---

Congress established the Pension Benefit Guaranty Corporation to insure the defined-benefit pension plans of working Americans.

WAGE AND HOUR DIVISION

SALARIES AND EXPENSES

Appropriation, fiscal year 2021	\$246,000,000
Budget request, fiscal year 2022	276,500,000
Committee Recommendation	300,000,000
Change from enacted level	+54,000,000
Change from budget request	+23,500,000

The Wage and Hour Division (WHD) enforces Federal minimum wage, overtime pay, recordkeeping, and child labor requirements of the Fair Labor Standards Act (FLSA). WHD also has enforcement and other administrative responsibilities related to the Migrant and Seasonal Agricultural Worker Protection Act, the Employee Polygraph Protection Act, the Family and Medical Leave Act, the Davis Bacon Act, and the Service Contract Act.

The Committee recommends \$300,000,000 for WHD, which is \$54,000,000 above the fiscal year 2021 enacted level and \$23,500,000 above the fiscal year 2022 budget request. The increase will support additional investigators to combat wage theft and protect workers. The Committee urges WHD to explore and expand strategic enforcement approaches to the agency's work to make the most of this increase.

Language Access.—In hiring investigators, the Committee encourages WHD to focus on employing and retaining a greater number of multilingual investigators. In the fiscal year 2023 Congressional Budget Justification, WHD is directed to include information

outlining the WHD's goals for meeting critical language access needs through its investigator workforce.

Retaliation.—Because retaliation and the threat of retaliation remain critical challenges to workers' ability to exercise their workplace rights, the Committee requests for WHD to provide information regarding its volume of retaliation complaints, the status of those complaints, and how WHD is working effectively protect workers from retaliation in the fiscal year 2023 Congressional Budget Justification.

Accessibility.—The Committee notes the importance of making sure all workers can access WHD's resources, including workers of color, immigrant workers, workers in rural communities or with limited access to transportation, and workers with disabilities. The Committee encourages WHD to undertake efforts to improve accessibility of WHD offices, translate WHD documentation and signage into languages spoken by 5 percent or more of the population in a given WHD region, and translate WHD's online webpages, complaint forms, and resources to match regional needs identified. In addition, the Committee encourages WHD to establish protocols that permit workers to participate in investigations and hearings remotely where appropriate.

Community-based Organizations and Partnerships.—The Committee believes that community-based organizations are critical in establishing necessary trust, connecting workers with agencies, facilitating communication between agencies and workers, and deploying enforcement resources strategically. Working with community-based organizations helps agencies cooperate with workers who might be otherwise difficult to reach, including workers employed by small businesses, workers with literacy challenges, workers with limited access to broadband, and workers in high-hazard industries most vulnerable to wage violations. Therefore, the Committee urges WHD to increase its capacity to conduct outreach and collaborate with community-based organizations.

U and T Visa Certification.—The Committee notes the critical role WHD plays in completing U and T visa certifications on behalf of victims of crime and victims of trafficking in the workplace. Ensuring that all workers regardless of immigration status can participate in WHD investigations and exercise their workplace rights is critical to the full and effective enforcement of Federal labor laws. The Committee urges WHD to use resources provided in fiscal year 2022 to ensure the efficient and timely processing and certification of all certification requests.

Domestic Workers.—The Committee is concerned that domestic workers are particularly vulnerable to workplace exploitation, including wage theft, verbal abuse, trafficking, and sexual assault. Domestic work commonly takes place in private homes where workers are often isolated and alone. This workforce is predominantly female and represents populations that are already vulnerable, including immigrant women and women of color. The Committee is concerned by the limited enforcement of workplace rights for this population and the severe power imbalance between domestic workers and their employers. In response to these concerns, the Committee includes new bill language directing the Secretary to use funds made available under WHD to establish a national hotline to support domestic workers. In addition, the Committee urges

WHD to prioritize investigations in sectors where workers are more vulnerable to wage theft, including domestic work, long term care, and home health care.

OFFICE OF LABOR-MANAGEMENT STANDARDS

SALARIES AND EXPENSES

Appropriation, fiscal year 2021	\$44,437,000
Budget request, fiscal year 2022	51,554,000
Committee Recommendation	44,437,000
Change from enacted level	-----
Change from budget request	-7,117,000

The Office of Labor Management Standards (OLMS) administers the Labor-Management Reporting and Disclosure Act (LMRDA), which establishes safeguards for union democracy and union financial integrity, and requires public disclosure reporting by unions, union officers, employees of unions, labor relations consultants, employers, and surety companies.

The Committee recommends \$44,437,000 for OLMS, which is the same as the fiscal year 2021 enacted level and \$7,117,000 below the fiscal year 2022 budget request.

OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS

SALARIES AND EXPENSES

Appropriation, fiscal year 2021	\$105,976,000
Budget request, fiscal year 2022	140,732,000
Committee Recommendation	140,732,000
Change from enacted level	+34,756,000
Change from budget request	-----

The Office of Federal Contract Compliance Programs (OFCCP) ensures equal employment opportunity in the Federal contracting community through enforcement, regulatory work, outreach and education to workers and their advocates.

OFCCP is responsible, per Executive Order 11246 (EO 11246), for ensuring Federal contractors and subcontractors take affirmative action to ensure that all individuals have an equal opportunity for employment, without regard to race, color, religion, sex, or national origin.

The Committee recommends \$140,732,000 for OFCCP, which is \$34,756,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. The Committee supports OFCCP's efforts to make sure contractors and subcontractors are adhering fully to EO 11246.

OFFICE OF WORKERS' COMPENSATION PROGRAMS

SALARIES AND EXPENSES

Appropriation, fiscal year 2021	\$117,601,000
Budget request, fiscal year 2022	140,809,000
Committee Recommendation	140,809,000
Change from enacted level	+23,208,000
Change from budget request	-----

The Office of Workers' Compensation Programs (OWCP) administers the Federal Employees' Compensation Act, the Longshore and Harbor Workers' Compensation Act, the Energy Employees Oc-

cupational Illness Compensation Program Act, and the Black Lung Benefits Act. These programs provide eligible injured and disabled workers and their survivors with compensation, medical benefits, and services including rehabilitation, supervision of medical care, and technical and advisory counseling.

The Committee recommendation includes \$138,604,000 in General Funds from the Treasury, which is \$23,180,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 request, and \$2,205,000 from the Special Fund established by the Longshore and Harbor Workers' Compensation Act.

National Commission.—The Committee is concerned by an ongoing and systematic decline in the adequacy of benefits provided to injured workers under the State-based workers' compensation system. Costs for disabling workplace injuries are being shifted to Federal programs, such as Social Security Disability Insurance, because of reduced coverage under State laws. With the growth of the gig economy and misclassification of workers as independent contractors, millions of workers are falling through the cracks in State workers' compensation systems. Given the impact to the Federal government, the Committee believes that State workers' compensation programs should be monitored on an ongoing basis. Following the issuance of the report of the National Commission on State Workmen's Compensation Laws in 1972, the Department prepared an annual report on the operations of State workers' compensation programs, but ceased doing so in 2004. Since then, there has been no reporting or analysis as State legislatures have passed, and governors have signed, significant legislation affecting the availability and adequacy of workers' compensation. The Committee requests that the Department, through the Office of Workers' Compensation Programs, include in the fiscal year 2023 Congressional Budget Justification an assessment of the resources necessary to reinstate OWCP's monitoring of State workers' compensation programs and preparation of an annual report.

SPECIAL BENEFITS

Appropriation, fiscal year 2021	\$239,000,000
Budget request, fiscal year 2022	244,000,000
Committee Recommendation	244,000,000
Change from enacted level	+5,000,000
Change from budget request	---

These funds provide mandatory benefits under the Federal Employees' Compensation Act.

SPECIAL BENEFITS FOR DISABLED COAL MINERS

Appropriation, fiscal year 2021	\$40,970,000
Budget request, fiscal year 2022	32,970,000
Committee Recommendation	32,970,000
Change from enacted level	-8,000,000
Change from budget request	---

These funds provide mandatory benefits to coal miners disabled by black lung disease, to their survivors and eligible dependents, and for necessary administrative costs.

The Committee recommends \$32,970,000 for Special Benefits for Disabled Coal Miners. This amount is in addition to the \$14,000,000 appropriated in fiscal year 2021 as an advance for the first quarter of fiscal year 2022. The total program level rec-

ommendation is \$8,000,000 less than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request.

The Committee recommendation also provides \$11,000,000 as an advance appropriation for the first quarter of fiscal year 2023. These funds ensure uninterrupted payments to beneficiaries.

ADMINISTRATIVE EXPENSES, ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION FUND

Appropriation, fiscal year 2021	\$62,507,000
Budget request, fiscal year 2022	63,428,000
Committee Recommendation	63,428,000
Change from enacted level	+921,000
Change from budget request	---

These funds provide mandatory benefits to eligible employees or survivors of employees of the Department of Energy (DOE); its contractors and subcontractors; companies that provided beryllium to DOE; atomic weapons employees who suffer from a radiation-related cancer, beryllium-related disease, or chronic silicosis as a result of their work in producing or testing nuclear weapons; and uranium workers covered under the Radiation Exposure Compensation Act.

BLACK LUNG DISABILITY TRUST FUND

Appropriation, fiscal year 2021	\$382,991,000
Budget request, fiscal year 2022	331,505,000
Committee Recommendation	331,505,000
Change from enacted level	- 51,486,000
Change from budget request	---

The Black Lung Disability Trust Fund, supported with mandatory funding, pays black lung compensation, medical and survivor benefits, and administrative expenses when no mine operator can be assigned liability for such benefits, or when mine employment ceased prior to 1970. The Black Lung Disability Trust Fund is financed by an excise tax on coal, reimbursements from responsible mine operators, and short-term advances from the Treasury. The Emergency Economic Stabilization Act of 2008 authorized a restructuring of the Black Lung Disability Trust Fund debt and required that annual operating surpluses be used to pay down the debt until all remaining obligations are retired.

Black Lung Benefits Claims Processing.—The Committee is concerned with lengthy delays in the processing of Black Lung Benefits Act claims, particularly where the mine operator’s ability to pay the claim is in question. Delays impede access to necessary medical care while claims are pending. The Committee supports efforts by the Secretary to resolve these claims expediently to ensure miners can receive the benefits and medical care they need. The Committee requests that the Secretary provide an update on the Department’s efforts to improve the speed and quality of its black lung claims processing in the fiscal year 2023 Congressional Budget Justification.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
SALARIES AND EXPENSES

Appropriation, fiscal year 2021	\$591,787,000
Budget request, fiscal year 2022	664,624,000
Committee Recommendation	691,787,000
Change from enacted level	+100,000,000
Change from budget request	+27,163,000

The Occupational Safety and Health Act of 1970 established the Occupational Safety and Health Administration (OSHA) to assure safe and healthy working conditions by setting and enforcing standards and by providing training, outreach, education and assistance.

Within the total for OSHA, the Committee provides the following amounts:

Budget Activity	FY 2022 Committee
Safety and Health Standards	\$28,450,000
Federal Enforcement	274,634,000
Whistleblower Programs	30,000,000
State Programs	118,737,000
Technical Support	26,394,000
Federal Compliance Assistance	86,175,000
State Consultation Grants	63,500,000
Training Grants	14,787,000
Safety and Health Statistics	39,479,000
Executive Direction and Administration	9,631,000

Compliance Safety and Health Officers (CSHOs).—The Committee is concerned about the significant reduction in OSHA Compliance Safety and Health Officers (CSHOs) in recent decades relative to the number of workers they oversee. These CSHOs enforce Federal workplace standards across the country, inspecting work-sites and ensuring that employers comply with worker safety and health regulations. That is why the Committee is strongly supportive of OSHA’s plans to use additional resources to support and rebuild OSHA’s enforcement program by hiring additional CSHOs. The Committee encourages the agency to focus on employing and retaining multilingual officers crucial to thorough inspections of workplaces across the country.

Penalties.—The Committee notes that OSHA penalties are among the lowest of any Federal agency and believes they are woefully inadequate in deterring workplace health and safety violations by employers. For instance, despite widespread reports that meatpacking facilities were becoming deadly COVID–19 hotspots as early as March 2020, OSHA waited six months before issuing two small financial penalties totaling \$29,000 to a Smithfield and a JBS plant. For context, in 2019, JBS’ annual revenue was \$51.7 billion and Smithfield’s was \$14 billion. To address these concerns, Committee urges OSHA to adopt policies that encourage the use of full penalties or a penalty multiplier for serious violations in large businesses.

Whistleblower Protection Program.—The Committee is concerned with the increasing caseloads and unprecedented length of time taken by OSHA to complete whistleblower investigations. OSHA’s whistleblower investigative staff enforces protections for employees who suffer retaliation for protected activity under more than 20

statutes, and the number of statutes continues to increase with three more added in the past two years. OSHA's already-overburdened Whistleblower Protection Program staff faced an unprecedented surge in complaints during the COVID-19 pandemic. During the first four months of the pandemic, the average number of whistleblower complaints received per investigator increased by 30 percent—39 percent of these were COVID-19 related. At the same time, the Whistleblower Protection Program's FTEs decreased between 2019 to 2020 to only 120 investigators, causing an increase in the number of cases handled by each investigator. The Office of Inspector General concluded in August 2020 that when OSHA fails to respond in a timely manner, it “could leave workers to suffer emotionally and financially” and may lead to the erosion of evidence needed for the case. To bolster the Whistleblower Protection Program's capacity to conduct critical investigations in a timely manner in industries across the country and bring the agency closer to compliance with statutory requirements of more than 20 statutes, the Committee increases resources for the Whistleblower Protection program by \$10,936,000 above the fiscal year 2021 enacted level. This increase will support OSHA's efforts to update its decades-old Whistleblower database to the current OSHA Information System for OSHA's main enforcement program or to develop a new system.

Susan Harwood Training Grants.—The Susan Harwood Training Grants to non-profit organizations reach workers in dangerous industries with critical education and training on workplace hazards and statutory protections. The latest statistics from the Bureau of Labor Statistics show that workplace fatalities are increasing for Black workers and that fatality rates are higher among Latino and Black workers. The Committee supports OSHA's efforts to provide funding to non-profit, community-based groups, and other non-profit organizations with the capability to reach workers in low-wage industries and workers in dangerous industries. In addition, the Committee urges OSHA to allow grantees to train on multiple hazards. In addition, the Committee encourages OSHA to support grants for workers employed in disaster recovery and rebuilding sectors.

U and T Visas.—The Committee strongly supports efforts by OSHA to ensure all workers, regardless of immigration status, can participate in OSHA investigations and exercise their workplace rights. However, the Committee notes that OSHA does not, like WHD, outline a process for U and T visa certification. The Committee encourages OSHA to evaluate the merits of establishing a policy on U and T visa certification requests and consider assisting workers with U and T visa certification.

COVID-19 Testing for Meatpacking Workers.—The Committee is supportive of workplace health and safety procedures that include adequate COVID-19 testing for meatpacking workers. Even before the pandemic, meatpacking, poultry, and agriculture have been dangerous industries for workers. The pandemic exacerbated these hazards, which are disproportionately felt by workers of color.

OSHA Noise Standard.—The Committee is aware that the National Institute for Occupational Safety and Health (NIOSH) estimates that 22 million US workers are exposed to potentially dangerous levels of noise in the workplace every year and that hearing

loss is the most commonly recorded occupational illness in manufacturing, accounting for 1 in 9 recordable illnesses. The Committee is also aware that the OSHA Noise Standard for employers was established in 1983, but has not been updated since that time even as the Department of Defense (DoD), NIOSH, and many other countries have recommended or adopted more protective noise exposure limits. Accordingly, to better protect the American workforce and reduce the risk of noise-induced hearing loss, the Committee encourages OSHA to lower the current permissible exposure level to 85 dBA TWA using a 3 dB exchange rate. Such a change would substantially reduce the excess risk of developing occupational noise-induced hearing loss over a working lifetime and be consistent with current exposure limits specified by the DoD and voluntarily adopted by many private employers.

Needlestick Safety.—The Committee recognizes the risks posed by the COVID–19 pandemic to our nation’s essential healthcare workforce as they continue to ensure the administration of FDA-approved COVID–19 vaccines. With the increase in demand for syringe-administered vaccines comes the increased risk of exposure not only to COVID–19, but also to bloodborne pathogens including, but not limited to, hepatitis B, hepatitis C and human immunodeficiency virus. OSHA should continue to work with the Department of Health and Human Services (HHS) to monitor the supply of safety-engineered devices for COVID–19 vaccinations. If OSHA and HHS determine that there is a shortage of these devices, the Committee requests that OSHA include cost estimates that will ensure the standards prescribed in the Needlestick Safety and Prevention Act are enforced to the extent feasible in the fiscal year 2023 Congressional Budget Justification. The authorization includes a standard which states that employers are required to evaluate, select, and use engineering controls to eliminate or minimize exposure to contaminated sharps.

Occupational Heat Stress Protection Standard.—The Committee recognizes the urgency of developing a workplace safety standard to protect workers from excessive heat, and is aware that a standard has already proven to be feasible to implement, and in light of rising temperatures urges OSHA to take all necessary steps to issue a proposed occupational heat stress protection standard by the end of fiscal year 2022. The Secretary is directed to submit a schedule to the Committee within 90 days of enactment of this Act on the action steps it will be taking to promulgate an occupational heat stress protection standard.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriation, fiscal year 2021	\$379,816,000
Budget request, fiscal year 2022	447,201,000
Committee Recommendation	404,816,000
Change from enacted level	+25,000,000
Change from budget request	–42,385,000

The Mine Safety and Health Administration (MSHA) enforces the Federal Mine Safety and Health Act in underground and surface coalmines and metal/non-metal mines.

Coal, Metal, and Non-metal Mines.—MSHA is directed to include in the fiscal year 2023 Congressional Budget Justification and all future Congressional Budget Justifications historical and budget year information on enforcement activities and outcomes, distinguishing between coal and metal/non-metal mines. To promote transparency in agency spending on its enforcement activities, MSHA shall continue to separately present annual spending on coal and metal/non-metal mines as it has in past Congressional Budget Justifications.

Resources and Activities.—The Committee notes significant worker dislocations and mine closures because of economic conditions throughout the mining industry, and in coal mining in particular. The Committee reiterates its support for the ongoing effort to bring MSHA enforcement into proportion by redistributing resources and activities to the areas where mine production is currently occurring and where MSHA identifies the most significant safety hazards.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

Appropriation, fiscal year 2021	\$655,000,000
Budget request, fiscal year 2022	700,653,000
Committee Recommendation	700,653,000
Change from enacted level	+ 45,653,000
Change from budget request	---

The Bureau of Labor Statistics (BLS) is an independent national statistical agency that collects, processes, analyzes, and disseminates essential economic data to the Congress, Federal agencies, State and local governments, businesses, and the public. Its principal surveys include the Consumer Price Index and the monthly unemployment series.

The Committee recommendation includes \$632,653,000 from the General Fund of the Treasury and \$68,000,000 from the Employment Security Administration Account in the Unemployment Trust Fund. Within the total amount for BLS, the Committee includes \$28,470,000 to continue the relocation of the BLS headquarters, which was initiated in fiscal year 2020.

Within the total for BLS, the Committee provides the following amounts:

Budget Activity	FY 2022 Committee
Employment and Unemployment Statistics	\$221,000,000
Labor Market Information	68,000,000
Prices and Cost of Living	233,033,000
Compensation and Working Conditions	89,875,000
Productivity and Technology	12,375,000
Executive Direction and Staff Services	66,329,000

National Longitudinal Survey of Youth (NLSY).—The Committee is supportive of BLS’ plan for the planning, development, and implementation of a new NLSY cohort and provides sufficient resources to implement this plan without delay. Specifically, the Committee supports the Department’s plan to increase spending on the new NLSY cohort in fiscal year 2023 to \$14,500,000 and requests an update on future spending plans in the fiscal year 2023 Congressional Budget Justification.

Preserving Existing Statistical Work and Staff.—When implementing the NLSY and other new investments, the Committee directs BLS not to reduce or eliminate existing statistical work. Further, the Committee directs BLS not to reduce the number of full-time equivalent positions beyond the apportioned fiscal year 2021 full-time equivalent ceiling.

Artificial Intelligence.—The Committee is aware of the development of artificial intelligence and encourages BLS to examine this trend’s impact on the economy.

Job Openings and Labor Turnover Survey (JOLTS).—The Committee recognizes the need for enhancements to JOLTS to better understand national labor market dynamics. Therefore, the Committee requests for the Department to provide cost estimates in the fiscal year 2023 Congressional Budget Justification for expanding the JOLTS sample level and for releasing JOLTS data monthly to improve timeliness.

OFFICE OF DISABILITY EMPLOYMENT POLICY

SALARIES AND EXPENSES

Appropriation, fiscal year 2021	\$38,500,000
Budget request, fiscal year 2022	42,711,000
Committee Recommendation	42,711,000
Change from enacted level	+4,211,000
Change from budget request	---

The Office of Disability Employment Policy (ODEP) provides policy guidance and leadership to eliminate employment barriers to people with disabilities.

The Committee recommendation for ODEP is \$42,711,000, which is \$4,211,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. The Committee is supportive of the budget proposal for ODEP to invest in research and demonstration projects related to testing effective ways to promote greater labor force participation of people with disabilities.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Appropriation, fiscal year 2021	\$349,364,000
Budget request, fiscal year 2022	439,970,000
Committee Recommendation	457,219,000
Change from enacted level	+107,855,000
Change from budget request	+17,249,000

The Departmental Management appropriation provides funds for the staff responsible for Departmental operations, management, and policy development.

The Committee recommendation includes \$456,911,000 from the General Fund of the Treasury, \$107,855,000 above the fiscal year 2021 enacted level and \$17,249,000 above the fiscal year 2022 budget request, and \$308,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

Within the total for Departmental Management, the Committee provides the following amounts:

Budget Activity	FY 2022 Committee
Program Direction and Support	\$35,023,000
Departmental Evaluation	10,040,000
Legal Services	154,629,000
International Labor Affairs	136,000,000
Administration and Management	39,308,000
Adjudication	41,013,000
Women's Bureau	25,000,000
Civil Rights Activities	10,344,000
Chief Financial Officer	5,862,000

International Labor Affairs Bureau (ILAB).—Of the \$136,000,000 recommended for the International Labor Affairs Bureau (ILAB), the Committee directs the Secretary to allocate not less than \$40,175,000 in grants to build the capacity of countries to enforce labor rights to promote a more level playing field for workers in the U.S. The Committee directs ILAB to use its fiscal year 2022 funding increase to place additional labor attaches in strategic countries focused on fundamental worker rights such as freedom of association, collective bargaining, protection from sex discrimination, and acceptable conditions of work. The Committee urges ILAB to prioritize these additional attaches in areas of strategic importance such as Honduras, Guatemala, Vietnam, and Bangladesh.

Flagship Reports on Child Labor and Forced Labor.—ILAB is directed to continue its work on three key reports, including: DOL's Findings on the Worst Forms of Child Labor; the List of Goods Produced by Child Labor or Forced Labor; and, the List of Products Produced by Forced or Indentured Child Labor. The Committee includes the resources requested in the fiscal year 2022 budget request for staff and contract costs to fulfill a new statutory mandate requiring the List of Goods Produced by Child Labor or Forced Labor to include goods that are produced with inputs that are produced with forced labor or child labor.

USMCA Implementation Act.—The Committee urges ILAB to use USMCA Implementation Act funding to directly support workers' rights and capacity to organize independent unions in Mexico. These activities must be central to ILAB's monitoring, enforcement, and capacity-building roles in USMCA implementation. ILAB can also advance this critical work through technical assistance that strengthens the capacity of independent unions in USMCA priority sectors. Further, ILAB can fund research and legal teams, including through academic institutions, to develop sustainable programs that train and support labor lawyers and researchers in priority sectors. Finally, ILAB can support key USMCA objectives by funding innovative supply chain monitoring and accountability mechanisms, focused on ensuring the effective recognition of workers' rights to organize and collective bargaining in USMCA priority sectors. Such efforts to develop necessary research, legal assistance and monitoring mechanisms will collectively supplement and strengthen core ILAB program to directly educate and train workers to build independent unions.

In the fiscal year 2023 Congressional Budget Justification, ILAB is directed to include spending plans for resources provided in the USMCA Implementation Act for fiscal years 2020 through 2023. Spending plans should include descriptions and amounts for projects and staffing.

Sex Discrimination in Employment and the Workplace.—The Committee recognizes the vital role ILAB plays in building the capacity of other countries to enforce and improve labor protections for workers and in enforcing the labor provisions of U.S. trade agreements and preference programs; however, the Committee is concerned that the issue of sex discrimination has not received enough attention in the Bureau’s capacity-building, monitoring, and enforcement activities. It is essential that workers around the world are protected from pregnancy- and maternity-based discrimination, discriminatory recruitment and hiring, and the manifestation of unconscious bias in the workplace. Further, many female workers receive unequal access to training opportunities and work schedules that prevent them from acting as primary care givers and accepting positions that would help them advance. In addition, the Committee is concerned by the complete absence of gender mainstreaming in labor inspections; lack of labor inspector training on best practices for identifying and addressing sex discrimination; and inadequate complaint mechanisms for women to anonymously report sex discrimination in employment and the workplace. Finally, the Committee believes workers should receive equal pay for work of equal value. In response, the Committee urges ILAB to prioritize these areas of concern through its capacity-building, monitoring, and enforcement efforts.

Child Labor in Cocoa.—The Committee is concerned about the continued prevalence of child labor in the harvesting and production of cocoa beans. Further, the Committee notes that while the Child Labor Cocoa Coordinating Group (GLCCG) has facilitated progress in the reduction of child labor in cocoa production, substantial levels of children remain engaged in child labor in the industry. The Committee is concerned about the progress of the GLCCG in accordance with goals established in the Harkin-Engel Protocol. The Committee encourages the Department to report on indicators of progress being made by high-risk countries to eliminate child labor and forced labor in the cocoa sector, including progress being made to map all cocoa farms. In addition, the Committee encourages the Department to report on government and industry use of available best practices for management, reporting, and verification, and on the active and meaningful participation of worker organizations in order to provide consumers with assurance that cocoa products are produced without the use of child labor and forced labor.

Women’s Bureau.—Of the \$25,000,000 appropriated to the Women’s Bureau, the Committee provides no less than \$ 6,794,000 for the Women in Apprenticeship and Nontraditional Occupations (WANTO) program, which is \$5,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request. This program helps employers and labor unions recruit, train, and retain women for nontraditional employment opportunities. These resources are essential in helping women overcome traditional barriers to entry and supporting women’s full participation in the labor force.

Women’s Unemployment.—The Committee is concerned by the dramatic increase in the unemployment rate for women as a result of the COVID–19 pandemic. The Committee encourages the Women’s Bureau to make it an agency-wide priority to mitigate and re-

verse this trend in fiscal year 2022. Additionally, the Committee is supportive of the recommendations from GAO's report on the gender pay gap in the federal workforce (GAO-21-67) and is supportive of GAO's ongoing work to identify improvements regarding measures taken by the Department of Labor to mitigate women's unemployment, including the immediate and long-term effects of COVID-19 on women's employment. The Committee is interested in the impacts of COVID-19 on unemployment rates for low-income women and women of color, groups that have been disproportionately impacted by the pandemic.

Operating Plan.—The Committee directs the Department to submit its annual Operating Plan to the Committees on Appropriations within the 45-day statutory deadline.

Advertising Spending.—The Committee understands that, as the largest advertiser in the U.S., the Federal Government should work to ensure fair access to its advertising contracts for small disadvantaged businesses and businesses owned by minorities and women. The Committee directs the Department to include the following information in its fiscal year 2023 Congressional Budget Justification: Expenditures for fiscal year 2021 and expected expenditures for fiscal years 2022 and 2023, respectively, for (1) all contracts for advertising services; and, (2) contracts for the advertising services of (I) socially and economically disadvantaged small business concerns (as defined in section 8(a)(4) of the Small Business Act (15 U.S.C. 637(a)(4)); and (II) women- and minority-owned businesses.

Employees.—The Committee directs the Department to provide a report not later than 30 days after the conclusion of each quarter detailing the number of full-time equivalent employees and attrition by principal office and appropriations account.

Investments in Impoverished Areas.—The Committee supports targeted investments in impoverished areas, particularly in persistent poverty counties and in other high poverty census tracts. To understand how programs funded through the Department are serving these particular areas, the Committee directs the Department to submit a report to the Committees on Appropriations on the percentage of funds allocated by all competitive grant programs in fiscal years 2019, 2020 and 2021 to serve individuals living in persistent poverty counties, as defined as a county that has had 20 percent or more of its population living in poverty over the past 30 years, as measured by the 1990 and 2000 decennial censuses and the most recent Small Area Income and Poverty estimates, or any territory or possession of the United States, and high-poverty areas, as defined as any census tract with a poverty rate of at least 20 percent as measured by the 2014–2018 5-year data series available from the American Community Survey of the Census Bureau. The Department shall report this information to the Committees within 90 days of such data being available and provide a briefing to the Committees not later than 180 days of enactment of this Act on how the Department is carrying out this directive. In the case of any competitive program for which at least 10 percent of the funds allocated were not allocated to persistent poverty counties or for which the percentage allocated to high-poverty areas in fiscal year 2020 or 2021 was less than the average percentage of Federal assistance allocated to high-poverty areas awarded under the pro-

gram in fiscal years 2017, 2018, and 2019, such report and briefing shall explain why such a benchmark is unable to be met.

Evidence-based Policymaking Act.—The Committee is supportive of efforts by the Department to consider evidence of effectiveness in grant competitions and requests an update in the fiscal year 2023 Congressional Budget Justification on implementation of the Foundations for Evidence-based Policymaking Act (P.L. 115–435) and implementation plans for the coming year. The Committee encourages the Secretary to develop guidance to ensure relevant participants and grantees are involved in the Department-wide process of prioritizing evidence needs, including participating in Department led evaluations. Consistent with program statutes, the Committee encourages the Secretary to ensure that evidence of effectiveness is a consideration in grant opportunities.

Organizational Priority Goals.—The Committee directs the Department to comply with title 31 of the United States Code, including the development of organizational priority goals and outcomes such as performance outcome measures, output measures, efficiency measures, and customer service measures. The Committee further directs the Department to include an update on the progress of these efforts in the fiscal year 2023 Congressional Budget Justification.

Streamlining Service Delivery and Improving Customer Service.—The Committee continues to support efforts to improve customer service in accordance with Executive Order 13571—Streamlining Service Delivery and Improving Customer Service. The Committee directs the Secretary to develop standards to improve customer service and incorporate the standards into the performance plans required under 31 U.S.C. 1115. The Committee further directs the Department to include an update on the progress of these efforts in the fiscal year 2023 Congressional Budget Justification.

Use of Force.—The Committee supports vigorous action to improve training for all Federal, State, and local law enforcement officers on racial profiling, implicit bias, procedural justice, the use of force, and the duty for officers to intervene when witnessing the use of excessive force against civilians. The Committee therefore directs the Secretary to work with the Attorney General and the Federal Law Enforcement Training Centers to implement improved, mandatory training on these topics for all federal law enforcement officers, along with the development of related standards that can be applied in hiring and performance assessments. These training requirements and standards should be based on the related provisions in H.R. 1280, as passed by the House of Representatives in March 2021.

The Committee directs the Department’s Division of Protective Operations, to the extent it has not already done so, to submit its use of force data to the Federal Bureau of Investigation’s National Use of Force Data Collection database. The Committee requests a briefing within 90 days of enactment of this Act on current efforts to tabulate and submit use of force data to the FBI.

Inter-agency Collaboration.—The Committee identifies a need for more inter-agency collaboration between the Department (including WHD and OSHA), Equal Employment Opportunity Commission, and the National Labor Relations Board to enforce labor and civil rights laws fully and effectively. The Committee encourages the

agencies to review and evaluate current enforcement efforts, rescind harmful regulations and sub-regulatory guidance, and ensure each agency is using all the tools and policies at their disposal to protect workers. This includes robust coordinated outreach and education to rebuild trust in government enforcement, especially in communities of color.

Critical Minerals.—The Committee recognizes the importance of critical minerals for use in the United States. In response to this growing need, as part of the Consolidated Appropriations, Act of 2021, Congress authorized in section 7002 a workforce assessment and workforce development program in the Department of Labor to address mineral security. The Committee requests an update on these efforts in the fiscal year 2023 Congressional Budget Justification.

Family-Friendly Workplaces Certification.—The Committee recognizes the importance of promoting family-friendly workplaces. The pandemic has placed an unexpected burden on working parents, particularly working mothers who have left the labor force in disproportionate numbers since March 2020. Therefore, the Committee directs the Secretary to evaluate the feasibility of establishing a certification program that recognizes exemplary family-friendly businesses and incentivizes businesses to adapt best practices that reflect the challenges faced by working parents. Modeled off the Environmental Protection Agency’s Energy Star Program, this Family-Friendly Workplaces Certification would evaluate businesses based on a number of policies including; paid sick days, paid family leave of at least 12 weeks per year, childcare subsidies, lactation support, assistance paying for or referring employees to fertility or adoption services, and accommodations for pregnant workers. The Committee directs the Secretary to submit this feasibility report within 270 days of enactment of this Act.

VETERANS EMPLOYMENT AND TRAINING

Appropriation, fiscal year 2021	\$316,341,000
Budget request, fiscal year 2022	324,831,000
Committee Recommendation	334,841,000
Change from enacted level	+18,490,000
Change from budget request	+10,000,000

The recommendation includes \$67,500,000 from the General Fund of the Treasury and \$267,331,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

The Veterans Employment and Training (VETS) program serves America’s veterans and separating service members by preparing them for meaningful careers, providing employment resources and expertise, and protecting their employment rights.

Within the total for VETS, the Committee provides the following amounts:

Budget Activity	FY 2022 Committee
State Administration Grants	\$180,000,000
Transition Assistance Program	31,379,000
Federal Administration	52,538,000
Veterans Employment and Training Institute	3,414,000
Homeless Veterans Reintegration Program	67,500,000

The Committee recommendation includes \$31,379,000 for the Transition Assistance Program, which is the same as the fiscal year 2021 enacted level and the fiscal year 2022 budget request. This funding will enhance the quality of employment support services for transitioning service members and allow VETS to develop and implement a course curriculum to help military spouses overcome the challenges they face related to employment and career development.

The Committee includes \$67,500,000 for the Homeless Veterans Reintegration Program, which is \$10,000,000 more than the fiscal year 2021 enacted level and the fiscal year 2022 budget request. Funds will be used to further support the needs of veterans experiencing homelessness.

The Committee includes \$500,000, which is the same as the fiscal year 2021 enacted level and the fiscal year 2022 budget request, to support the HIRE Vets Medallion Program authorized by the Honoring Investments in Recruiting and Employing American Military Veterans Act of 2017.

The Committee recommendation includes \$300,000 within Federal Administration, which is the same as the fiscal year 2021 enacted level to continue the operation of the Disabled Veteran Program (DVP), which was initiated by the Committee in fiscal year 2020. The DVP addresses the high unemployment and low labor force participation rate of veterans with service-connected and non-service-connected disabilities. The DVP helps increase employment and advancement opportunities for veterans with disabilities by working with Federal, State, and private partners to promote the hiring of veterans with disabilities, improve coordination of available employment services and supports, and to identify and share employment best practices for hiring, retaining, and advancing veterans with disabilities in the workforce.

Equity and Access for Homeless Veterans.—The Committee directs the Department to include an update on racial equity and access to programs at the Department providing services to homeless veterans in its fiscal year 2023 Congressional Budget Justification. The update shall also track departmental expenditures within the Homeless Veteran Programs, specifically with regard to minority, female, and LGBTQ populations. Where available, the Department shall disaggregate data by ethnicity, age, gender identity, and discharge status.

Veterans' Pilot Program.—The Committee encourages the Department to pilot an accelerated veteran transition program in regions surrounding military installations in the United States, inclusive of exiting soldiers and retired veterans. The pilot program would utilize funding under this account for direct services to support veterans and transitioning military members into in-demand civilian occupations aligned with their military training and experience. This project is needed as available veteran resources do not fully pay for school, transitional benefits (in terms of training), or target regional career/trade demands. While transitioning soldiers have access to available resources, those sources do not offer the job-placement-centric approach that this program would prioritize. Additionally, existing allocation from the Workforce Innovation and Opportunity Act (WIOA) resources does not fund certificate education in prospective targeted occupations.

INFORMATION TECHNOLOGY MODERNIZATION

Appropriation, fiscal year 2021	\$ 27,269,000
Budget request, fiscal year 2022	37,269,000
Committee Recommendation	37,269,000
Change from enacted level	+10,000,000
Change from budget request	-- --

Information Technology (IT) Modernization provides a dedicated source of funding for Department-wide IT modernization projects together with funding through the Department’s Working Capital Fund.

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2021	\$90,847,000
Budget request, fiscal year 2022	95,398,000
Committee Recommendation	95,398,000
Change from enacted level	+4,551,000
Change from budget request	-- --

The Office of Inspector General (OIG) conducts audits of Department programs and operations in order to determine that they comply with the applicable laws and regulations, that they use resources effectively, and that they are achieving their intended results.

The recommendation includes \$89,738,000 from the General Fund of the Treasury, which is \$4,551,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request, and \$5,660,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

Pandemic Unemployment Assistance.—The PUA program was designed to ensure that critical emergency assistance was delivered immediately, so it would be available to unemployed workers when it was most needed. It is important to ensure that resources for such critical emergency assistance during simultaneous public health crisis and financial crisis should be targeted to individuals and families who are eligible for benefits. The Committee supports the Inspector General’s oversight activities and efforts to investigate any illegal schemes to defraud the PUA program.

GENERAL PROVISIONS

Sec. 101. The Committee continues a provision to prohibit the use of Job Corps funds for the salary of an individual at a rate in excess of Executive Level II.

(TRANSFER OF FUNDS)

Sec. 102. The Committee continues a provision regarding transfer authority.

Sec. 103. The Committee continues a prohibition on use of funds to purchase goods that are in any part produced by indentured children.

Sec. 104. The Committee continues a provision related to grants made from funds available to the Department under the American Competitiveness and Workforce Improvement Act.

Sec. 105. The Committee continues a provision to prohibit recipients of funds provided to the Employment and Training Administration from using such funds for the compensation of any individual at a rate in excess of Executive Level II.

(TRANSFER OF FUNDS)

Sec. 106. The Committee continues a provision providing the Secretary with the authority to transfer funds made available to the Employment and Training Administration to Program Administration for technical assistance and program integrity activities.

(TRANSFER OF FUNDS)

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

Sec. 108. The Committee continues a provision relating to surplus property and apprenticeship programs.

Sec. 109. The Committee modifies a provision relating to the Secretary's security detail.

Sec. 110. The Committee continues a provision relating to the Treasure Island Job Corps Center.

Sec. 111. The Committee continues a provision relating to Job Corps.

Sec. 112. The Committee includes a new provision relating to the Working Capital Fund.

Sec. 113. The Committee includes a new provision relating to the Consolidated Appropriations Act, 2021 to clarify the availability of funds provided under Section 118(a) of division BB.

Sec. 114. The Committee includes a new provision relating to the Wagner-Peyser Act Staffing Flexibility regulation.

Sec. 115. The Committee includes a new provision relating to regulations pertaining to industry recognized apprenticeship programs.

Sec. 116. The Committee includes a new provision relating to processing of Applications for Temporary Employment Certification for certain industries.

Sec. 117. The Committee includes a new provision relating to the determination of prevailing wages.

Sec. 118. The Committee includes a new provision relating to processing of Applications for Temporary Employment Certification for employers with violations of labor laws.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

Appropriation, fiscal year 2021	\$7,207,234,000
Budget request, fiscal year 2022	7,813,294,000
Committee Recommendation	8,723,922,000
Change from enacted level	+1,516,688,000
Change from budget request	+910,628,000

The Health Resources and Services Administration (HRSA) supports programs that provide health services to disadvantaged, medically underserved, and special populations; decrease infant mortality rates; assist in the education of health professionals; and provide technical assistance regarding the utilization of health resources and facilities.

The Committee recommendation for HRSA includes \$8,723,922,000 in discretionary budget authority, \$316,778,000 in mandatory funding and \$16,200,000 in trust fund appropriations for the Vaccine Injury Compensation Program Trust Fund, and \$5,000,000 for the Countermeasures Injury Compensation Program.

PRIMARY HEALTH CARE

Appropriation, fiscal year 2021	\$1,683,772,000
Budget request, fiscal year 2022	1,733,772,000
Committee Recommendation	1,831,772,000
Change from enacted level	+148,000,000
Change from budget request	+98,000,000

Health Centers

The Committee recommends \$1,830,772,000 for the Health Centers program, \$148,000,000 above the fiscal year 2021 enacted level and \$98,000,000 above the fiscal year 2022 budget request. Health Centers deliver affordable, accessible, quality, and cost-effective primary health care to millions of people across the country regardless of their ability to pay. Programs supported by this funding include community health centers, migrant health centers, health care for the homeless, school-based, and public housing health service grants.

In addition, the American Rescue Plan (P.L. 117–2) included \$7,600,000,000 in discretionary appropriations to support Health Centers’ response to the COVID–19 pandemic.

The Committee includes bill language providing up to \$120,000,000 for the Federal Tort Claims Act program, the same as the fiscal year 2021 enacted level and the fiscal year 2022 budget request.

Alcee L. Hastings Program for Advanced Cancer Screening in Underserved Communities.—The Committee is extremely concerned about the disparity in cancer screening—and corresponding higher levels of cancer incidence and adverse outcomes—in medically underserved communities. Several studies have demonstrated that this problem has only been made worse by the pandemic. The Committee includes \$25,000,000 to fund Health Centers to increase access and address barriers to cancer screening, including patient education, case management, outreach, and other enabling services. Grantees must partner and coordinate closely with NCI-designated cancer centers to deploy cancer-center trained and supervised outreach specialists and navigators to improve cancer screening and referrals among vulnerable populations in their catchment areas.

Ending the HIV Epidemic (EHE) Initiative.—The Committee provides \$152,250,000 within the Health Centers program for the EHE Initiative, \$50,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. This initiative provides funding to Health Centers in high-need jurisdictions to increase the use of pre-exposure prophylaxis (PrEP) among people at high risk for HIV transmission.

Health Center Dental Services.—The Committee recognizes the importance of Health Centers in providing comprehensive primary and preventive health services to the nation’s underserved communities. Health Centers provide dental services for many who would

otherwise face barriers to dental care. The Committee is aware that some Health Centers have partnered with Community Dental Health Coordinators (CDHCs) to provide patients with greater access to dental care. CDHCs provide community-based prevention, care coordination, and patient navigation to underserved populations in rural, urban, and Native American communities. The Committee encourages HRSA to work with Health Centers to expand their work in this area.

Health Center Mental Health Services for Children.—The Committee is concerned about the many challenges faced by children in need of mental health services because of the COVID-19 pandemic. The pandemic has had serious impacts on children’s mental, psychological, and emotional well-being, especially in low-income and minority communities. This impact will likely last for an extended period. The Committee strongly encourages HRSA to provide funding to Health Centers to support vital mental health services for children.

School-Based Health Centers (SBHCs) and Health Center Services at School-Based Sites.—Recognizing the critical role of Health Centers as part of our nation’s health care safety net, and that Health Centers providing services at sites located at schools within the communities they serve are currently one of the most effective sources of mental health care for children and adolescents, the Committee includes a total increase of \$50,000,000 within the total for Health Centers to support the delivery of health care services at school-based sites. The Committee includes \$25,000,000 to make grants to establish new school-based health centers and expand services at SBHCs pursuant to 42 USC 280h-5. SBHCs provide a convenient access point to high-quality, comprehensive primary health care, mental health services, preventive care, social services, and youth development to primarily children and adolescents from low-income families. The Committee also includes \$25,000,000, an increase of \$20,000,000 above the fiscal year 2021 enacted level, for awards to Health Centers operating at school-based sites to increase their capacity to meet the increasing demand for health services, including mental health services. The Committee encourages HRSA to award grants to applicants that previously submitted fundable applications under HRSA-21-093 but that did not receive such funding.

Health Center Controlled Networks.—Health Center Controlled Networks (HCCNs) are the foundation of health information technology (HIT) services for the nation’s community health centers. Health Centers function as the largest primary care network in the country, caring for 30 million patients. HCCNs are voluntary associations of community health centers that band together to invest in HIT tools, optimize the use of these technologies, digitally connect to health care and community partners, and more. The HIT infrastructure requires robust federal investment to support the demand caused by the COVID-19 pandemic’s resulting shift in how health care is provided. The Committee strongly supports the work of HCCNs.

HRSA Strategy to Address Intimate Partner Violence and Project Catalyst.—The Committee includes no less than \$2,000,000 for the HRSA Strategy to Address Intimate Partner Violence, an increase of \$500,000 over the fiscal year 2021 enacted level and the fiscal

year 2022 budget request. The Committee encourages HRSA to support training, technical assistance, and resource development to assist public health and health care professionals to better serve individuals and communities impacted by intimate partner violence.

Native Hawaiian Health Care Program.—The Committee provides \$22,000,000 within the total for Health Centers for the Native Hawaiian Health Care Program, \$1,500,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request. The Native Hawaiian Healthcare Systems help improve the health status of Native Hawaiians by making health education, health promotion, disease prevention, and Native Hawaiian traditional healing services available.

The Committee understands the importance of ensuring that indigenous people, including Native Hawaiians, have access to health care. The Committee requests a report from the Government Accountability Office (GAO) on the status of health care accessibility and affordability for Native Hawaiians living in Hawaii, to include the rural and medically underserved islands.

Free Clinics Medical Malpractice

The Committee includes \$1,000,000 for carrying out responsibilities under the Federal Tort Claims Act, the same as the fiscal year 2021 enacted level and the fiscal year 2022 budget request. The program provides medical malpractice coverage to individuals involved in the operation of free clinics to expand access to health care services to low-income individuals in medically underserved areas.

HEALTH WORKFORCE

Appropriation, fiscal year 2021	\$1,224,006,000
Budget request, fiscal year 2022	1,380,384,000
Committee Recommendation	1,564,876,000
Change from enacted level	+340,870,000
Change from budget request	+184,492,000

The Bureau of Health Workforce strengthens the health care workforce by providing grants, scholarships, and loan repayment programs to help communities recruit and retain health care providers where they are most needed.

In addition to the amounts above, the American Rescue Plan (P.L. 117–2) included \$1,000,000,000 in discretionary appropriations to support health workforce programs in response to the COVID–19 pandemic.

The Committee bill strikes language prohibiting HRSA funds from being used to support alternative dental providers. Dental therapists are licensed providers who play a similar role in dentistry to that of physician assistants in medicine, and work under the supervision of a dentist to provide routine dental care like exams and fillings. Ending this prohibition on funding will give States flexibility to expand the oral health workforce and improve access to dental care, particularly in rural and underserved communities.

National Health Service Corps (NHSC)

The Committee includes \$185,000,000, an increase of \$65,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request, for NHSC to support competitive awards to health care providers dedicated to working in underserved communities in urban, rural, and tribal areas.

In addition to the amounts above, the American Rescue Plan (P.L. 117–2) included \$900,000,000 in discretionary appropriations to support NHSC in response to the COVID–19 pandemic.

Loan Repayment for Opioid and Substance Use Disorder (SUD) Treatment.—The Committee includes \$155,000,000, \$25,000,000 below the fiscal year 2022 budget request, for loan repayment for clinicians that provide opioid and substance use disorder treatment. Within this total, the Committee includes \$15,000,000, the same as the fiscal year 2021 enacted level and the fiscal year 2022 budget request, to support NHSC awards to participating individuals that provide health services in IHS facilities, Tribally-Operated Health Programs, and Urban Indian Health Programs.

Maternity Care Target Areas (MCTAs).—The Committee includes \$5,000,000, an increase of \$5,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request, within NHSC to implement requirements contained in the Improving Access to Maternity Care Act, including establishing criteria for and identifying MCTAs and collecting and publishing data on the availability and need for maternity care health services in health professional shortage areas.

National Health Service Corps Rural Demonstration Program.—The Committee strongly supports the NHSC program for improving access to quality care in rural and underserved areas. The Committee notes that rural communities continue to face acute workforce challenges, with approximately five percent of incoming medical students coming from rural areas and only one-third of NHSC placements in rural communities. The Committee includes \$25,000,000 within NHSC for a pilot program to evaluate the benefit to patient access and practitioner recruitment and retention of extending loan repayment for five years and \$200,000 for providers serving in rural areas that are part of a Health Professional Shortage Area. The Committee also directs HRSA to include an assessment of program utilization and impact in the annual NHSC report to Congress and to submit a final report after completion of the pilot.

Health Professions Education and Training

The Committee includes \$565,404,000 for Health Professions Education and Training Programs authorized under title VII of the PHS Act, \$125,870,000 above the fiscal year 2021 enacted level and \$37,992,000 above the fiscal year 2022 budget request.

Addressing the Shortage of Behavioral Health Professionals.—The Committee is concerned that increased gun violence and the pandemic’s exacerbation of health disparities has unveiled an immediate and desperate need for behavioral health professionals, including social workers, psychologists, counselors, occupational therapists, and psychiatrists. Neuropsychiatrists and advanced practice behavioral nurses are specially trained to diagnose mood disorders or biochemical imbalances. A HRSA report found that

there will be a shortage of 250,000 mental health professionals by 2025. The Committee directs HRSA to submit a report addressing the scope of the shortage of behavioral health professionals, barriers to careers in behavioral health, Federal support available, and recommendations to Congress to address the shortage within 180 days of enactment of this Act.

Social Work Reinvestment Commission.—The Committee is aware that millions of Americans are not receiving the mental, behavioral and social care services they need. The COVID–19 pandemic has increased the need for services. The nation’s 700,000 social workers are the largest provider of these services, so it is imperative that we ensure a robust social work workforce. As such, the Committee directs HRSA in collaboration with SAMHSA, ACF, OMH, and CMS, to conduct a study and to report to Congress and the Secretary on policy issues related to social work recruitment, retention, research and reinvestment. Not later than 18 months after enactment of this Act, HRSA shall submit its findings and recommendations regarding recommendations and strategies to ensure a sufficient and strong social work workforce.

Health Professions Training for Diversity

The Committee supports programs that improve the diversity of the health care workforce. HRSA’s diversity pipeline programs, including the Health Careers Opportunity Program, Centers for Excellence, Faculty Loan Repayment, Nursing Workforce Diversity, and Scholarships for Disadvantaged Students, help advance patient care and ensure opportunity for all health care providers.

Centers of Excellence (COEs).—The Committee includes \$31,711,000 for COEs, \$8,000,000 above the fiscal year 2021 enacted level and \$5,000,000 above the fiscal year 2022 budget request. This program provides grants to health professions schools and other institutions to serve as resource and education centers for the recruitment, training, and retention of underrepresented minority students and faculty. The Committee notes that COEs educate a disproportionate share of health professionals from minority and underserved backgrounds and address the need for a diverse and culturally competent American health care workforce.

Health Careers Opportunity Program (HCOP).—The Committee includes \$20,500,000 for HCOP, \$5,500,000 above the fiscal year 2021 enacted level and \$2,000,000 above the fiscal year 2022 budget request. The Committee notes that HCOPs assist students from minority and economically disadvantaged backgrounds navigate careers into the health professions. The Committee encourages HRSA to continue its improvement of the diversity and distribution of needed health care professionals through the National HCOP Academies.

Faculty Loan Repayment.—The Committee includes \$2,310,000 for Faculty Loan Repayment, \$1,120,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. This program provides loan repayment to health profession graduates from disadvantaged backgrounds who serve as faculty at eligible health professions academic institutions.

Scholarships for Disadvantaged Students (SDS).—The Committee includes \$61,970,000 for SDS, \$10,500,000 above the fiscal year 2021 enacted level and \$10,000,000 above the fiscal year 2022

budget request. This program provides grants to health professions and nursing schools to provide scholarships to students from disadvantaged background who have financial need.

Within this total, the Committee includes \$5,000,000, a \$2,500,000 increase over the fiscal year 2021 enacted level, for grants to educate midwives to address the national shortage of maternity care providers, and specifically the lack of adequate diversity in the maternity care workforce. This amount will double the number of five-year grants first made available beginning in fiscal year 2020.

Primary Care Training and Enhancement

The Committee includes \$49,924,000, an increase of \$1,000,000 above the fiscal year 2021 level and the fiscal year 2022 budget request, for Primary Care Training and Enhancement programs, which support training and direct financial assistance for future primary care clinicians, teachers, and researchers.

Eating Disorders Screening, Brief Intervention, Referral, and Treatment (SBIRT).—The COVID-19 pandemic worsened eating disorders across the nation, with one study reporting up to 76 percent of respondents engaging in eating disorder behaviors. Despite the medical and psychiatric acuity associated with eating disorders, many patients remain undetected and untreated, as only 20 percent of surveyed medical residency programs offer elective training in eating disorders and only six percent require such training. Within the total for Primary Care Training and Enhancement, the Committee provides up to \$1,000,000, in coordination with SAMHSA's National Center of Excellence for Eating Disorders, to provide trainings for primary care health professionals to screen, briefly intervene, and refer patients to treatment for the severe mental illness of eating disorders, as authorized under section 13006 of the 21st Century Cures Act (P.L. 114-255).

Oral Health Training

The Committee includes \$42,673,000 for Oral Health Training, \$2,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request. Within the total, the Committee includes not less than \$14,000,000 for Pediatric Dentistry Programs, an increase of \$2,000,000 above the fiscal year 2021 enacted level. The Committee directs HRSA to provide continuation funding for section 748 post-doctoral training grants initially awarded in fiscal year 2020 and dental faculty loan repayment program (DFLRP) grants initially awarded in fiscal years 2018 and 2021. The Committee directs HRSA to initiate a new pre-doctoral grant cycle, and to initiate a new DFLRP grant cycle with a preference for pediatric dentistry faculty supervising dental students or residents and providing clinical services in dental clinics located in dental schools, hospitals, and community-based affiliated sites.

Interdisciplinary Community-Based Linkages

Area Health Education Centers (AHEC).—The Committee includes \$50,000,000 for the AHEC program, an increase of \$6,750,000 above the fiscal year 2021 level and the fiscal year 2022 budget request. This program links university health science cen-

ters with community health service delivery systems to provide education and training networks.

The Committee encourages HRSA to support AHEC oral health projects that establish primary points of service and address the need to help patients find treatment outside of hospital emergency rooms. The Committee encourages HRSA to work with programs that have already been initiated by some State dental associations to refer emergency room patients to dental networks.

Geriatrics Workforce Enhancement Program (GWEP).—The Committee includes \$52,737,000 for the GWEP program, an increase of \$10,000,000 above the fiscal year 2021 level and \$6,200,000 above the fiscal year 2022 budget request. This program supports training to integrate geriatrics into primary care delivery and develops academic-primary care-community based partnerships to address gaps in health care for older adults.

Mental and Behavioral Health Programs.—The Committee includes \$43,916,000 for Mental and Behavioral Health Programs, an increase of \$6,000,000 above the fiscal year 2021 level.

Graduate Psychology Education (GPE).—Within the total for Mental and Behavioral Health Programs, the Committee includes \$25,000,000, \$6,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request, for the interprofessional GPE Program to increase the number of health service psychologists trained to provide integrated services to high-need, underserved populations in rural and urban communities. The Committee recognizes the severe impact of COVID-19 on Americans' mental and behavioral health and urges HRSA to strengthen investments in the training of health service psychologists to help meet these demands.

Behavioral Health Workforce Education and Training (BHWET).—The Committee includes \$181,000,000 for the BHWET Program, \$69,000,000 above the fiscal year 2021 enacted level \$43,874,000 below the fiscal year 2022 budget request. This program establishes and expands internships or field placement programs in behavioral health serving populations in rural and medically underserved areas.

Adolescent Addiction Medicine and Addiction Psychiatry Workforce.—The Committee applauds HRSA for issuing a funding solicitation for the Addiction Medicine Fellowship (AMF) program and the Mental and Substance Use Disorder Workforce Training Demonstration, as both programs will build the capacity of our nation's addiction medicine physician workforce. However, the Committee remains concerned by the lack of pediatric and adolescent addiction medicine and addiction psychiatry expertise. Currently, there are insufficient opportunities to effectively train a robust mental health and substance use disorder (SUD) workforce. Only 75 of the nation's 179 accredited medical schools offer addiction medicine fellowships, and only one program focuses on fellowship opportunities for pediatric and adolescent addiction medicine and addiction psychiatry. The Committee encourages HRSA to support fellowship programs focused on increasing the number of board certified pediatric and adolescent addiction medicine and addiction psychiatry subspecialists.

Peer Support Specialists in the Opioid Use Disorder Workforce.—Within the total for BHWET, the Committee includes \$15,000,000, an increase of \$2,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request, to fund training, internships, and national certification for mental health and substance abuse peer support specialists to create an advanced peer workforce prepared to work in clinical settings.

Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program.—The Committee includes \$28,000,000 for this program, \$12,000,000 above the fiscal year 2021 enacted level and the same as fiscal year 2022 budget request. This program addresses shortages in the SUD workforce by providing for the repayment of education loans for individuals working in a full-time SUD treatment job that involves direct patient care in either a Mental Health Professional Shortage Area or a county where the overdose death rate exceeds the national average.

An estimated 21 million Americans needed treatment for SUD in 2017, but only four million received any form of treatment. The Bureau of Labor Statistics data has cited tremendous shortfalls in the SUD treatment profession. Without strategic investments in the SUD workforce, this gap will not close and more lives will be lost. Funding is now needed to increase the ranks of a well-trained SUD workforce in communities across America. Congress can save lives by equipping the frontline professionals who prevent and treat addiction, provide recovery support, and help reduce the negative consequences associated with substance use. The Committee directs HRSA to provide a report to the Committee on the progress and implementation of this program within 180 days of enactment of this Act.

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

National Center for Health Workforce Analysis (NCHWA)

The Committee includes \$5,663,000, the same as the fiscal year 2021 enacted level and the fiscal year 2022 budget request, for the NCHWA. This program collects and analyzes health workforce data to provide information on health workforce supply and demand.

Public Health and Preventive Medicine Training Programs

The Committee includes \$23,000,000 for Public Health and Preventive Medicine Training Grant Programs, \$6,000,000 above the fiscal year 2021 enacted level and \$5,000,000 above the fiscal year 2022 budget request. Within this total, the Committee provides an increase of \$3,000,000 for the Preventive Medicine Residency Training Program and an increase of \$3,000,000 for Public Health Training Centers.

Nursing Workforce Development

The Committee recommends \$314,472,000 for Nursing Workforce Development programs authorized under title VIII of the PHS Act, \$50,000,000 above the fiscal year 2021 enacted level and \$46,500,000 above the fiscal year 2022 budget request.

In addition to the amounts above, the American Rescue Plan (P.L. 117–2) included \$200,000,000 in discretionary appropriations to support nursing workforce development in response to the COVID–19 pandemic.

Impact of COVID–19 on the Rural Nursing Workforce.—The Committee directs HRSA to submit a report within 180 days of enactment of this Act on the impact of the current public health emergency on the nursing workforce, especially in rural areas, and summarize strategies to mitigate and address these impacts.

Registered Nurse Shortages.—The Committee is concerned about current and projected shortages of registered nurses (RNs) in the U.S. As discussed in the HRSA publication “Supply and Demand Projections of the Nursing Workforce 2014–2030”, California, New Jersey, South Carolina, and Texas are projected to have a deficit of 10,000 or more full time equivalent RNs by 2030. The Committee directs HRSA to give priority in new funding announcements to public entities for training of additional RNs, specifically for acute care settings. In addition, the Committee directs HRSA to give priority to applicants in States listed by HRSA as having the greatest shortages.

Advanced Nursing Education.—The Committee includes \$82,081,000 for Advanced Nursing Education, \$6,500,000 above the fiscal year 2021 enacted level and \$1,500,000 above the fiscal year 2022 budget request. This program supports traineeships and faculty and curriculum development to increase the number of qualified nurses in the primary care workforce.

Nursing Education, Practice, Quality, and Retention (NEPQR).—The Committee includes \$51,913,000 for NEPQR, \$5,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request. This program supports academic, service, and continuing education projects to enhance nursing education, improve the quality of care, increase nurse retention, and strengthen the nursing workforce.

Nurse Practitioner/Physician Assistant Optional Fellowship Program.—The Committee provides \$15,000,000, an increase of \$10,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request, for grants to establish or expand community-based nurse practitioner residency and fellowship training programs that are accredited, or in the accreditation process, for practicing postgraduate nurse practitioners (NPs) in primary care or behavioral health, where supported education and training specialties will include family, adult family, adult-gerontology, pediatric, women’s health care, nurse midwife, and psychiatric-mental health. The Committee directs HRSA to give preference to FQHCs, as defined by section 1861(aa)(4) of the Social Security Act. The Committee is concerned the Nation is unprepared for health care provider shortages and recognizes that postgraduate programs with this focus, integrating primary care and behavioral health, will help to address this problem. Patients need expert primary care and behavioral health providers prepared to manage the social and

clinical complexities experienced in FQHCs. The program provides residency training and fellowships to enable postgraduate NPs to transition to an integrated model of care consistent with current high standards of NP education and practice meeting the needs of our nation's most vulnerable populations. The events of 2020, from the global COVID-19 pandemic to national recognition of the severity of health disparities and health inequities in our country, has made this even more urgent.

Nursing Workforce Diversity.—The Committee includes \$26,343,000 for Nursing Workforce Diversity, \$6,500,000 above the fiscal year 2021 enacted level and \$3,000,000 above the fiscal year 2022 budget request. This program increases nursing education opportunities for individuals from disadvantaged backgrounds by providing student stipends, scholarships, and preparation and retention activities.

Nurse Corps Scholarship and Loan Repayment.—The Committee includes \$108,635,000 for Nurse Corps, \$20,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request. This program supports scholarships and loan repayment assistance for nurses and nursing students committed to working in communities with inadequate access to care.

In addition, the American Rescue Plan (P.L. 117-2) included \$200,000,000 in discretionary appropriations to support to Nurse Corps in response to the COVID-19 pandemic.

Nursing Faculty Loan Program.—The Committee includes \$30,500,000 for the Nursing Faculty Loan Program, \$2,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request. This program supports schools of nursing to provide loans to students enrolled in advanced nursing education programs who are committed to becoming nurse faculty.

Children's Hospitals Graduate Medical Education (CHGME)

The Committee includes \$400,000,000 for the CHGME payment program, \$50,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request. This program helps eligible hospitals maintain graduate medical education programs, which support the training of residents to care for the pediatric population and enhance the supply of primary care and pediatric medical and surgical subspecialties.

Medical Student Education

The Committee includes \$75,000,000, \$25,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request, to support colleges of medicine at public universities located in the top quintile of States projected to have a primary care provider shortage. The Committee directs HRSA to give priority to applications from academic institutions located in States with the greatest number of Federally-recognized Tribes. The Committee also directs HRSA to give priority to applications from public universities with a demonstrated public-private partnership.

Pediatric Subspecialty Loan Repayment Program

The Committee recognizes that there are significant shortages of pediatric subspecialists, child psychiatrists, and other child mental health providers in underserved areas and includes \$25,000,000 for

the Pediatric Subspecialty Loan Repayment Program under section 775 of the PHS Act. The Committee understands that high graduate debt load is a significant barrier to providers choosing to complete additional training to enable them to provide specialized care for children with special medical and mental health care needs.

National Practitioner Data Bank (NPDB)

The Committee includes \$18,814,000 for the NPDB, the same as the fiscal year 2021 enacted level and the fiscal year 2022 budget request. The NPDB is a workforce tool that collects and discloses information to authorized entities on past adverse actions of health care practitioners, providers, and suppliers to reduce fraud and abuse and improve health care quality.

MATERNAL AND CHILD HEALTH

Appropriation, fiscal year 2021	\$975,284,000
Budget request, fiscal year 2022	1,100,084,000
Committee Recommendation	1,188,784,000
Change from enacted level	+213,500,000
Change from budget request	+88,700,000

The mission of the Maternal and Child Health Bureau (MCHB) is to improve the physical and mental health, safety, and well-being of the Nation’s women, infants, children, adolescents, and their families.

Congenital Syphilis.—The Committee is concerned with the rise in congenital syphilis as well as the need to expand efforts to prevent this disease and reduce infant mortality. To improve the quality of health care to mothers and their children, the Committee encourages MCHB to support efforts to increase prenatal screening for congenital syphilis and postnatal follow-up for both mothers and babies to ensure that congenital syphilis is detected at the earliest possible stage.

Maternal and Child Health (MCH) Block Grant

The Committee recommends \$868,700,000 for the MCH Block Grant, \$156,000,000 above the fiscal year 2021 enacted level and \$46,000,000 above the fiscal year 2022 budget request. States use the MCH Block Grant to improve access to care for mothers, children, and their families; reduce infant mortality; provide pre- and post-natal care; support screening and health assessments for children; and provide systems of care for children with special health care needs.

Special Projects of Regional and National Significance

The Committee continues bill language identifying specific amounts for Special Projects of Regional and National Significance (SPRANS). The Committee provides the following within SPRANS:

Budget Activity	FY 2022 Committee
Set-aside for Oral Health	\$5,250,000
Set-aside for Epilepsy	3,642,000
Set-aside for Sickle Cell Disease	10,000,000
Set-aside for Fetal Alcohol Syndrome	1,000,000

State Oral Health Programs.—The Committee includes \$250,000 to continue demonstration projects to increase the implementation of integrating oral health and primary care practice. The projects should model the core clinical oral health competencies for non-dental providers that HRSA published and initially tested in its 2014 report “Integration of Oral Health and Primary Care Practice”. The Committee encourages the Chief Dental Officer to continue to play a key role in the design, monitoring, oversight, and implementation of these projects.

Alliance for Maternal Health Safety Bundles.—The Committee includes \$14,300,000, an increase of \$5,300,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request, to support continued implementation of the Alliance for Innovation on Maternal Health Program’s maternal safety bundles to all U.S. States, the District of Columbia, and U.S. territories, as well as tribal entities. Maternal safety bundles are a set of targeted and evidence-based best practices that, when implemented, improve patient outcomes and reduce maternal mortality and severe maternal morbidity.

Children’s Health and Development.—There is increasing evidence that experiences in early childhood have long-term health consequences over the course of one’s life. These experiences are critical in all areas of children’s educational, social, and physical development and economic well-being. Children living in persistently high poverty experience more negative health outcomes. The Committee includes \$3,500,000 to build upon the work done to address these challenges, and directs HRSA to fund projects bringing systemic change, such as Statewide systems of early childhood developmental screenings and interventions, in States with high levels of or disparities in childhood poverty. The goal of the program is to yield comprehensive and integrated models for other States to utilize in improving child health and development outcomes.

Early Childhood Development Expert Grants.—The Committee includes \$25,000,000, an increase of \$25,000,000 above the fiscal year 2021 level and \$15,000,000 above the fiscal year 2022 budget request, to place early childhood development experts in pediatrician offices that serve a population with a high percentage of Medicaid and CHIP patients.

Group Prenatal and Postpartum Care Programs.—The Committee recognizes the important role of group prenatal and postpartum care (GPC/PC) programs, such as Centering Pregnancy, can have on improving prenatal care and providing support for expecting mothers. GPC/PC programs provide the opportunity for expectant mothers to learn more about pregnancy, a network of social support, educational tools, and ultimately work towards lowering rates of infant and maternal mortality. The Committee includes \$2,000,000 within SPRANS for grants to establish new or support existing GPC/PC programs.

Hereditary Hemorrhagic Telangiectasia (HHT) Centers of Excellence.—The Committee includes \$2,000,000 to establish a new competitive grant program for HHT Centers of Excellence. This funding will support coordination and expansion of care for HHT patients and participation in a prospective, longitudinal registry of HHT patients to better understand this rare disease and accelerate the development of new diagnostic and treatment options.

Implicit Bias and Racism Training for Health Care Professionals.—The Committee includes \$5,000,000, an increase of \$5,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request, to make grants to train health care providers on identifying and avoiding implicit bias.

Infant-Toddler Court Teams.—The Committee includes \$25,000,000 to continue and expand research-based Infant-Toddler Court Teams to change child welfare practices to improve well-being for infants, toddlers, and their families. The Committee expects this increase of \$15,000,000 above the fiscal year 2021 enacted level to: (1) build upon the work of sites currently supported through the Infant-Toddler Court Program provision of training technical assistance, and additional support for Infant-Toddler Court teams' efforts across the country, and (2) provide grants to plan and support additional Infant-Toddler Court Teams.

Maternal Mental Health Hotline.—The Committee includes \$5,000,000, an increase of \$2,000,000 above the fiscal year 2021 level and \$1,000,000 above the fiscal year 2022 budget request, to support a maternal mental health hotline. The COVID-19 pandemic has exacerbated maternal mental health conditions, with pregnant and new mothers experiencing anxiety and depression at a three to four times higher rate than prior to the pandemic. The hotline shall provide 24 hours a day voice and text support that is culturally and linguistically appropriate. Funds provided shall also be used to raise public awareness about maternal mental health issues and the hotline.

NASEM Study on Bias Recognition in Clinical Skills Testing.—The Committee includes \$1,000,000, \$1,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request, to support a NASEM study that will make recommendations for incorporating bias recognition in clinical skills testing for accredited schools of allopathic medicine and osteopathic medicine.

Pregnancy Medical Home Demonstration.—The Committee includes \$25,000,000, an increase of \$25,000,000 above the fiscal year 2021 level and the same as the fiscal year 2022 budget request, to support a demonstration providing incentives to maternal health care providers to provide integral health care services to pregnant women and new mothers, with the goal of reducing adverse maternal health outcomes and maternal deaths.

Regional Pediatric Pandemic Network.—The Committee provides \$13,000,000, an increase of \$3,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request, within SPRANS to continue the work of the Regional Pediatric Pandemic Network to prepare the pediatric community for and coordinate timely research-informed responses to future pandemics.

State Maternal Health Innovation Grants.—The Committee includes \$53,000,000, \$30,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request, for State Maternal Health Innovation Grants to establish demonstrations to implement evidence-based interventions to address critical gaps in maternity care service delivery and reduce maternal mortality. The demonstrations should be representative of the demographic and geographic composition of communities most affected by maternal mortality.

Sudden Infant Death Syndrome.—The Committee includes \$5,100,000, an increase of \$4,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request, for the National Fetal, Infant, and Child Death Review (FIDCR) program to expand support and technical assistance to States and tribal communities and improve the availability of data on sudden unexpected infant deaths (SUID). The Committee urges HRSA to consider making grants to support families who have experiences SUID by providing information, referrals, or peer or follow-up support services.

Maternal and Child Health Programs

Sickle Cell Anemia Demonstration Program

The Committee includes \$9,205,000 for this program, an increase of \$2,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request. With the start of new five-year grant awards in fiscal year 2022, the Committee is interested in learning how the program is supporting the growth of comprehensive Sickle Cell Disease (SCD) centers that provide the latest treatment options following evidence-based guidelines and have mechanisms to identify and serve patients with SCD, who are not currently being cared for by SCD specialists. The Committee directs HRSA to provide an update in the fiscal year 2023 Congressional Budget Justification on its plans to meet these goals.

Autism and Other Developmental Disorders

The Committee recommends \$57,344,000 for Autism and Other Developmental Disorders, \$4,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. These programs seek to improve the health and well-being of children and adolescents with autism spectrum disorder and other developmental disabilities and to advance best practices for the early identification and treatment of autism and related developmental disabilities.

Leadership Education in Neurodevelopmental and Related Disabilities (LEND).—The Committee provides \$38,245,000, \$2,000,000 above the fiscal year 2021 enacted level and \$856,000 above the fiscal year 2022 budget request, for the LEND program to allow the existing 52 LEND sites to maintain their capacity to train interdisciplinary professionals to screen, diagnose, and provide evidence-based interventions to individuals with autism spectrum disorder and other developmental disabilities.

Heritable Disorders

The Committee provides \$25,883,000 for the Heritable Disorders program, \$7,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request. This program supports activities that strengthen the newborn screening system to ensure infants born in every State receive rapid identification, early intervention, and potentially life-saving treatment.

Severe Combined Immune Deficiency (SCID).—Within the total amount for Heritable Disorders, the Committee provides \$4,000,000, an increase of \$1,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request, to support

wider implementation, education, and awareness of newborn screening and follow-up for SCID and other newborn screening disorders. The Committee recognizes the progress that has been made in screening for SCID at birth to enable early interventions, including bone marrow transplantations and emerging investigational gene therapies. This work has been extremely beneficial to families who will soon have access to additional support with the launch of a virtual, facilitated caregiver support group this year. The Committee directs HRSA to continue supporting this and related work that focuses on helping families understand and navigate the process from diagnosis to treatment and follow-up and to expand access to these resources for providers and families of infants with SCID and other newborn screening disorders with a focus on reaching underserved populations.

Healthy Start

The Committee recommends \$145,000,000 for the Healthy Start program, \$17,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request. The program provides grants to communities with high rates of infant mortality to support primary and preventive health care services for mothers and their infants.

The primary purpose of Healthy Start is to reduce maternal and infant mortality and to generally improve maternal and infant health. Grants are awarded to nonprofits, State and local health departments and community health centers in eligible communities with high rates of infant mortality and other adverse birth outcomes, to develop a package of innovative health and social services for pregnant women and infants, and evaluate those services. Funding is provided to both increase funding to existing grantees so they can increase the number of individuals served and to support new, additional awards to community-based organizations for targeted initiatives to reduce disparities in maternal and infant health outcomes.

Remote Blood Pressure Monitoring Initiative.—Preeclampsia/eclampsia is the most dangerous form of hypertension that can develop during pregnancy or the postpartum period, affecting as many as one in twelve pregnancies and resulting in 15 percent of premature infant deaths. While new preeclampsia diagnostics are being evaluated by the Food and Drug Administration (FDA), the Committee understands that medical providers continue to rely on regular blood pressure monitoring to identify pregnant and postpartum people at highest risk of developing preeclampsia. The Committee also understands that preeclampsia disproportionately affects racial and ethnic minorities and those living in rural communities, and supports efforts to improve blood pressure monitoring for people lacking access to consistent prenatal care, particularly efforts to support remote blood pressure monitoring of pregnant people through use of blood pressure cuffs and easy-to-understand patient information to identify the signs and symptoms of preeclampsia and allow patients to proactively engage their health providers. The Committee urges the Healthy Start Program to work with States, health care providers, and nonprofit patient organizations to design and support an initiative that will strengthen

remote blood pressure monitoring programs among high-risk vulnerable populations and communities.

Maternal Mortality.—The Committee recognizes the rising maternal mortality rate in the U.S. as a pressing public health issue. Analysis of maternal mortality review committee data indicates that over 60 percent of pregnancy-related deaths are preventable. The Committee continues to provide no less than \$15,000,000, the same as the fiscal year 2021 enacted level and the fiscal year 2022 budget request, for Healthy Start grantees to support nurse practitioners, certified nurse midwives, physician assistants, and other maternal-child advance practice health professionals within all program sites nationwide. Clinical staff will provide direct access to well-woman care and maternity care services to reduce barriers in access to maternity care and help address maternal health disparities among high-risk and underserved women. Clinical staff will also support health educators by conducting training on maternal early warning signs.

Universal Newborn Hearing Screening

The Committee includes \$19,518,000 for the Universal Newborn Hearing Screening program, an increase of \$1,700,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request. This program awards grants to 53 States and territories to support Statewide systems of newborn hearing screening and early intervention programs.

Emergency Medical Services for Children

The Committee includes \$28,134,000 for Emergency Medical Services for Children, an increase of \$5,800,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. Funding is available to every State emergency medical services office to improve the quality of emergency care for children and to support research on and dissemination of best practices.

Screening and Treatment for Maternal Depression and Related Disorders State Grants

The Committee provides \$10,000,000 for the Screening and Treatment of Maternal Depression and Related Behavioral Disorders Program (MDRBD), an increase of \$5,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. Maternal mental health (MMH) conditions are the most common pregnancy and postpartum complication; however, 75 percent of mothers go untreated. The COVID-19 pandemic has exacerbated maternal mental health conditions, with pregnant and new mothers experiencing anxiety and depression at a three to four times higher rate than prior to the pandemic. MDRBD trains health care providers to screen, assess, and treat for MMH conditions and provide specialized psychiatric consultation to assist the providers. The Committee directs HRSA to make grants to establish new State programs, and improve or maintain existing State programs. Grants shall include culturally competent approaches to assist in the reduction of maternal health inequities. The Committee recognizes the high need amongst States and directs MDRBD to provide technical assistance to non-grantee States.

Pediatric Mental Health Access

The Committee includes \$25,000,000 for Pediatric Mental Health Access, an increase of \$15,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request. This program supports expanded access to behavioral health services in pediatric primary care by supporting the development of pediatric mental health care telehealth access programs.

Maternal, Infant, and Early Childhood Home Visiting Program

The Committee recognizes that good oral health is an important component for improving the health and well-being of children and families. The Committee encourages HRSA to explore opportunities to facilitate linkages between the agency’s Home Visiting Program and Community Dental Health Coordinators, where available. The Committee also encourages HRSA to work with oral health initiatives such as Community Dental Health Coordinators that have already been initiated by dental organizations to provide dental education, community-based prevention, care coordination, and patient navigation to children and vulnerable families.

RYAN WHITE HIV/AIDS PROGRAM

Appropriation, fiscal year 2021	\$2,423,781,000
Budget request, fiscal year 2022	2,554,781,000
Committee Recommendation	2,654,781,000
Change from enacted level	+231,000,000
Change from budget request	+100,000,000

The Ryan White Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) program funds activities to address the care and treatment of persons living with HIV/AIDS who are either uninsured or underinsured and need assistance to obtain treatment. The program provides grants to States and eligible metropolitan areas to improve the quality, availability, and coordination of health care and support services to include access to HIV-related medications; grants to service providers for early intervention outpatient services; grants to organizations to provide care to HIV infected women, infants, children, and youth; and grants to organizations to support the education and training of health care providers.

Within the total for the Ryan White HIV/AIDS program, the Committee provides the following amounts:

Budget Activity	FY 2022 Committee
Emergency Assistance	\$700,876,000
Comprehensive Care Programs	1,387,005,000
<i>AIDS Drug Assistance Program</i>	<i>900,313,000</i>
Early Intervention Program	207,079,000
Children, Youth, Women, and Families	80,088,000
AIDS Dental Services	15,122,000
Education and Training Centers	44,611,000
Special Projects of National Significance	30,000,000
Ending the HIV Epidemic Initiative	190,000,000

Ending the HIV Epidemic (EHE) Initiative.—The Committee includes \$190,000,000 within the Ryan White HIV/AIDS Program for the EHE Initiative, an increase of \$85,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget re-

quest. Funds are distributed to high-need jurisdictions to increase linkage, engagement, and retention in care with the goal of increasing viral suppression among people living with HIV.

Ryan White Part A Formula Disparities.—The Committee directs HRSA to take action to revise and improve the funding formula disparities under Part A of the Ryan White HIV/AIDS Program. Funding allocations utilized under the Ryan White HIV/AIDS Treatment Extension Act of 2009 are largely based on a formula which considers the place of residence of persons at the time of initial diagnosis when making formula-based grants. Under current law, if a person diagnosed with HIV in one area of the country moves to another part of the country, the funding for the case is not transferred to the new location. Therefore, the Committee directs HRSA to develop methods for calculating RWHAP formula funds to reflect the number of persons living with HIV in eligible jurisdictions, as well as other factors that reflect variability in funds and other resources. Additionally, HRSA should review their methods for awarding supplemental funds to effectively and accurately address the need for RWHAP Part A funds among eligible jurisdictions and report their findings back to the Committee within 180 days of enactment of this Act.

HEALTH CARE SYSTEMS

Appropriation, fiscal year 2021	\$129,093,000
Budget request, fiscal year 2022	136,093,000
Committee Recommendation	147,093,000
Change from enacted level	+18,000,000
Change from budget request	+11,000,000

The Health Care Systems Bureau supports national activities that enhance health care delivery in the U.S., including maintaining a national system to allocate and distribute donor organs to individuals awaiting transplant; building an inventory of cord blood units; maintaining a national system for the recruitment of bone marrow donors; operating the 340B drug discount program; and operating a national toll-free poison control hotline.

Organ Transplantation

The Committee includes \$34,049,000 for the Organ Transplantation program, \$5,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request.

Maximizing Deceased Donor Organ Recovery, Acceptance, and Utilization.—The Committee supports swift implementation of the CMS final rule for Organ Procurement Organizations (OPOs) Conditions for Coverage (CMS–3380–F), including efforts to decertify underperforming OPOs. OPO failures are disproportionately borne by patients of color, which means OPO reform is an urgent health equity issue. The Committee believes swift and effective implementation of the Final Rule is a first step toward ensuring OPOs perform their public duties to secure more organs in an inclusive and equitable manner. The Committee supports regulatory and enforcement efforts to minimize excessive and frivolous expenses reimbursed by Medicare, including the CMS proposed rule on Medicare reimbursement for organ acquisition costs (CMS–1752–P). The Committee also encourages HHS to make all efforts to promote competition for the Organ Procurement and Transplantation Net-

work (OPTN) contract, and to use the announced movement of the Division of Transplantation to the Office of the Assistant Secretary for Health to facilitate coordinated organ donation reforms.

Reimbursement of Travel and Subsistence Expenses Toward Living Organ Donation Program.—The Committee includes \$18,800,000, an increase of \$12,800,000 above the fiscal year 2021 enacted level and \$5,000,000 above the fiscal year 2022 budget request, for the Living Organ Donation Program. The Committee supports the expansion of this program to reimburse a comprehensive range of living donor expenses for the greatest possible number of donors, including lost wages, childcare, eldercare, similar expenses for donor caretakers, and removing other disincentives to donation. The Committee supports significant expansion of income eligibility for the program to allow as many donors as possible to qualify and to ensure that financial reimbursement and monetary exchange take place outside of the organ donor-organ recipient relationship to the greatest extent possible.

National Cord Blood Inventory (NCBI)

The Committee includes \$20,266,000 for the NCBI, an increase of \$2,000,000 above the fiscal year 2021 level and the fiscal year 2022 budget request. The NCBI program supports cord blood banks to build an inventory of the highest quality cord blood units for transplantation. The National Cord Blood Inventory program builds a genetically and ethnically diverse inventory of high-quality umbilical cord blood for transplantation. The Committee applauds HRSA for the growth of the number of units collected and maintained under the NCBI.

C.W. Bill Young Cell Transplantation

The Committee includes \$33,009,000 for the C.W. Bill Young Cell Transplantation program, an increase of \$2,000,000 above the fiscal year 2021 level and the fiscal year 2022 budget request. This program supports coordinating the procurement of bone marrow and umbilical cord blood units for transplantation.

The Committee continues to support cell transplantation using bone marrow, peripheral blood stem cells, and cord blood. The Committee appreciates HRSA's efforts to increase the diversity of the volunteer registry and has provided funding above the budget request to significantly reduce barriers to transplant for patients. This includes increasing targeted donor recruitment efforts, intervening with community referring physicians upon patient diagnosis to accelerate the path to transplant, and propelling innovation to improve outcomes and establish new treatment options to ensure a matched donor for all searching patients, regardless of their racial/ethnic background, socioeconomic status, age, ancestry, or any other individually defining characteristic. The highest priority should be given to providing immediate and free testing of patients' cellular markers to quickly determine if a there is an available matched donor. Eliminating these barriers would allow therapies for patients to be delivered on time and to provide equal and successful outcomes for all.

Office of Pharmacy Affairs (OPA)

The Committee includes \$17,238,000 for OPA, \$7,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. OPA administers the 340B drug pricing program, which was designed to help safety net providers maintain, improve, and expand patient access to health care services. The 340B program has lowered the cost of outpatient drugs to health clinics and nonprofit and public hospitals that serve a disproportionate share of low-income and rural patients. These entities provide additional services and benefits to their communities with the savings realized. Funding will support implementation of 340B Program statutory obligations, oversight of participating manufacturers and covered entities, operational improvements, and increased efficiencies using information technology.

340B Drug Discount Program.—The Committee recognizes that the 340B program is a critical lifeline to safety net providers, including Community Health Centers. Health Centers are model stewards of the program and reinvest 340B savings to “stretch scarce Federal resources as far as possible, reaching more eligible patients and providing more comprehensive services”, as Congress intended. The Committee is pleased that HRSA sent letters to six pharmaceutical companies on May 17, 2021, determining that ongoing actions by the companies have resulted in overcharges to 340B covered entities. Furthermore, the Committee notes that HRSA articulated that continued failure to provide the 340B price to covered entities utilizing contract pharmacies may result in Civil Monetary Penalties, as described in the final Civil Monetary Penalty rule. The Committee encourages HRSA to continue to use its authority and any available measures, including the imposition of civil penalties, where appropriate, to hold those drug manufacturers in violation of the law directly accountable. The Committee directs HRSA to provide a report no later than 120 days after enactment of this Act on actions taken to safeguard covered entities’ lawful access to discounted drugs.

The Committee is aware that in 2011, GAO issued a report outlining five recommendations for HRSA to improve performance and accountability within the 340B program. The Committee commends HRSA for implementing three of those recommendations and directs HRSA to report to the Committee within 120 days of enactment of this Act on plans to implement the remaining two recommendations, which focus on clarifying eligibility criteria for 340B patients and providers. The Committee also directs GAO to update the 2011 report on the performance of the 340B program.

Poison Control Centers

The Committee includes \$26,846,000 for Poison Control Centers, an increase of \$2,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request. The Poison Control Centers program supports a national network of centers that prevent and treat poison exposures by providing cost effective, quality health care advice to the public and health care providers.

Hansen’s Disease Program

The Committee includes \$13,706,000 for the Hansen’s Disease Program, \$122,000 for Hansen’s Disease Buildings and Facilities,

and \$1,857,000 for Payments to Hawaii for Treatment of Hansen’s Disease. These funding levels are the same as the fiscal year 2021 enacted levels and the amounts requested in the fiscal year 2022 budget request. The programs support inpatient, outpatient, long-term care, as well as training and research in Baton Rouge, Louisiana; a residential facility at Carville, Louisiana; 11 outpatient clinic sites in the continental U.S. and Puerto Rico; repair and maintenance of buildings at the Gillis W. Long Hansen’s Disease Center; and medical care and treatment of persons with Hansen’s disease in hospital and clinic facilities at Kalaupapa, Molokai, and Honolulu, Hawaii.

RURAL HEALTH

Appropriation, fiscal year 2021	\$329,519,000
Budget request, fiscal year 2022	400,209,000
Committee Recommendation	400,209,000
Change from enacted level	+70,690,000
Change from budget request	---

The Federal Office of Rural Health Policy’s programs provide funding to improve access, quality, and coordination of care in rural communities; for research on rural health issues; for technical assistance and recruitment of health care providers; for screening activities for individuals affected by the mining, transport, and processing of uranium; for the outreach and treatment of coal miners and others with occupation-related respiratory and pulmonary impairments; and for the expansion of telehealth services.

Rural Health Outreach Programs

The Committee includes \$90,000,000 for Rural Health Outreach Programs, an increase of \$7,500,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. This program supports projects that demonstrate new and innovative modes of outreach in rural areas, such as integration and coordination of health services.

Rural Maternity and Obstetrics Management Strategies (RMOMS).—The Committee recommendation includes \$10,400,000 for RMOMS, an increase of \$5,400,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. RMOMS supports grants to improve access to and continuity of maternal and obstetrics care in rural communities by increasing the delivery of and access to preconception, pregnancy, labor and delivery, and postpartum services, as well as developing sustainable financing models for the provision of maternal and obstetrics care.

Rural Health Research and Policy Development

The Committee includes \$11,576,000 for Rural Health Research and Policy Development, an increase of \$500,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request. Funding supports the Federal Office of Rural Health Policy’s activities to analyze, advise the Secretary, and provide information to the public regarding issues that affect the availability, access to, and quality of health care in rural areas.

Rural Hospital Flexibility Grants

The Committee includes \$79,009,000 for Rural Hospital Flexibility Grants, \$23,400,000 above the fiscal year 2021 enacted level and \$21,500,000 above the fiscal year 2022 budget request. These programs support States to assist small and critical access rural hospitals to remain economically viable and to provide high-quality care.

Small Rural Hospital Improvement Program (SHIP).—The Committee recommendation includes \$23,242,000 for SHIP, an increase of \$2,300,000 over the fiscal year 2021 enacted level and the fiscal year 2022 budget request.

Rural Emergency Hospital Technical Assistance Program.—The Committee includes \$10,000,000 within the total for Rural Hospital Flexibility Grants to establish the Rural Emergency Hospital Technical Assistance Program. This program will provide technical assistance from existing State Flexibility Programs and other stakeholders to assist facilities in the implementation of the new Rural Emergency Hospital model.

Rural Provider Modernization Technical Assistance Program.—The Committee includes \$5,000,000 within the total for Rural Hospital Flexibility Grants to establish the Rural Provider Modernization Technical Assistance Program. This program will provide technical assistance to hospitals and other health care providers to implement sustainable models of care that address social determinants of health and health equity.

Rural Provider Modernization Grants.—The Committee includes \$4,000,000 within the total for Rural Hospital Flexibility Grants to establish the Rural Provider Modernization Grants program. This program will make grants to support hospitals, public health departments, clinics, and community-based organizations to plan and implement emerging, sustainable models of care.

State Offices of Rural Health

The Committee includes \$13,000,000 for State Offices of Rural Health, \$500,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request. HRSA supports the establishment and operation of State offices of rural health to strengthen rural health care delivery system.

Black Lung Clinics

The Committee includes \$12,190,000 for Black Lung Clinics, an increase of \$690,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. This program funds clinics that treat respiratory and pulmonary diseases of active and retired coal miners, steel mill workers, agricultural workers, and others with occupationally-related respiratory and pulmonary impairments.

Radiation Exposure Screening and Education Program (RESEP)

The Committee includes \$2,734,000 for the RESEP program, an increase of \$900,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. This program provides grants for the education, prevention, and early detection of radiogenic cancers and diseases resulting from exposure to uranium during mining and milling at nuclear test sites.

Telehealth

The Committee includes \$39,000,000 for Telehealth, an increase of \$5,000,000 above the fiscal year 2021 enacted level and \$2,500,000 above the fiscal year 2022 budget request. Funds support the Office for the Advancement of Telehealth, which promotes the effective use of technologies to improve access to health services for people who are isolated from health care and to provide distance education for health professionals.

Telehealth Centers of Excellence.—The Committee includes \$7,500,000 for Telehealth Centers of Excellence, an increase of \$1,000,000 above the fiscal year 2021 enacted level. Grantees examine the efficacy of telehealth services in rural and urban areas and serve as a national clearinghouse for telehealth research and resources. The Centers of Excellence serve to promote the adoption of telehealth programs across the country by validating technology, establishing training protocols, and by providing a comprehensive template for States to integrate telehealth into their State health provider network. Additional funding for the Centers of Excellence will support the development of models of care and best practices for the expansion of telemental health.

Urban Focused Telehealth Network Grant Program.—The Committee believes that a fundamental element to ensuring our health care system is prepared for pandemic events is the development of robust telehealth services and integrated systems that can provide a continuum of care across State and regional lines. This is especially true in the nation's urban areas, where a pandemic event has the potential to disproportionately impact and overwhelm the health care and delivery system. The Committee believes increased investments in urban telehealth services could have a tremendous impact on the health and well-being of the nation's most vulnerable citizens and medically underserved populations, especially during times of national public health emergencies. The Committee encourages HRSA to establish a pilot program to expand academic health system telehealth programs aimed at addressing the health inequities of urban populations.

Rural Health Residency Program

The Committee includes \$12,700,000 for the Rural Health Residency Program, an increase of \$2,200,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. This program funds physician residency training programs that support physician workforce expansion in rural areas.

The COVID-19 pandemic has exacerbated the challenges in access to care faced by Americans in rural areas, particularly when they require specialty care. The Committee commends the Federal Office of Rural Health Policy for its efforts to expand the physician workforce in rural areas and supports continuation and expansion of the program to develop new rural residency programs, or Rural Training Tracks (RTTs). This Committee encourages HRSA to expand the current program to include RTTs in obstetrics and gynecology, as women in rural communities are more likely to begin prenatal care late and are more likely to experience maternal mortality and severe maternal morbidity. The Committee requests a report in the fiscal year 2023 Congressional Budget Justification on

the progress made to date and efforts to expand RTTs in obstetrics and gynecology.

Rural Communities Opioids Response

The Committee includes \$140,000,000 to continue the Rural Communities Opioids Response program, an increase of \$30,000,000 above the fiscal year 2021 enacted level and \$25,000,000 below the fiscal year 2022 budget request. The Committee recognizes the devastating impact the opioid epidemic has had on rural communities and how the COVID-19 pandemic has worsened the opioid crisis. The Committee expands funding to support treatment for and prevention of substance use disorders, including opioid abuse, focusing on rural communities with the highest risk for substance use disorders. Within the funding provided, the Committee includes \$10,000,000 to continue the three Rural Centers of Excellence, as established by Public Law 115-245 and continued in Public Law 116-94.

FAMILY PLANNING

Appropriation, fiscal year 2021	\$286,479,000
Budget request, fiscal year 2022	340,000,000
Committee Recommendation	400,000,000
Change from enacted level	+113,521,000
Change from budget request	+60,000,000

The Committee includes \$400,000,000 for the Family Planning program, \$113,521,000 above the fiscal year 2021 enacted level and \$60,000,000 above the fiscal year 2022 budget request. In addition, the American Rescue Plan (P.L. 117-2) included \$50,000,000 in funding to support emergency needs of the Family Planning program due to the COVID-19 public health emergency.

The Family Planning program administers Title X of the Public Health Service Act. This program plays a vital role not only in ensuring access to affordable contraceptive education, services, and supplies, but also in STD prevention, screening, and treatment; cervical and breast cancer screenings; first-line infertility services; and other community and health care services.

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

Telehealth Guidance.—The Committee recognizes that the COVID-19 pandemic has increased the importance of access to telehealth services across the health care system, including for Title X providers and patients. The Committee urges the OPA to release telehealth guidance and best practices for Title X projects that reiterate the importance of telehealth in providing quality family planning services.

Ensuring Health Equity.—The Committee recognizes that the Title X program remains an important component of the health care safety net and is essential to addressing health inequities. Building a more inclusive Title X program requires focusing on grantmaking that will continue this work.

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

Estimated Need for Services.—The Committee requests the Secretary conduct a study, within 270 days of enactment of this Act, reflecting the current estimated need for Title X services and cost required to provide such updating the 2016 study published in the American Journal of Public Health.

PROGRAM MANAGEMENT

Appropriation, fiscal year 2021	\$155,300,000
Budget request, fiscal year 2022	167,971,000
Committee Recommendation	536,407,000
Change from enacted level	+381,107,000
Change from budget request	+368,436,000

Program management supports the cost of Federal staff and related activities to coordinate, direct, and manage the programs of HRSA.

HRSA Chief Dental Officer.—The Committee is disturbed to learn that despite its directive in House Report (116–450) to have HRSA ensure that the Chief Dental Officer (CDO) is functioning at an executive level authority with resources and staff to oversee and lead all oral health programs and initiatives across HRSA, no such authority has been delegated. The Committee directs HRSA to restore the authority of HRSA CDO with executive level authority and resources to oversee and lead HRSA dental programs and initiatives as well as have a role within oral health across the agency. The CDO is also expected to serve as the agency representative on oral health issues to international, national, State, and/or local government agencies, universities, and oral health stakeholder organizations. The Committee requests an update as part of the fiscal year 2023 Congressional Budget Justification on how the CDO is serving as the agency representative on oral health issues to international, national, State and/or local government agencies, universities, and oral health stakeholder organizations.

Action for Dental Health.—With the enactment of the Action for Dental Health Act of 2018, the Committee encourages HRSA to expand oral health grants for innovative programs under PHS Act Section 340G (42 USC Section 256g) to include Action for Dental Health activities. The Action for Dental Health program helps reduce barriers to dental care through oral health education, prevention, and the establishment of dental homes for underserved populations.

Oral Health Literacy.—The Committee includes \$500,000 to continue the development of an oral health awareness and education

campaign across relevant HRSA divisions, including the Health Centers Program, Oral Health Workforce, Maternal and Child Health, Ryan White HIV/AIDS Program, and Rural Health. The Committee directs HRSA to identify oral health literacy strategies that are evidence-based and focused on oral health care prevention and education, including prevention of oral disease such as early childhood and other caries, periodontal disease, and oral cancer. The Committee urges HRSA to ensure that the Chief Dental Officer plays a key role in the design, monitoring, oversight, and implementation of this project.

Targeted Investments in Impoverished Areas.—The Committee supports targeted investments in impoverished areas, particularly in persistent poverty counties and in other high-poverty census tracts. The Committee directs HRSA to develop and implement measures to increase the share of investments its programs in persistent poverty counties, high-poverty areas, and any other impoverished communities that HRSA determines to be appropriate areas to target. The Committee appreciates the report HRSA provided in response to the Committee’s request in House Report 116–450 and directs the Department to provide an update to the Committee within 180 days of enactment of this Act on how HRSA is carrying out this directive.

Community Project Funding

The Committee includes \$367,415,000 for projects financing the construction and renovation (including equipment) of health care and other facilities and for one-time grants supporting other health-related activities. The budget request does not include funding for this purpose. The Committee includes \$4,000,000 within this total for agency administrative expenses. The bill includes funding for the following projects in the following amounts:

Project	Amount
26Health, Orlando, FL for purchase of equipment	\$250,000
Advocate Health and Hospitals Corporation dba Advocate Christ Medical Center, Oak Lawn, IL for facilities and equipment	150,000
Advocate Illinois Masonic Medical Center, Chicago, IL for facilities and equipment	300,000
Affinia Healthcare, Saint Louis, MO for facilities and equipment	2,000,000
Aging in PACE Washington, Seattle, WA for facilities and equipment	700,000
AIDS Care Group, Chester, PA for facilities and equipment	1,000,000
Aleutians East Borough, Sand Point, AK for facilities	2,000,000
Alzheimer’s Foundation of America, Amityville, NY for education and training services	100,000
Andy’s Angels, Jackson, MI for facilities	300,000
Arc of the Ozarks, Springfield, MO for equipment and autism diagnostic and treatment services	800,000
Asian American Drug Abuse Prevention, Los Angeles, CA for a health initiative	250,000
Asian American Health Coalition, d/b/a HOPE Clinic, Houston, TX for a health initiative, including facilities and equipment	1,000,000
Asian American Health Coalition, d/b/a HOPE Clinic, Houston, TX for facilities and equipment	2,000,000
Atlantic Health System, Morristown, NJ for facilities and equipment at Atlantic Health System—Newton Medical Center	750,000
Aurora Community Mental Health Center, Aurora, CO for facilities and equipment	1,000,000
Autism New Jersey, Robbinsville, NJ for facilities and equipment and purchase of information technology	200,000
Avenidas, Palo Alto, CA for facilities and equipment for the Avenidas Rose Kleiner Center	150,000
Ballad Health, Johnson City, TN for facilities	450,000
BANJ Health Center Inc., Compton, CA for a health initiative	50,000
Baptist Health Hardin, Elizabethtown, KY for facilities and equipment	300,000
Battle Ground Healthcare, Battle Ground, WA for facilities and equipment	320,000
Bay Area Community Health, Fremont, CA for an electronic health records initiative	1,000,000
Baylor College of Medicine, Houston, TX for facilities and equipment	1,100,000

Project	Amount
Beach Cities Health District, Redondo Beach, CA for facilities and equipment for the Youth Wellness Center	1,000,000
Benton County, Kennewick, WA for facilities	2,000,000
Bethel School District #403, Spanaway, WA for facilities and equipment for the School-Based Health Clinic at Graham-Kapowsin High School	2,000,000
Bexar County Hospital District d/b/a University Health, San Antonio, TX for a health initiative	300,000
Blood Bank of Hawaii, Honolulu, HI for facilities and equipment	2,000,000
Bluefield State College, Bluefield, WV for facilities	300,000
Board of Trustees of the University of Illinois, Urbana, IL for facilities	2,000,000
Bon Secours Mercy Health Inc., Cincinnati, OH for facilities and equipment	1,000,000
Bowling Green-Warren County Community Hospital Corporation dba The Medical Center at Caverna, Horse Cave, KY for facilities and equipment	250,000
Brooklyn Communities Collaborative, Inc., Brooklyn, NY for a telehealth and electronic medical records initiative	875,000
Brooklyn Hospital Center, Brooklyn, NY for facilities and equipment	2,000,000
Broward Community and Family Health Centers, Inc., Hollywood, FL for facilities and equipment	225,000
Brownsville Community Development Corporation dba BMS Family Health and Wellness Centers, Brooklyn, NY for facilities and equipment	1,000,000
Bucks County Department of Mental Health: Developmental Programs, Doylestown, PA for facilities	500,000
Burre Dental Center, Arcata, CA for facilities and equipment	1,000,000
C.W. Williams Community Health Center, Charlotte, NC for facilities and equipment	1,150,000
California State University, Dominguez Hills, Carson, CA for facilities and equipment and an electronic medical records initiative	700,000
Camino Community Development Corp., Charlotte, NC for facilities and equipment and an electronic health records initiative	200,000
Cape Cod Healthcare, Hyannis, MA for an electronic health records initiative	1,500,000
Capital Health System, Inc., Trenton, NJ for purchase of equipment	550,000
Capstone Rural Health Center, Parrish, AL for facilities	725,000
Care Plus Bergen Inc. DBA Bergen New Bridge Medical Center, Paramus, NJ for facilities and equipment	2,000,000
CareSTL Health, Saint Louis, MO for facilities and equipment	1,000,000
Caridad Center, Inc., Boynton Beach, FL for facilities and equipment	1,150,000
Cedars-Sinai, Los Angeles, CA for facilities and equipment	1,000,000
Center for African American Health, Denver, CO for facilities and equipment	1,000,000
Central Michigan University College of Medicine, Mount Pleasant, MI for telepsychiatry services, equipment, and associated information technology	370,000
Centre Volunteers in Medicine, State College, PA for facilities and equipment	1,065,000
Centro De Salud Familiar La Fe, Inc., El Paso, TX for facilities and equipment	925,000
Centro Las Americas, Inc., Worcester, MA for a telehealth and electronic health records initiative, including the purchase of equipment	975,000
Chestnut Health Systems, Bloomington, IL for facilities and equipment	430,000
Child Focus, Inc., Cincinnati, OH for facilities and equipment	1,000,000
Children's Health System of Texas, Dallas, TX for facilities and equipment	850,000
Children's Hospital Colorado, Anschutz Medical Campus, Aurora, CO for a health training initiative	500,000
Children's Hospital Los Angeles, Los Angeles, CA for equipment	550,000
Children's Hospital Los Angeles, Los Angeles, CA for purchase of equipment	1,600,000
Children's Hospital of Wisconsin, Inc., Wauwatosa, WI for equipment	400,000
Children's National Hospital, Washington, DC for facilities and equipment	2,000,000
Chiricahua Community Health Centers, Inc., Douglas, AZ for facilities and equipment	625,000
Christian Community Health Center, Chicago, IL for purchase of equipment	20,000
Church Health Center of Memphis, Memphis, TN for facilities and equipment	350,000
City of Auburn, WA for facilities and equipment for the Auburn Consolidated Resource Center	500,000
City of Baltimore, MD for facilities and equipment and a telehealth initiative	2,325,000
City of Brooklyn Center, MN for a health initiative	100,000
City of Hope Duarte Medical Center, Duarte, CA for purchase of equipment	450,000
City of Hope National Medical Center, Duarte, CA for equipment	700,000
City of Hope National Medical Center, Duarte, CA for equipment	1,200,000
City of Houston Fire Department, Houston, TX for facilities and equipment	450,000
City of Houston Health Department, Houston, TX for facilities and equipment	900,000
City of Long Branch, NJ for facilities and equipment for the City of Long Branch Health Department	2,000,000
City of Morgantown, WV for facilities and equipment	100,000
City of Mount Sterling, KY for facilities and equipment	1,000,000
City of Rochester Department of Recreation and Human Services, Rochester, NY for facilities and equipment	225,000
City of West Wendover, NV for facilities and equipment	320,000
Clinica Amistad, Tucson, AZ for a telehealth initiative and purchase of equipment	185,000
Clinicas de Salud del Pueblo, El Centro, CA for facilities and equipment	1,000,000

Project	Amount
Colorado Coalition for the Homeless, Denver, CO for facilities and equipment	2,000,000
Columbus Neighborhood Health Center, Inc., dba PrimaryOne Health (P1H), Columbus, OH for facilities and equipment	500,000
Commonwealth Healthcare Corporation, Sapien, MP for facilities and equipment	1,200,000
CommuniCare Health Centers, Davis, CA for facilities and equipment	400,000
Community College District 502—College of DuPage, Glen Elyn, IL for purchase of equipment	500,000
Community Health Access Network, Newmarket, NH for an electronic medical records initiative	700,000
Community Health Centers of Pinellas, Inc., Clearwater, FL for facilities and equipment	2,000,000
Compass Health, Everett, WA for facilities and equipment	2,000,000
ComWell, Red Bud, IL for rural mental health and psychiatric care	250,000
Contra Costa Regional Medical Center, Martinez, CA for a health training and electronic health records initiative	900,000
Cooper University Health Care, Camden, NJ for facilities and equipment	500,000
Cornerstone Care, Inc., Greensboro, PA for facilities and equipment for a facility in Clairton, PA	1,500,000
Cornerstone Services, Inc., Joliet, IL for facilities and equipment	1,050,000
County of Alameda, Oakland, CA for facilities and equipment for the West Oakland Health Council	1,250,000
County of Benton, Corvallis, OR for facilities and equipment for the Benton County Crisis Respite Center	1,000,000
County of Clear Creek, Georgetown, CO for facilities and equipment for the Clear Creek County Collaborative Care Center	1,000,000
County of Contra Costa Health Services Department, Behavioral Health Division, Martinez, CA for facilities and equipment	1,000,000
County of Fairfax, Fairfax, VA for facilities and equipment for the Merrifield Crisis Response Center	2,000,000
County of Fairfax, VA for a health information technology initiative, including purchase of equipment ...	375,000
County of Fairfax, VA for a health IT initiative	800,000
County of Franklin, Columbus, OH for facilities and equipment for the Franklin County Mental Health and Addiction Crisis Center	500,000
County of Henrico, Henrico, VA for facilities and equipment	1,000,000
County of Lane, Eugene, OR for facilities and equipment for a rural community health clinic in Cottage Grove, OR	1,500,000
County of Orange, Orlando, FL for a health workforce initiative	300,000
County of Orange, Santa Ana, CA for facilities	2,000,000
County of Prince George's Department of Health, Largo, MD, for a telehealth initiative, including purchase of equipment	4,000,000
County of Prince William, Prince William, VA for a health initiative	800,000
County of Santa Barbara, Santa Barbara, CA for facilities and equipment for the Lompoc Health Clinic	900,000
County of Santa Clara, San Jose, CA for a health workforce initiative	1,000,000
County of Wayne, Honesdale, PA for facilities and equipment	2,000,000
Dallas County Hospital District d/b/a Parkland Health & Hospital System, Dallas, TX for facilities and equipment	275,000
Day Kimball Hospital, Putnam, CT for facilities and equipment	550,000
Delaware Division of Libraries, Dover, DE for a telehealth initiative, including the purchase of equipment	275,000
Delaware-Morrow Mental Health & Recovery Services Board, Delaware, OH for facilities	750,000
Denver Health and Hospital Authority, Denver, CO for facilities and equipment	1,200,000
Dientes Community Dental Care, Santa Cruz, CA for facilities and equipment	1,050,000
Dimock Community Health Center, Inc. d/b/a The Dimock Center, Roxbury, MA for facilities and equipment	1,000,000
Doylestown Health Foundation, Doylestown, PA for equipment and associated information technology	100,000
East Los Angeles College, Monterey Park, CA for a health workforce initiative, including facilities and equipment	925,000
Easterseals Midwest, St. Louis, MO for equipment, information technology, and support services	200,000
Easterseals of Southwest Florida, Sarasota, FL for facilities	2,000,000
Edward M. Kennedy Community Health Center, Inc., Worcester, MA for an interpreter services program ..	1,000,000
El Centro de Corazon, Houston, TX for facilities and equipment	225,000
El Paso County Hospital District/University Medical Center of El Paso, El Paso, TX for purchase of equipment	1,200,000
El Proyecto del Barrio, Inc., Winnetka, CA for facilities and equipment	1,000,000
El Rio Santa Cruz Neighborhood Health Care, Inc., Tucson, AZ for facilities and equipment	145,000
Equitas Health, Columbus, OH for purchase of equipment	150,000
Erie County Health Department, Sandusky, OH for facilities and equipment	2,000,000
Erie Neighborhood House, Chicago, IL for facilities and equipment	2,000,000
Erlanger Health System, Chattanooga, TN for facilities and equipment	2,000,000
EveryMind, Rockville, MD for telehealth	325,000
Excela Health, Greensburg, PA for equipment	125,000
Excela Health, Greensburg, PA for equipment	650,000
Families Flourish Northeast, Lebanon, NH for facilities and equipment	500,000
Family Services, Inc., Poughkeepsie, NY for facilities and equipment	1,200,000

Project	Amount
Ferd & Gladys Alpert Jewish Family & Children's Service, West Palm Beach, FL for an electronic health records initiative	325,000
Flanner House of Indianapolis, Inc., Indianapolis, IN for facilities and equipment	250,000
Floating Hospital, Inc., Long Island City, NY for facilities and equipment	925,000
Florida International University, Miami, FL for facilities and equipment	2,000,000
Flushing Hospital and Medical Center, Flushing, NY for facilities and equipment	750,000
Free Clinic of Meridian Inc., Meridian, MS for facilities and equipment	315,000
Fresno City College, Fresno, CA for a health workforce initiative	475,000
Friend Family Health Center, Chicago, IL for facilities and equipment	250,000
Gardner Family Health Network, Inc., San Jose, CA for facilities and equipment	900,000
Gateway Community Health Center, Inc., Laredo, TX for facilities and equipment	2,000,000
Gavin Foundation, Inc., South Boston, MA for facilities and equipment	1,000,000
George Mason University, Fairfax, VA for a health workforce initiative	1,150,000
Glenbrook High School District 225, Glenview, IL for facilities and equipment	250,000
God's Love We Deliver, Inc., New York, NY for a health initiative	775,000
GoochlandCares Inc., Goochland, VA for facilities and equipment	15,000
Grandview Foundation, Dayton, OH for facilities	1,250,000
Great Lakes Recovery Centers, Ishpeming, MI for facilities and equipment	680,000
Greater Bergen Community Action, Inc., Garfield, NJ for facilities and equipment	1,500,000
Greater Lawrence Family Health Center, Methuen, MA for facilities and equipment	2,000,000
Greater New Bedford Community Health Center, New Bedford, MA for facilities and equipment	2,000,000
Green County Human Services, Aging & Disability Resource Center, Monroe, WI for a rural health initiative, including the purchase of equipment	200,000
H. Lee Moffitt Cancer Center and Research Institute, Inc., Tampa, FL for purchase of equipment	2,000,000
Habilitative Systems, Inc., Chicago, IL for facilities and equipment and for an electronic health records initiative	500,000
Hackensack Meridian Health, Edison, NJ for purchase of equipment	775,000
Hackensack Meridian School of Medicine, Nutley, NJ for facilities and equipment	775,000
Hana Health, Hana, HI for facilities and equipment	1,000,000
Harbor Community Health Centers, San Pedro, CA for facilities and equipment	1,000,000
Harbor Hospital, Inc., Baltimore, MD for a telehealth initiative, including the purchase of equipment	875,000
Harry E. Davis Partnership for Children's Oral Health, Yarmouth, ME for a telehealth initiative	650,000
Health Care Coalition of Rural Missouri, Lexington, MO for facilities and equipment	2,000,000
HealthPoint, Renton, WA for facilities and equipment, including telehealth equipment	350,000
Hennepin Healthcare System, Inc., Minneapolis, MN for facilities and equipment	2,000,000
Henry Ford Health System Wyandotte Hospital, Detroit, MI for facilities and equipment, including telehealth equipment	900,000
Henry Ford West Bloomfield Hospital, West Bloomfield, MI for purchase of equipment	1,150,000
Henry Mayo Newhall Hospital, Valencia, CA for equipment	610,000
Hepatitis B Foundation, Doylestown, PA for public health programming	475,000
Hill Country Mental Health and Developmental Disabilities Centers, Kerrville, TX for facilities and equipment	2,000,000
Hill Hospital, York, AL for facilities and equipment	575,000
Hurley Medical Center, Flint, MI for purchase of equipment	1,450,000
Illinois College of Optometry, Chicago, IL for facilities and equipment	300,000
Independence Health & Therapy, Woodstock, IL for an electronic medical records initiative	60,000
Ironbound Community Health Center, Newark, NJ for purchase of equipment	550,000
It Takes Philly, Inc. d/b/a/ Black Doctors COVID-19 Consortium, Jenkintown, PA for facilities and equipment	2,000,000
Jackson County School District, Marianna, FL for facilities	85,000
Jamaica Hospital Medical Center, Richmond Hill, NY for facilities and equipment	1,500,000
Jessie Trice Community Health Systems Inc., Miami, FL for facilities and equipment	400,000
Joseph P. Addabbo Family Health Center, Inc., Arverne, NY for facilities and equipment	1,500,000
JWCH Institute, Inc., Bell Gardens, CA for purchase of equipment	300,000
Kids First Health Care, Commerce City, CO for facilities and equipment	800,000
Kōkua Kalihi Valley Comprehensive Family Services, Honolulu, HI for facilities and equipment	1,050,000
La Clinica Tepeyac, Inc., Denver, CO for facilities and equipment	2,000,000
Lake County Health Department & Community Health Center, Waukegan, IL for facilities and equipment	1,000,000
Lakewood Community Services Corporation, Lakewood, NJ for facilities	400,000
Lebanon Valley College, Annville, PA for facilities	1,000,000
Legacy Community Health, Houston, TX for a health initiative	20,000
LGBT Life Center, Norfolk, VA for facilities and equipment	1,800,000
Linda Crnic Institute for Down Syndrome, Aurora, CO for purchase of equipment	950,000
Lions Eye Institute for Transplant and Research Foundation Inc., Tampa, FL for facilities and equipment	2,000,000
Loma Linda University Health, Loma Linda, CA for facilities and equipment	1,000,000
Loma Linda University Medical Center—Murrieta, Murrieta, CA for equipment	600,000

Project	Amount
Long Island FQHC, Inc., Westbury, NY for facilities and equipment	2,000,000
Long Island FQHC, Inc., Westbury, NY for facilities and equipment	1,000,000
Loretto Health and Rehabilitation Center, Syracuse, NY for the purchase of equipment and software for a medical records system	260,000
Los Angeles LGBT Center, Los Angeles, CA for facilities and equipment	775,000
Louisiana State University Health New Orleans, New Orleans, LA for the purchase of equipment	2,000,000
Main St. Missions, Doylestown, PA for facilities	200,000
Manet Community Health Center, Quincy, MA for facilities and equipment	500,000
Martin Luther King, Jr. Family Clinic, Dallas, TX for a health workforce training initiative, including equipment and technology	100,000
Mary Bird Perkins Cancer Center, Baton Rouge, LA for equipment	775,000
Maverick County Hospital District, Eagle Pass, TX for information technology and telehealth services	500,000
McLaren Northern Michigan, Petoskey, MI for facilities and equipment	500,000
McLaren Oakland Hospital, Pontiac, MI for purchase of equipment	400,000
Medstar Southern Maryland Hospital Center, Clinton, MD for facilities and equipment	925,000
MedStar Washington Hospital Center, Washington, DC for facilities and equipment and an electronic medical records initiative	800,000
Meharry Medical College, Nashville, TN for facilities and equipment	1,000,000
Memorial Hospital at Gulfport Foundation, Inc., Gulfport, MS for facilities and equipment	2,000,000
MemorialCare Health System, Long Beach, CA for facilities and equipment and an electronic health records initiative	575,000
Mental Health Care, Inc., Tampa, FL for facilities and equipment for the Mariposa Women's Neuropsychiatric Hospital	2,000,000
Methodist Health Services Corporation, Peoria, IL for facilities	2,000,000
Metropolitan Family Health Network, Inc., Jersey City, NJ for facilities and equipment	800,000
Miami SCI Wellness Inc., Miami, FL for equipment	440,000
Millikin University, Decatur, IL for facilities and equipment	2,000,000
Minnesota State College Southeast, Red Wing, MN for facilities and equipment	825,000
Mississippi State University, Mississippi State, MS for facilities and equipment	1,000,000
Missouri Valley College, Marshall, MO for facilities and equipment	2,000,000
Monongahela Valley Hospital Foundation, Monongahela, PA for facilities	455,000
Montefiore Medical Center, Bronx, NY for facilities and equipment, including telehealth equipment	3,350,000
Montefiore St. Luke's Cornwall, Cornwall, NY for facilities and equipment	2,000,000
Mount St. Mary's Hospital of Niagara Falls, Lewiston, NY for facilities and equipment	2,000,000
Muslim Community Center, Inc., Silver Spring, MD for facilities and equipment	250,000
National Alliance on Mental Illness, Ohio Chapter, Toledo, OH, for facilities and equipment	2,000,000
Nemours Foundation, Jacksonville, FL for equipment and information technology	105,000
Nevada State College, Henderson, NV for facilities and equipment	35,000
New Alternatives for Children, Inc., New York, NY for purchase of equipment, including telehealth equipment	500,000
New York City Health + Hospitals/Elmhurst, Queens, NY for facilities and equipment	800,000
New York City Health + Hospitals/Elmhurst, Queens, NY for facilities and equipment	3,000,000
New York City Health + Hospitals/Queens Hospital, Jamaica, NY for facilities and equipment	1,000,000
New York Community Hospital of Brooklyn, Inc., Brooklyn, NY for facilities and equipment	975,000
Newark Community Health Centers, Inc., Newark, NJ for facilities and equipment	760,000
Newark-Wayne Community Hospital, Newark, NY for equipment	180,000
Night Ministry, Chicago, IL for facilities and equipment	275,000
Norman Regional Hospital Authority, Norman, OK for facilities and equipment	650,000
North Country Community College, Saranac Lake, NY for facilities and equipment	1,000,000
North Oakland County Fire Authority, Holly, MI for purchase of equipment	500,000
North Shore Community College, Danvers, MA for facilities and equipment	900,000
North Shore Community Health, Salem, MA for facilities and equipment	1,000,000
Northern Dutchess Hospital/Nuvance Health, Rhinebeck, NY for facilities and equipment	300,000
Northern Nye County Hospital District, Tonopah, NV for facilities and equipment	2,000,000
Northwell Health, New Hyde Park, NY for facilities and equipment	2,000,000
Nursing Care Quality Assurance Commission, Tumwater, WA for a health workforce training program	1,000,000
NYC Health + Hospitals/Coney Island, Brooklyn, NY for equipment	2,000,000
Oakland LGBTQ Community Center, Oakland, CA for facilities and equipment	350,000
Oklahoma Medical Research Foundation, Oklahoma City, OK for facilities and equipment	835,000
Oklahoma State University Center for Health Sciences, Tulsa, OK for facilities	2,000,000
Olivet Nazarene University, Borubonnais, IL for facilities and equipment	90,000
One Brooklyn Health System, Inc., Brooklyn, NY for an electronic health records initiative	425,000
One Brooklyn Health System, Inc., Brooklyn, NY for purchase of equipment	1,000,000
Oregon Health & Science University Northwest Native American Center of Excellence, Portland, OR for a health workforce initiative	800,000
OSF St. Joseph Medical Center, Bloomington, IL for facilities and equipment	700,000
Outer Cape Health Services, Harwich Port, MA for facilities and equipment	250,000

Project	Amount
Pace Center For Girls Inc., Jacksonville, FL for a telehealth initiative, including the purchase of equipment	500,000
Pace Center for Girls, Inc., Jacksonville, FL for facilities	2,000,000
Palm Beach State College, Lake Worth, FL for facilities and equipment	700,000
Palo Verde Hospital District, Blythe, CA, for purchase of equipment	350,000
Pascua Yaqui Tribe, Tucson, AZ for facilities and equipment	900,000
Patrick County Economic Development Authority, Stuart, VA for equipment	600,000
Penn State Health St. Joseph Medical Center, Reading, PA, for a rural health initiative, including the purchase of equipment	500,000
Pennsylvania Organization for Women in Recovery, Pittsburgh, PA for facilities and equipment	1,500,000
People Coordinated Services of Southern California, Inc., Los Angeles, CA for facilities and equipment ..	600,000
Petaluma Health Center, Inc., Petaluma, CA for facilities and equipment	1,000,000
Petaluma Health Center, Petaluma, CA for facilities and equipment	1,600,000
Phoebe Putney Health System, Inc., Albany, GA for facilities and equipment	1,000,000
Platt County Nursing Home, Monticello, IL for facilities and equipment	215,000
Pierce Center for Arts & Technology, Tacoma, WA for facilities and equipment	450,000
Pikeville Medical Center, Inc., Pikeville, KY for facilities and equipment	675,000
Planned Parenthood Mar Monte, San Jose, CA for facilities and equipment	1,000,000
Planned Parenthood Mar Monte, San Jose, CA for facilities and equipment	1,000,000
Pomona Community Health Center dba ParkTree Community Health Center, Pomona, CA for facilities and equipment	775,000
Potomac Valley Hospital, Keyser, WV for facilities and equipment	750,000
Preston Memorial Hospital, Kingwood, WV for facilities and equipment	580,000
Primary Health Care, Inc., Des Moines, IA for facilities and equipment	100,000
Primary Health Care, Inc., Des Moines, IA for facilities and equipment	200,000
Providence Milwaukie Hospital , Milwaukie, OR for facilities and equipment	800,000
Puerto Rican Organization to Motivate, Enlighten, and Serve Addicts, Inc., Bronx, NY for facilities and equipment	825,000
Queens College, The City of New York, Flushing, NY for facilities and equipment	1,850,000
Refuah Health Center, Inc., Spring Valley, NY for facilities and equipment	2,000,000
Regents of the University of California, Los Angeles, CA for the purchase of equipment, including telehealth equipment	600,000
Regents of the University of Washington, Seattle, WA for purchase of equipment	550,000
Regional One Health, Memphis, TN for purchase of equipment	1,000,000
Research Institute at Nationwide Children's Hospital, Columbus, OH for purchase of equipment	500,000
Richmond Medical Center of Staten Island, Staten Island, NY for facilities and equipment	1,815,000
RIDOH Division of State Laboratories and Medical Examiners, Providence, RI for purchase of equipment	900,000
Rochester General Hospital, Rochester, NY for a health workforce initiative	1,000,000
Rockland County Pride Center, Nyack, NY, for facilities and equipment	1,500,000
Roosevelt Special Hospital, Portales, NM for facilities and equipment	600,000
Rosalynn Carter Institute for Caregivers, Americus, GA for purchase of equipment	1,100,000
Roswell Park Comprehensive Cancer Center, Buffalo, NY for purchase of equipment	1,500,000
Rowan University/Rutgers-Camden Board of Governors, Camden, NJ for facilities and equipment	500,000
SAC Health System, San Bernadino, CA for purchase of equipment	375,000
Saint Francis University School of Health Sciences and Education, Loretto, PA for facilities	500,000
Saint Joseph's Health, Paterson, NJ for facilities and equipment	1,000,000
Saint Louis University, Saint Louis, MO for facilities and equipment	500,000
San Antonio College, San Antonio, TX for facilities and equipment	1,050,000
San Francisco Community Clinic Consortium, San Francisco, CA for facilities and equipment, including an electronic medical records initiative	1,000,000
San Juan College, Farmington, NM for facilities and equipment	1,100,000
San Juan County, Monticello, UT for cancer screening	520,000
Savio House, Denver, CO for facilities and equipment	300,000
Schenectady Family Health Services, Inc., D/B/A Hometown Health Centers, Schenectady, NY for facilities and equipment	750,000
Sharon Hospital, Sharon, CT for facilities and equipment, including telehealth equipment	400,000
Shasta Community Health Center, Redding, CA for facilities, equipment, and information technology	750,000
Sixth Street Community Health Center, Milwaukee, WI for facilities and equipment	1,250,000
Snohomish Health District, Everett, WA for a telehealth and electronic health records initiative, including purchase of equipment	250,000
Spectrum Health Lakeland, St. Joseph, MI for facilities and equipment, including information technology	505,000
Spokane County, Spokane, WA for equipment	1,125,000
St. Barnabas Hospital, Bronx, NY for facilities and equipment	1,350,000
St. John's Episcopal Hospital, Far Rockaway, NY for facilities and equipment for the Behavioral Health Equity Renovation Project	2,000,000
St. John's Episcopal Hospital, Far Rockaway, NY for facilities and equipment for the Women and Newborns Health Equity Renovation Project	2,000,000

Project	Amount
St. John's University, Jamaica, NY for facilities and equipment	1,250,000
St. Louis Center for Exceptional Children and Adults, Chelsea, MI for facilities and equipment	500,000
St. Luke's Hospital, New Bedford, MA for facilities and equipment	975,000
St. Luke's Quakertown Hospital, Quakertown, PA for facilities	400,000
St. Mary's University of San Antonio, San Antonio, TX for facilities and equipment	875,000
St. Tammany Parish Hospital Service District No. 1, d/b/a St. Tammany Health System, Covington, LA for equipment	1,000,000
Stanislaus County Behavioral Health and Recovery Services, Modesto, CA for facilities and equipment ..	2,000,000
Staten Island University Hospital, Staten Island, NY for facilities and equipment	2,000,000
Stepping Stones Inc., Joliet, IL for facilities and equipment	2,000,000
Stillman College, Tuscaloosa, AL for facilities and equipment	800,000
STOP Inc., Virginia Beach, VA for a telehealth initiative, including purchase of equipment	250,000
Summa Health, Akron, OH for facilities and equipment	1,000,000
SUNY Downstate Health Sciences University, Brooklyn, NY for facilities and equipment	1,925,000
Terros, Inc.—DBA Terros Health, Phoenix, AZ for facilities and equipment for Terros Health—Stapley Health Center	600,000
Terros, Inc. DBA Terros Health, Phoenix, AZ for facilities and equipment	900,000
Texas Southern University, Houston, TX for facilities and equipment	2,000,000
Thresholds, Chicago, IL for facilities and equipment	1,000,000
Tidalhealth Nanticoke, Seaford, DE for facilities and equipment	350,000
Tillamook Bay Community College Foundation, Tillamook, OR for a health workforce training initiative, including purchase of equipment	425,000
Touro University California, Vallejo, CA for facilities and equipment	1,000,000
Town of East Millinocket, ME for purchase of equipment for the East Millinocket Rural Ambulance Serv- ice	300,000
Town of Randolph, MA for facilities and equipment at Randolph High School	1,000,000
Truman Medical Center Inc., Kansas City, MO for facilities and equipment	2,000,000
Tulane University, New Orleans, LA for facilities and equipment	1,000,000
United Way of Tarrant County, TX for a health initiative	25,000
United Way of the Crossroads, Victoria, TX for a rural health initiative	40,000
Unity Care Northwest, Bellingham, WA for facilities and equipment	2,000,000
Universal Community Health Center, Los Angeles, CA for facilities and equipment	300,000
University at Albany, Albany, NY for purchase of equipment	1,000,000
University Health System, Inc., Knoxville, TN for facilities	2,000,000
University Health System, Inc., Knoxville, TN for facilities and equipment	2,000,000
University Hospitals Health System, Inc., Shaker Heights, OH for facilities and equipment for the Uni- versity Hospitals Portage Medical Center	1,000,000
University of Alaska, Fairbanks, AK for facilities	2,000,000
University of California San Diego, La Jolla, CA for a telehealth initiative, including purchase of equip- ment	950,000
University of California San Francisco-Fresno, Fresno, CA for facilities and equipment	475,000
University of California, Davis Health, Sacramento, CA for an electronic health record and telehealth initiative	1,700,000
University of California-Davis, Davis, CA for a health workforce initiative	1,000,000
University of Cincinnati Medical Center, Cincinnati, OH for facilities	4,000,000
University of Colorado Anschutz Medical Campus, Aurora, CO for a health workforce initiative	1,000,000
University of Florida Health Jacksonville, Jacksonville, FL for facilities and equipment	705,000
University of Hawaii System, Honolulu, HI for a rural health initiative	1,000,000
University of Illinois—Chicago, College of Dentistry and Oral Health, Chicago, IL for facilities and equipment	500,000
University of Kansas Medical Center, Kansas City, KS for purchase of equipment for the Kansas Univer- sity Cancer Center	1,000,000
University of Massachusetts Boston, Boston, MA for facilities and equipment	1,350,000
University of New Mexico Health Sciences Center, Albuquerque, NM for facilities and equipment	1,500,000
University of Pittsburgh Medical Center Northwest, Seneca, PA for facilities and equipment	100,000
University of Saint Francis—Crown Point Campus, Fort Wayne, IN for facilities and equipment	225,000
University of Texas at Dallas, TX for facilities and equipment and a telehealth initiative	850,000
University of Texas Southwestern Medical Center, Dallas, TX for facilities and equipment	1,000,000
University of Texas Southwestern Medical Center, Dallas, TX for facilities and equipment	800,000
University of Toledo Medical Center, Toledo, OH for facilities and equipment	500,000
Urban Health Plan, Bronx, NY for facilities and equipment	500,000
Urban Health Plan, Inc., Corona, NY for facilities and equipment, including telehealth equipment	100,000
Veterans Transition House, New Bedford, MA for a telehealth and electronic medical records initiative, including the purchase of equipment	375,000
Via Care Community Health Center, Los Angeles, CA for facilities and equipment	150,000
Village of Dwight, Dwight, IL for equipment	250,000
Vinland National Center, Loretto, MN for facilities	500,000

Project	Amount
Virginia Garcia Memorial Health Center, Hillsboro, OR for facilities and equipment	2,000,000
Visiting Nurse Association of Central Jersey Freehold Family Health Center, Freehold, NJ for facilities and equipment	700,000
Visiting Nurse Association of Central Jersey Red Bank Primary Care Center, Red Bank, NJ for facilities and equipment	400,000
Washington Hospital Foundation, Washington, PA for facilities and equipment	1,210,000
WEAVE INC., Sacramento, CA for facilities	275,000
Wenatchee Valley College, Omak, WA for facilities	2,000,000
West Central Alabama Area Health Education Center, Demopolis, AL for a community health worker initiative and purchase of equipment	300,000
Westchester Public/Private Membership Fund for Aging Services, Mount Vernon, NY for telehealth, including telehealth equipment	375,000
Wheeling Health Right, Wheeling, WV for facilities and equipment	350,000
White Memorial Medical Center, Los Angeles, CA for facilities and equipment	1,200,000
Will-Grundy Medical Clinic Inc., Joliet, IL for facilities and equipment	300,000
William F. Ryan Community Health Center, Inc., New York, NY for facilities and equipment	2,000,000
WINGS Program Inc., Rolling Meadows, IL for facilities and equipment	250,000
Winters Health Foundation, Winters, CA for facilities and equipment	500,000
Wood River Health Services, Hope Valley, RI for facilities and equipment	1,000,000
Young Men's Christian Association of Greater Charlotte, Charlotte, NC for facilities and equipment	2,000,000
Youthbuild Louisville , Louisville, KY for facilities and equipment	600,000

VACCINE INJURY COMPENSATION PROGRAM

Appropriation, fiscal year 2021	\$11,200,000
Budget request, fiscal year 2022	16,200,000
Committee Recommendation	16,200,000
Change from enacted level	+5,000
Change from budget request	-- --

The Committee includes \$16,200,000 for administrative costs associated with the Vaccine Injury Compensation Program, an increase of \$5,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. This program provides compensation for individuals with vaccine-associated injuries or deaths.

COVERED COUNTERMEASURES PROCESS FUND

Appropriation, fiscal year 2021	\$0
Budget request, fiscal year 2022	5,000,000
Committee Recommendation	5,000,000
Change from enacted level	+5,000,000
Change from budget request	-- --

The Committee includes \$5,000,000 for administrative costs associated with the Countermeasures Injury Compensation Program (CICP), an increase of \$5,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. The CICP provides benefits to individuals who are seriously injured as a result of a vaccination, medication, device, or other item recommended to diagnose, prevent or treat a declared pandemic, epidemic or security threat.

CENTERS FOR DISEASE CONTROL AND PREVENTION

Appropriation, fiscal year 2021	\$7,874,804,000
Budget request, fiscal year 2022	9,552,519,000
Committee Recommendation	10,571,419,000
Change from enacted level	+2,696,615,000
Change from budget request	+1,018,900,000

The Committee recommendation for the Centers for Disease Control and Prevention (CDC) program level includes \$9,612,761,000

in discretionary budget authority, \$55,358,000 in mandatory funds under the terms of the Energy Employees Occupational Illness Compensation Program Act, and \$903,300,000 in transfers from the Prevention and Public Health (PPH) Fund.

CDC’s mission is to protect Americans from health, safety, and security threats, which it accomplishes by supporting core public health functions at State, local, and tribal health departments, detecting and responding to new and emerging health threats, promoting health and safety, and providing leadership in the public health workforce.

IMMUNIZATION AND RESPIRATORY DISEASES

Appropriation, fiscal year 2021	\$821,005,000
Budget request, fiscal year 2022	945,930,000
Committee Recommendation	950,930,000
Change from enacted level	+129,925,000
Change from budget request	+5,000,000

The Committee recommendation includes \$531,580,000 in discretionary budget authority and \$419,350,000 in transfers from the PPH Fund.

Immunization cooperative agreements are awarded to State and local public health departments for planning, developing, and conducting childhood, adolescent, and adult immunization programs, including enhancement of the vaccine delivery infrastructure. CDC directly maintains a stockpile of vaccines, supports consolidated purchase of vaccines for State and local health agencies, and conducts surveillance, investigations, and research into the safety and efficacy of new and presently used vaccines.

Within the total for Immunization and Respiratory Diseases, the Committee recommends the following amounts:

Budget Activity	FY 2022 Committee
Section 317 Immunization Program	\$718,572,000
Acute Flaccid Myelitis	6,000,000
Influenza Planning and Response	226,358,000

Adult Hepatitis B Vaccination.—The Committee is concerned about the rate of adult hepatitis B vaccination, as low rates of vaccine coverage among adults represent a missed opportunity. The Committee urges CDC to develop a plan to achieve adult hepatitis B vaccination goals.

Cost Estimates.—The Committee looks forward to reviewing the fiscal year 2023 report on estimated funding needs of the Section 317 Immunization Program and urges that the report be updated and submitted not later than February 1, 2022. The updated report should include an estimate of optimum State and local operations funding, as well as a discussion of the role of the 317 Program, as coverage for vaccination under public and private resources continues to evolve. The fiscal year 2023 report should include specific information on the estimated cost to fully address evidence-based public health strategies that could be funded through CDC to improve coverage for human papillomavirus and influenza.

COVID-19 Antibody Testing.—The Committee is aware that there is some concern that antibody or serologic testing has been underutilized in the response to the COVID-19 pandemic and that CDC guidance on the use of these tests may warrant further re-

view. The Food and Drug Administration has authorized numerous antibody tests. These tests can be deployed to inform seroprevalence surveys and to improve patient care. The Committee encourages the use of antibody tests, where appropriate, and requests an update on this topic in the fiscal year 2023 Congressional Budget Justification.

Enhancing 317 Immunization Program.—The Committee includes an increase of \$99,925,000 to enhance adult immunization. The COVID–19 pandemic illuminated a variety of gaps in our public health capacity, including the need for a comprehensive adult immunization program. This expansion holds the potential to meet longstanding issues of inequity in protection from vaccine-preventable diseases and to address vaccine hesitancy.

Immunization Rates.—The Committee is concerned about the marked decline in routine childhood and adolescent vaccines as a result of the pandemic. The Committee urges CDC to engage providers, health care stakeholders, educators, community organizations, and parents/guardians about the importance of ensuring that children and adolescents visit their primary care provider and receive their routinely recommended vaccinations, including HPV vaccination. In addition, the Committee urges that immunization reminder recall is prioritized. The Committee requests a report within 90 days of enactment of this Act regarding the strategy and plan for the public awareness campaign to increase childhood and adult routine vaccination rates and reduce barriers to routine vaccinations including, but not limited to vaccine hesitancy. This report should include information on immunization rates of all age groups and provide disaggregated data on vaccines rates to determine disparities across race, ethnicity, sex, age, and zip code, as available, for both routine and COVID–19 vaccinations. In addition, the report shall address actions taken and plans to strengthen awareness, understanding, and trust in vaccines.

Improving Immunization Information System Infrastructure and Data.—The Committee is concerned about the state of interoperability across Immunization Information Systems (IIS), especially as vaccine administration information becomes more critical with respect to stopping the COVID–19 pandemic. It is important that IIS across the country interoperate with each other, are capable of transmitting information to public health authorities, including CDC, and that each IIS has the capacity to intake data and satisfy bidirectional queries. The Committee includes \$5,000,000 for CDC to consult with stakeholders to outline the steps toward a more robust common core data set for collection of vaccine administration information and to initiate a national framework that includes the minimum functional standards for IIS to interoperate.

Influenza Planning and Response.—The Committee includes an increase of \$25,000,000 to enhance CDC’s influenza activities, including expanding vaccine effectiveness monitoring and evaluation, and increasing influenza vaccine acceptance by removing barriers to vaccination and promoting vaccination coverage.

Influenza Vaccine.—The Committee encourages CDC to consider including vaccines produced through recombinant DNA technology in addition to traditionally-produced vaccines in future solicitations to facilitate the competitive process for all vaccine manufacturers.

Respiratory Syncytial Virus.—The Committee applauds the ongoing development of novel immunizations to provide protection for all infants against Respiratory Syncytial Virus (RSV) disease. Currently, there is no licensed immunization that can protect all infants from RSV. The Committee encourages CDC and the Advisory Committee on Immunization Practices (ACIP) to review any novel immunization, including monoclonal antibodies, that holds the promise of broad protection for all infants and public health benefit to children, for inclusion on the Child and Adolescent Immunization Schedule and in the Vaccines for Children program.

Shared Clinical Decision Making.—The Committee encourages CDC to work with health professional organizations to utilize decision making support tools to promote recent changes made to the Evaluation and Management office visit Current Procedural Terminology codes which allow for the use of “Total Time” or the use of “Medical Decision Making” as key contributing factors, for the basis of payment for vaccination counseling and administration. This will ensure that medical professionals and patients are informed and have a clear understanding of and continued access to the immunizations they should receive across the life course.

Vulnerable Populations.—The Committee commends the CDC ACIP recommendations and the Office of Civil Rights for its continued vigilance regarding potential discrimination in vulnerable populations during the COVID-19 pandemic and for working collaboratively with States to ensure State guidelines reflect best practices for serving individuals with disabilities and the elderly.

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

Appropriation, fiscal year 2021	\$1,314,056,000
Budget request, fiscal year 2022	1,420,556,000
Committee Recommendation	1,501,556,000
Change from enacted level	+187,500,000
Change from budget request	+81,000,000

CDC provides national leadership and support for prevention research and the development, implementation, and evaluation of evidence-based HIV, viral hepatitis, sexually transmitted diseases (STD), and tuberculosis (TB) prevention programs serving persons affected by, or at risk for, these infections. Activities include surveillance, epidemiologic and laboratory studies, and prevention activities. CDC provides funds to State, local, and tribal health departments and community-based organizations to develop and implement integrated community prevention plans.

Within the total for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, the Committee recommends the following amounts:

Budget Activity	FY 2022 Committee
Domestic HIV/AIDS Prevention and Research	\$1,080,712,000
<i>HIV Initiative</i>	275,000,000
<i>School Health-HIV</i>	50,081,000
Viral Hepatitis	44,500,000
Sexually Transmitted Infections	166,810,000
Tuberculosis	140,034,000
Infectious Diseases and the Opioid Epidemic	69,500,000

Congenital Syphilis.—The Committee is concerned about the massive interruptions in sexually transmitted infection care and

preventative services due to the pandemic. The Committee urges priority be given to jurisdictions experiencing the highest prevalence of congenital syphilis (CS) cases. The Committee urges CDC to prioritize CS programming and multi-point testing of pregnant women in community organizations, and STD and drug addiction clinics.

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

HIV Initiative.—The Committee includes an increase of \$100,000,000 for the third year of the Ending the HIV Epidemic initiative to advance the four key strategies: diagnose, treat, prevent, and respond. The Committee recognizes that sexually transmitted diseases are associated with increased risk of HIV acquisition. The Committee commends CDC for including dedicated funding within this initiative for sexually transmitted infection clinics.

Infectious Diseases and the Opioid Epidemic.—The Committee includes an increase of \$56,500,000 to expand activities to target the infectious disease consequences of the public health crisis involving injection drug use, including expanding the implementation of and access to high quality syringe services programs nationwide.

School Health.—The Committee includes an increase of \$16,000,000 to bolster school capacity for evidence-based sexual health education, and access to sexual health services and safe and supportive environments.

Sexually Transmitted Infections.—The Committee includes an increase of \$5,000,000 to address the high rates of sexually transmitted infections (STIs). The Committee recognizes that direct funding to State and local health departments is critical to address STIs and other infectious diseases. In addition, the Committee notes the investment of more than \$1,000,000,000 from the American Rescue Plan (P.L. 117–2) to bolster support and enhance the disease intervention specialist workforce nationwide to respond to COVID–19 and other infectious diseases.

Tuberculosis.—The Committee includes an increase of \$5,000,000 to enable CDC, along with State and local entities, to provide TB screening, identification, treatment and prevention services, and to restore funding to the TB Trials Consortium. The Committee is concerned that the COVID–19 pandemic caused significant impacts on individuals with TB and on State and local TB programs, including delays in care for people with TB and postponement of identification and treatment of individuals with latent TB infection, stalling efforts to eliminate TB in the U.S.

Viral Hepatitis.—The Committee includes an increase of \$5,000,000 to enhance efforts to eliminate the public health threat of viral hepatitis.

EMERGING AND ZONOTIC INFECTIOUS DISEASES

Appropriation, fiscal year 2021	\$648,272,000
Budget request, fiscal year 2022	678,272,000
Committee Recommendation	726,272,000
Change from enacted level	+78,000,000
Change from budget request	+48,000,000

The Committee recommendation includes \$674,272,000 in discretionary appropriations and \$52,000,000 in transfers from the PPH Fund.

Programs funded under Emerging and Zoonotic Infectious Diseases (EZID) support the prevention and control of infectious diseases through surveillance, outbreak investigation and response, research, and prevention.

Within the total for EZID, the Committee recommends the following amounts:

Budget Activity	FY 2022 Committee
Antibiotic Resistance Initiative	\$177,000,000
Vector-borne Diseases	57,603,000
Lyme Disease	21,000,000
Prion Disease	7,500,000
Chronic Fatigue Syndrome	5,400,000
Food Safety	75,000,000
Emerging Infectious Diseases	194,997,000
National Health Care Safety Network	26,000,000
Quarantine	72,772,000
Advanced Molecular Detection	35,000,000
Epidemiology and Laboratory Capacity	40,000,000
Healthcare-Associated Infections	12,000,000
Harmful Algal Blooms	2,000,000

Advanced Molecular Detection.—The Committee includes an increase of \$5,000,000 and recognizes the value of the Advanced Molecular Detection program through its crosscutting and collaborative work that introduces and helps establish biotechnology-focused innovation to public health programs across CDC and in State and local health departments. The Committee is aware that at the start of the COVID-19 pandemic, there were only a few public health laboratories capable of performing the necessary advanced molecular detection tests. The Committee requests a status update on the capabilities at public health laboratories in the fiscal year 2023 Congressional Budget Justification.

Antibiotic Resistance.—The Committee includes an increase of \$5,000,000. The Committee recognizes the importance of effectively combatting antibiotic resistant bacteria as part of CDC’s broader efforts to mitigate the clinical and public health impacts of the COVID-19 outbreak. Furthermore, the Committee recognizes the importance of addressing the problem of antibiotic-resistant bacteria through a “One Health” approach and by tracking resistance through local, regional, national, and global surveillance. The Committee encourages CDC to competitively award research activities that address aspects of antibiotic resistance related to “One Health,” including global surveillance and research and development for new tools to counter antibiotic resistance among entities, including public academic medical centers, veterinary schools with agriculture extension services, and public health departments whose proposals are in line with CDC’s strategy for addressing antibiotic resistant bacteria.

Epidemiology and Laboratory Capacity Awards.—The Committee urges CDC to work with States to prioritize funding to local health departments based on factors such as population size, disease burden, and other public health metrics to promote equitable funding distribution.

Harmful Algal Blooms.—The Committee includes funding to support monitoring and health reporting concerns related to harmful algal blooms (HABs). The Committee urges CDC to continue work to understand and prevent illnesses associated with affected waters, with a focus on freshwater and the related dangers to drinking water supplies. CDC has a unique role in better understanding the intersection of public health and environmental impacts of HABs using a One Health approach to: (1) increase outreach efforts to States and local public health officials to use these monitoring and reporting systems; and (2) work with a variety of agencies that currently collaborate on HABs such as the Harmful Algal Bloom and Hypoxia Research and Control Act Interagency Working Group and the Great Lakes Restoration Initiative. The scope of future research may expand to include improving laboratory methods for HAB-related toxins in biological specimens and clinical diagnostic methods to identify HAB-related symptoms and illnesses, optimizing emergency response capacities, and identifying and addressing the impacts of harmful algal toxins to humans. There is an important nexus between freshwater and health through drinking water and recreation, and CDC is encouraged to expand their work regionally to understand HABs impact on our nation's largest fresh bodies of water.

Food Safety.—The Committee includes an increase of \$10,000,000 to help address the critical unmet needs in the nation's food safety system, in part through programs that enhance State and local public health capacity to support vital national surveillance, improve foodborne outbreak detection and investigations, enhance food safety prevention efforts, and maintain vigilance for emerging threats to our nation's food supply.

Live Animal Imports.—The Committee is aware that importation of live animals, particularly dogs, has increased substantially during the COVID-19 pandemic and is concerned by instances in which live animals have been held at ports of entry for hours or days. The Committee emphasizes the importance of prioritizing inspection of live cargo by CDC personnel to ensure that all due standards of animal welfare are maintained and urges CDC to adopt policies limiting the maximum amount of time between the arrival of cargo containing live animals and inspection to the shortest practicable period.

Lyme Disease.—The Committee includes an increase of \$5,000,000 to support efforts to develop improved diagnostics with appropriate sensitivity and specificity for the detection of subclinical or low-level infection for use in disease eradication, and surveillance networks so that disease burden can be more accurately determined; and to bolster critical prevention and provider and public awareness efforts. Furthermore, the Committee encourages CDC to reevaluate the practice of utilizing the classification of States as high or low incidence as surveillance criteria.

Mosquito-Borne Diseases.—The COVID-19 pandemic response required many State and local health departments to redirect staff

from other vital tasks such as mosquito control-related activities, resulting in less capacity to surveil and mitigate potential mosquito-borne public health threats. The Committee is concerned about the spread of mosquito-borne diseases, such as Zika, and encourages the use of the Mosquito Abatement for Safety and Health Program to provide grants and technical assistance to States and political subdivisions to prevent and control mosquito-borne diseases.

Myalgic Encephalomyelitis/Chronic Fatigue Syndrome.—The Committee commends CDC for its recent progress in myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) medical education and in its participation in the Interagency Working Group for ME/CFS.

Mycotic Diseases.—The Committee provides an increase of \$2,000,000 in Emerging Infectious Diseases for mycotic diseases, including, but not limited to, surveillance and prevention, building capacity in the State and local health departments, cooperative agreements, education of the public and healthcare providers, and laboratory support. The Committee requests an update in the fiscal year 2023 Congressional Budget Justification on how this funding is being utilized.

National Healthcare Safety Network.—The Committee includes an increase of \$5,000,000 and recognizes the value of this system for healthcare quality measurement and improvement. The Committee supports the modernization of the system's infrastructure resulting in increased timeliness and accuracy, reduced burden on healthcare facilities, and the ability to collect urgent data.

Natural History Museums.—The Committee notes that the nation's natural history museums provide an unparalleled resource for studying zoonotic diseases such as COVID-19. These museums hold millions of animal samples collected over decades from across the globe, offer deep and broad scientific expertise, and are uniquely positioned to assist in preparing for and predicting the next pandemic-causing viruses. The Committee encourages increased utilization and support of this largely untapped resource.

One Health.—The Committee understands that despite unprecedented efforts to address the COVID-19 pandemic, many questions remain about the prevention of future pandemics, especially those caused by zoonotic disease transmission. The Committee supports a One Health approach that recognizes that human, animal, and environmental health are fundamentally interconnected.

Prion.—The Committee includes an increase of \$1,000,000 and recognizes the critical work of the National Prion Disease Pathology Surveillance Center. The workload related to chronic wasting disease in deer and elk populations in the U.S. is in addition to the Center's ongoing efforts related to human prion diseases that includes research, surveillance, tissue banking, and technical and supportive assistance to providers to families.

Quarantine.—The Committee includes an increase of \$30,000,000 to enhance programs to protect the U.S. from infectious diseases, including expanded coverage at the most heavily trafficked airports and land border crossings and increased capacity for health screenings.

Vector-Borne Diseases.—The Committee includes an increase of \$15,000,000 to address the steady increase in the incidence of vec-

tor-borne disease and to sustain the Regional Centers of Excellence program, including State-level surveillance and research being conducted by partners. The Committee encourages CDC to examine options to provide greater coverage of the Northwest region for vector-borne disease resources.

Wastewater Surveillance.—The Committee commends CDC’s work implementing the National Wastewater Surveillance System with partners at State health labs and academic institutions to better track COVID–19 and understands the important role wastewater testing plays for our nation’s biosecurity.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Appropriation, fiscal year 2021	\$1,276,664,000
Budget request, fiscal year 2022	1,452,664,000
Committee Recommendation	1,557,064,000
Change from enacted level	+280,400,000
Change from budget request	+104,400,000

The Committee recommendation includes \$1,302,114,000 in discretionary appropriations and \$254,950,000 in transfers from the PPH Fund.

Programs supported within Chronic Disease Prevention and Health Promotion provide national leadership and support for State, tribal, and community efforts to promote health and well-being through the prevention and control of chronic diseases.

Within the total provided, the Committee recommends the following amounts:

Budget Activity	FY 2022 Committee
Tobacco	\$250,000,000
Nutrition, Physical Activity, and Obesity	56,920,000
<i>High Obesity Rate Counties</i>	15,000,000
School Health	17,400,000
Health Promotion	47,500,000
<i>Glaucoma</i>	4,000,000
<i>Vision and Eye Health</i>	1,000,000
<i>Alzheimer’s Disease</i>	25,000,000
<i>Inflammatory Bowel Diseases</i>	1,500,000
<i>Interstitial Cystitis</i>	1,500,000
<i>Excessive Alcohol Use</i>	5,000,000
<i>Chronic Kidney Disease</i>	4,500,000
<i>Chronic Disease Education and Awareness</i>	5,000,000
Prevention Research Centers	31,961,000
Heart Disease and Stroke	148,105,000
Diabetes	153,129,000
National Diabetes Prevention Program	34,300,000
Cancer Prevention and Control	385,799,000
<i>Breast and Cervical Cancer</i>	230,000,000
<i>WISEWOMAN</i>	33,120,000
<i>Breast Cancer Awareness for Young Women</i>	5,960,000
<i>Cancer Registries</i>	51,440,000
<i>Colorectal Cancer</i>	45,294,000
<i>Comprehensive Cancer</i>	20,425,000
<i>Johanna’s Law</i>	12,000,000
<i>Ovarian Cancer</i>	14,000,000
<i>Prostate Cancer</i>	14,205,000
<i>Skin Cancer</i>	4,000,000
<i>Cancer Survivorship Resource Center</i>	475,000
Oral Health	21,500,000
Safe Motherhood/Infant Health	119,000,000
Arthritis	12,500,000
Epilepsy	13,000,000

Budget Activity	FY 2022 Committee
National Lupus Registry	10,500,000
Racial and Ethnic Approaches to Community Health	73,950,000
<i>Good Health and Wellness in Indian Country</i>	27,000,000
Social Determinants of Health	153,000,000
Million Hearts	14,000,000
National Early Child Care Collaboratives	5,000,000
Hospitals Promoting Breastfeeding	9,500,000

Alzheimer's Disease.—The Committee includes an increase of \$4,500,000 to support provisions enacted in the Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act (P.L. 115–406), including the implementation of the Road Map Series, expanding the number of Centers of Excellence, and building a robust Alzheimer's and other dementias public health infrastructure across the country.

Arthritis.—The Committee includes an increase of \$1,500,000 to expand the number of State-based arthritis programs, provide access to proven arthritis self-management and physical activity programs, and improve data collection and surveillance.

Breast and Cervical Cancer.—The National Breast and Cervical Cancer Early Detection Program provides critical, lifesaving breast cancer screening and diagnostic services to uninsured and underinsured women. Patient navigation programs have been proven to ensure people who are diagnosed with cancer are able to access proper care. The Committee encourages recipients to implement navigator programs to ensure patients are followed from diagnosis to cure.

Breast Cancer Awareness for Young Women.—The Committee includes an increase of \$1,000,000 to expand awareness and prevention efforts for young women.

Chronic Disease Education and Awareness.—The Committee includes an increase of \$3,500,000 to expand public health education and awareness activities that help to improve surveillance, diagnosis, and proper treatment for chronic diseases. This competitive grant program expands and advances CDC's work with stakeholders on education, outreach, and public awareness activities for a variety of chronic diseases for which there is a clear disparity in public and professional awareness that are not already specified under CDC in this report.

Chronic Kidney Disease.—The Committee includes an increase of \$2,000,000 for a public health approach to kidney disease screening for early detection and treatment and prevalence surveillance, so that the progression of kidney disease can be slowed and complications can be reduced, which will dramatically improve the quality of life of patients.

Colorectal Cancer.—The Committee includes an increase of \$2,000,000 to expand efforts to address disparities in colorectal cancer screening rates and to improve access to underserved populations.

Diabetes.—The Committee includes an increase of \$5,000,000 to prevent diabetes and its complications, and to reduce inequities through prevention strategies, translational research, and education. In addition, the Committee includes an increase of \$5,000,000 for the Diabetes Prevention Program to expand efforts

of this public-private partnership that provides diabetes prevention for people with prediabetes.

Early Child Care Collaboratives.—The Committee includes an increase of \$1,000,000 for the expansion of the core program to at least one new State and to enhance efforts to address food insecurity. The Committee is aware that COVID–19 escalated food insecurity for children and families and recognizes the early care and education setting is important for promoting healthy habits in young children and ensuring that they have access to nutritious food. The Committee includes funding for the National Early Child Care Collaboratives Program to support technical assistance to States for integrating best practices into existing State and local systems for early care and education, as well as direct provider-level training in implementation of comprehensive programming to support healthy eating and physical activity best practices. The Committee encourages the program to serve a mix of rural, suburban and urban areas, including areas with high childhood obesity rates.

Early Detection of Brain Aneurysms.—The Committee recognizes that there are typically no warning signs or symptoms unless brain aneurysms rupture. Even when an aneurysm has ruptured, the symptoms are not widely known. The Committee encourages CDC to capture and disseminate information about best practices.

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

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

Excessive Alcohol Use Prevention.—The Committee includes an increase of \$1,000,000 to expand alcohol epidemiology capacity through improved data collection on excessive drinking and related harms in more States, and monitoring identifying strategies to reduce youth exposure to alcohol and alcohol marketing.

Farm-to-School.—The Committee includes \$2,000,000 within Nutrition, Physical Activity, and Obesity to continue research and education activities related to farm-to-school programs that result in promoting healthy eating habits for students.

Food Allergies.—The Committee includes \$2,000,000 for a school-based effort to address food allergies and reduce potentially fatal anaphylactic reactions.

Heart Disease and Stroke.—The Committee includes a total increase of \$20,000,000 to address cardiovascular diseases. The Committee includes an increase of \$5,000,000 to support, strengthen, and expand evidence-based initiatives at the State, local, tribal, and territorial level. The Committee recognizes the vital importance of addressing cardiovascular disease among women and underserved communities, communities of color, those communities with limited access to information about cardiovascular health disease, and communities at risk for delaying regular monitoring of cardiovascular health as a result of the COVID–19 pandemic. The

Committee supports CDC's efforts to improve our understanding of the outcomes and health effects of COVID-19 infection, including cardiovascular disease. The Committee includes an increase of \$5,000,000 for the WISEWOMAN program to be expanded to additional States, growing the number of low-income, uninsured and underinsured women who are assessed and connected to resources. The Committee also includes an increase of \$10,000,000 for the Million Hearts initiative to increase education and outreach about the importance of healthy behaviors, regular heart screenings, and prevention measures.

Inflammatory Bowel Diseases.—The Committee includes an increase of \$500,000 to support an initial pilot education and outreach program targeted toward healthcare providers, inflammatory bowel disease (IBD) patients, and people with IBD-type symptoms, including those from minority populations, and focused on improving remission rates by reducing the time to diagnosis and the start of effective treatments. Additionally, the Committee encourages CDC to collaborate with organizations that serve the IBD patient community in planning and executing this pilot.

Interstitial Cystitis.—The Committee includes an increase of \$400,000 for interstitial cystitis activities.

Johanna's Law.—The Committee includes an increase of \$2,000,000 for CDC's Inside Knowledge Campaign that raises awareness of the five main types of gynecological cancer: cervical, ovarian, uterine, vaginal, and vulvar. This campaign educates women of all ages, races, and ethnic groups, and healthcare providers.

Lung Cancer.—The Committee remains concerned about the high morbidity and mortality of lung cancer. Early detection and treatment of lung cancer translates into higher survival rates. The Committee encourages CDC to incorporate lung cancer screening awareness and referral into its tobacco prevention and control activities.

Lupus.—The Committee includes an increase of \$1,000,000 for activities to advance public health knowledge about lupus, which will lead to improved care for those living with the disease.

Multiple Myeloma.—The Committee is concerned about the burden of multiple myeloma on patients and their caregivers. The Committee encourages CDC to increase outreach and education of myeloma among high-risk individuals especially among African Americans, Hispanics, and other communities of color.

Nutrition, Physical Activity and Obesity.—The Committee supports CDC's efforts to protect the health of Americans at every stage of life by encouraging regular physical activity, good nutrition, and preventing adult and childhood obesity. The Committee is concerned that the eligibility for the High Obesity Program is limited to communities with high obesity rates solely among adults, without taking into account childhood obesity rates. This exclusion represents a missed opportunity to address the important public health problem of childhood obesity, which can lead to high blood pressure, sleep apnea, high cholesterol, fatty liver disease, psychological problems and more. The Committee encourages CDC to consider including high childhood obesity rates in its eligibility criteria for the High Obesity Program.

Oral Health.—The Committee includes an increase of \$2,000,000 to expand support to State and territorial health departments in their efforts to reduce oral disease and improve oral health through effective interventions.

Ovarian Cancer.—The Committee includes an increase of \$2,000,000 to advance ovarian cancer prevention, early detection, risk assessment, and access to the standard of care.

Prevention Research Centers.—The Committee includes an increase of \$5,000,000 to expand the national network conducting prevention research and translating research results into policy and public health practice that address local health needs.

Prostate Cancer.—The Committee supports CDC's efforts to increase the public's awareness of prostate cancer risks, screening, and treatment, and improve surveillance of this disease. The Committee encourages CDC to increase outreach and education among high-risk men, especially African-American men.

Psoriatic Disease.—The Committee recognizes the value of the Public Health Agenda for Psoriasis and Psoriatic Arthritis and its impact in interventions to address psoriatic disease over the past decade. Despite significant advancements in research, treatment options, and care approaches for this community, the Committee is concerned that many individuals, especially people of color, remain undertreated and are not achieving optimal health outcomes. The Committee encourages CDC to develop an updated public health agenda and action plan to be focused on addressing the systemic nature of the disease, unmet needs, heterogeneity of disease and treatment response, and diversity of diagnosis, care and outcomes.

Racial and Ethnic Approaches to Community Health.—The Committee includes a total increase of \$10,000,000 to continue scaling this program to all States and territories, and support grantees in building capacity for collaboration and disseminating evidence-based strategies in communities. Racial and Ethnic Approaches to Community Health (REACH) is a vital initiative to help eliminate healthcare disparities in minority communities. The Committee's recommended level includes an increase of \$5,000,000 for Good Health and Wellness in Indian Country.

Safe Motherhood and Infant Health.—The Committee includes a total increase of \$56,000,000 for this portfolio of programs to improve the health of pregnant and postpartum individuals and their babies, including to reduce disparities in maternal and infant health outcomes. Building on the commitment made in FY 2021, the total funding allows for the expansion of Maternal Mortality Review Committees (MMRCs) and Perinatal Quality Collaboratives (PQCs) to all States and territories and for increased support to current States and territories, as well as increased support for other programs including Sudden Unexplained Infant Death (SUID). The Committee encourages CDC to help MMRCs build stronger data systems and improve data collection at the State level to create consistency in data collection, analysis, and reporting across State MMRCs. This investment is necessary to provide accurate national statistics on U.S. maternal mortality rates and will inform data-driven actions to prevent these deaths. The Committee requests a report within 90 days of enactment of this Act on barriers to effective and consistent data collection and opportunities to improve coordination among State MMRCs. PQCs improve

maternal and neonatal outcomes using known prevention strategies such as reducing severe pregnancy complications associated with high blood pressure and hemorrhage. PQC's help to address the high incidence of maternal mortality, particularly among women of color, maternal opioid use disorder and neonatal abstinence syndrome as a result of the opioid crisis, which has been exacerbated by the COVID-19 pandemic. The Committee requests an update on the PQC program and challenges faced, including those created by the COVID-19 pandemic, within 90 days of enactment of this Act. Furthermore, little is known about the tragic, sudden, and unexpected deaths of young children because of variations in investigations and the way deaths are certified. The Committee urges CDC to facilitate data and analysis, including the expansion of the SUID and Sudden Death in the Young Case Registry, to improve SUID prevention strategies.

Social Determinants of Health.—The Committee includes an increase of \$150,000,000 for investments in social determinants of health (SDOH) to improve health equity. The Committee includes funding to expand activities to address SDOH in States, local, tribal and territorial jurisdictions to improve outcomes among persons experiencing health disparities and inequalities, including, but not limited to, expanding and implementing Accelerator Plans, initiating a SDOH implementation program, providing technical assistance to communities and continuing to build the evidence base and advance data collection to better understand health disparities. Social Determinants Accelerator Plans should include a description of the health and social outcome objectives; identify populations that would benefit from implementation of the plan, including Medicaid-eligible individuals; and identify non-governmental, private, or public health organizations and community organizations that would participate in the development of the plan. Grantees may use a portion of grant funding to convene government entities, public and private stakeholders, and to engage qualified research experts in developing Social Determinants Accelerator Plans.

Tobacco.—The Committee includes an increase of \$12,500,000 so that CDC and States can more robustly respond to the public health threat caused by youth use of e-cigarettes, enhance efforts to reduce tobacco use among disparate populations and in areas with high tobacco use rates and tobacco-related mortality, and expand education efforts to reach youth influencers.

Vision and Eye Health.—The Committee is aware that vision impairments and eye disease contribute to or complicate many other serious and costly chronic health conditions, including diabetes, cardiovascular disease, injuries and death related to falling, depression, and cognitive decline. State and community partnerships are essential in promoting messages of early detection and coordinating access to treatment to prevent eye disease from progressing to permanent vision loss.

BIRTH DEFECTS, DEVELOPMENTAL DISABILITIES, DISABILITIES AND HEALTH

Appropriation, fiscal year 2021	\$167,810,000
Budget request, fiscal year 2022	172,810,000
Committee Recommendation	186,810,000
Change from enacted level	+19,000,000
Change from budget request	+14,000,000

This account supports efforts to conduct research on and address the causes of birth defects and developmental disabilities, as well as reduce the complications of blood disorders and improve the health of people with disabilities.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2022 Committee
Child Health and Development	\$66,800,000
<i>Birth Defects</i>	19,000,000
<i>Fetal Death</i>	900,000
<i>Fetal Alcohol Syndrome</i>	12,000,000
<i>Folic Acid</i>	3,150,000
<i>Infant Health</i>	8,650,000
<i>Autism</i>	23,100,000
Health and Development for People with Disabilities	80,660,000
<i>Disability & Health</i>	41,000,000
<i>Tourette Syndrome</i>	2,000,000
<i>Early Hearing Detection and Intervention</i>	10,760,000
<i>Muscular Dystrophy</i>	8,000,000
<i>Attention Deficit Hyperactivity Disorder</i>	1,900,000
<i>Fragile X</i>	2,000,000
<i>Spina Bifida</i>	7,000,000
<i>Congenital Heart</i>	8,000,000
Public Health Approach to Blood Disorders	11,400,000
Hemophilia 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	15,000,000

Blood Disorders.—The Committee includes an increase of \$5,000,000 to expand sickle cell data collection efforts in multiple States. The Committee urges an expansive sickle cell surveillance program to better identify affected individuals, understand their health outcomes and comorbidities, and evaluate their utilization of the most effective and appropriate treatments to prevent complications and risk factors that affect individuals living with the disease.

Cerebral Palsy.—The Committee encourages CDC to explore cross-divisional funding opportunities, networks, data sets and systems to accelerate data-driven public health research to improve Cerebral Palsy (CP) surveillance and develop increased understanding of the mechanisms leading to earlier diagnosis and improved outcomes to reduce the public health burden of CP. The Committee also encourages CDC to conduct an updated study from the 2003 report on the healthcare and societal costs of CP in the U.S.

Congenital Heart Defects.—The Committee includes an increase of \$1,000,000 for grants or cooperative agreements to provide technical assistance to State and local agencies to complement intramural programs and to conduct applied research related to screening, evaluation, diagnosis, results reporting, data collection, surveillance, intervention programs, systems, and follow-up of children identified through Critical Congenital Heart Defects screening to better understand the long-term outcomes and needs of this population.

Early Hearing Detection and Intervention.—The Committee is aware of the significant racial and ethnic disparities in care facing

children with hearing loss, and the effect unaddressed congenital hearing loss has on communication skills, psychosocial development, educational progress, and language development. The Committee encourages CDC to expand their work to improve surveillance of early hearing detection and intervention systems to ensure access to timely identification of congenital and acquired hearing loss and develop materials to enhance connection to follow up services among racial and ethnic minorities, and other medically underserved populations.

Fetal Alcohol Spectrum Disorders.—The Committee includes an increase of \$1,000,000. The Committee is concerned about the rising trend of prenatal alcohol consumption and increased rates of fetal alcohol spectrum disorders (FASD). The Committee urges CDC to increase support to: expand prevention efforts to heighten awareness of FASD and the risks associated with prenatal alcohol exposure; and strengthen existing national community-based and professional FASD networks to expand access to diagnostic, treatment, intervention, and other essential services.

Fragile X and Fragile X-Associated Disorders.—The Committee commends CDC's efforts to identify and define the population impacted by fragile X (FX) and all conditions associated with the gene mutation with the goal of understanding the public health impact of these conditions. To help this effort, the Committee urges CDC to support additional strategies to promote earlier identification of children with FX. The Committee also urges CDC to work to ensure underserved populations at risk of FX conditions are being properly diagnosed and are aware of medical services available.

Improving the Health of People with Intellectual Disabilities.—The Committee includes an increase of \$5,000,000 for the expanded provision of year-round, grassroots activities in communities to create opportunities for health screenings and access to quality healthcare, and health and wellness programming for people with intellectual disabilities. These efforts enhance the lives of individuals while eliminating stigmas and stereotypes.

Muscular Dystrophy.—The Committee includes an increase of \$2,000,000 to enhance Muscular Dystrophy research and disease surveillance initiatives, including the Duchenne Muscular Dystrophy Care Considerations. The Committee directs CDC to provide a report within 120 days of enactment of this Act describing the allocation for specific activities in fiscal years 2020 and 2021. The report should, to the extent practicable, identify program priorities, including an evaluation of the impact of the Duchenne Muscular Dystrophy Care Considerations across the country on patient outcomes and any remaining gaps, particularly in rural and underserved areas. CDC should also address the following three areas of unmet need: evaluating the differences in care and outcomes between Certified Duchenne Care Centers (CDCC) and non-CDCC MD-STARnet data and other data sources; the availability of consistent and coordinated care for adults with Duchenne as they transition from pediatric care settings to adult care settings; and the impact of progressive disability on the mental health of patients and their caregivers. The Committee encourages CDC to partner with stakeholder organizations to leverage additional knowledge and resources to advance this work.

Prenatally and Postnatally Diagnosed Conditions Awareness Act (P.L. 110–374).—As a response to the growth in prenatal screening and testing, Congress passed this Act to ensure women receive accurate information on genetic testing, community support, and outcomes of care for their children when they receive a prenatal or postnatal diagnosis for Down syndrome or similar conditions. The Committee requests an update on the efforts to implement the Act in the fiscal year 2023 Congressional Budget Justification.

Spina Bifida.—The Committee is aware of a growing incidence of sudden death in the adult spina bifida population, and understands that there is a significant need to study this issue and to address the transitional and adult care needs of the growing, aging spina bifida community. Therefore, the Committee encourages CDC to use funding for the National Spina Bifida Program to support the continuation of the Spina Bifida Clinical Care Monitoring and Tracking Program, which works with the National Spina Bifida Registry, to guide the health care community in best treatment options for people living with spina bifida; and to expand and modernize data collection, including the National Spina Bifida Patient Registry and surveillance activities to allow for data collection from more clinics and individuals with spina bifida.

PUBLIC HEALTH SCIENTIFIC SERVICES

Appropriation, fiscal year 2021	\$591,997,000
Budget request, fiscal year 2022	741,997,000
Committee Recommendation	756,997,000
Change from enacted level	+165,000,000
Change from budget request	+15,000,000

This account supports programs that provide leadership and training for the public health workforce, support infrastructure to modernize public health surveillance, promote and facilitate science standards and policies, and improve access to information on disease outbreaks and other threats.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2022 Committee
Health Statistics	\$190,397,000
Surveillance, Epidemiology, and Informatics	460,600,000
Public Health Workforce	106,000,000

Artificial Intelligence Recruitment.—The Committee recognizes that there are many challenges in recruiting the public health workforce and encourages the consideration of human resource technology augmented by cloud-agnostic, commercial off-the-shelf automated machine learning decision assistance software, while preserving fairness throughout the human resource processes.

Community Health Workers.—The Committee commends CDC for integrating community health workers into care teams, community-based organizations, and coordinated public health-led actions to manage COVID–19 among priority populations within communities. The Committee urges CDC to continue this critical investment by supporting, promoting and expanding State investments in the community health worker workforce in the COVID–19 response and long-term efforts to address the social determinants of health

and achieve health equity in partnership with community health worker professional organizations.

Disability Data.—The Committee encourages CDC to ensure disability data is included as a core demographic component across surveys and surveillance systems administered by the National Center for Health Statistics. The Committee encourages CDC to support and fund research focused on the community of people with disabilities as a whole.

Familial Hypercholesterolemia.—The Committee includes \$100,000 to support public health efforts focused on this inherited genetic disorder to improve diagnosis and care delivery and prevent heart disease.

National Center for Health Statistics.—The Committee includes an increase of \$15,000,000 for the National Center for Health Statistics, a component of our nation's public health infrastructure, to monitor the health of the American people and to make much-needed investments in the next generation of surveys and products.

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

Overdose and Suicide Data Collection.—The Committee recognizes the importance of timely and accurate data to understand the incidence and prevalence of health outcomes to effectively respond to emerging trends, especially drug overdoses and suicides. Data on fatal overdoses and suicide become publicly available six months to over a year after they occur. These delays hinder the ability of communities to respond quickly to preventable deaths. The Committee directs CDC to evaluate its current process for fatal overdose, non-fatal overdose, suicide, and suicide attempts/self-harm data collection. The Committee further directs the CDC to develop recommendations to reduce reporting lags while maintaining data accuracy, and to submit these recommendations to the Committee within 180 days of enactment of this Act.

Primary Immunodeficiencies.—The Committee includes funding to continue the existing program of education and awareness related to primary immunodeficiencies and to expand allowable use of funding to include genetic sequencing surveillance. This program has proven effective in identifying undiagnosed patients and linking them to centers of care.

Public Health Data Modernization Initiative.—The Committee initiated the funding for the Data Modernization Initiative (DMI) to create modern, integrated, and real-time public health surveillance with CDC, State, territorial, local and tribal partners in fiscal year 2020 and provided significant resources through annual and supplemental appropriations, including \$500,000,000 in the American Rescue Plan (P.L. 117–2). The Committee directs CDC to create a standards-based, interoperable public health infrastructure where systems can communicate and share data seamlessly; advance standards so that information can be stored and shared across systems and facilitate complete and timely reporting so that our public health system has essential data on race, ethnicity, pregnancy status, treatments, and co-morbidities that are critical for achieving equity in public health responses. The Committee urges CDC to consider innovative mechanisms to ensure States and local jurisdictions, where appropriate, have access to this funding

to modernize their vital records data systems in accordance with the goals of the initiative. The Committee reiterates that the National Center for Health Statistics is to be fully integrated in the DMI. The Committee acknowledges the need for sustained funding for this public health infrastructure and thus, includes \$150,000,000, an increase of \$100,000,000, to continue to move from siloed and brittle public health data systems to connected, resilient, adaptable, and sustainable systems to achieve real change. Essential to this significant effort are core data standards and support to recruit and retain the data science workforce. This is a massive undertaking by CDC, and it will only be successful with the commitment to improvement by the entire agency and active engagement with partners.

Public Health Workforce.—The Committee includes an increase of \$50,000,000 to aid in the rebuilding of the public health workforce. At this funding level, CDC will double the number of Epidemic Intelligence Service and Laboratory Leadership Service Fellows, ensuring the opportunity for placement of a fellow in every State. The Committee recognizes that a robust and well-trained public health workforce is critical to maintaining a highly effective public health infrastructure.

Vital Statistics Reporting.—The Committee encourages CDC to engage with the National Academies of Science, Engineering, and Medicine to improve vital statistics and death reporting.

ENVIRONMENTAL HEALTH

Appropriation, fiscal year 2021	\$222,850,000
Budget request, fiscal year 2022	332,850,000
Committee Recommendation	343,350,000
Change from enacted level	+120,500,000
Change from budget request	+10,500,000

The Committee recommendation includes \$326,350,000 in discretionary appropriations and \$17,000,000 in transfers from the PPH Fund.

Programs supported within Environmental Health conduct surveillance and data collection to detect and address emerging pathogens and environmental toxins that pose significant challenges to public health, as well as determine whether and at what level of exposure these substances are harmful to humans.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2022 Committee
Environmental Health Laboratory	\$72,750,000
<i>Newborn Screening Quality Assurance Program</i>	23,000,000
<i>Newborn Screening /Severe Combined Immunodeficiency Diseases</i>	1,250,000
Environmental Health Activities	17,000,000
Safe Water	8,600,000
Amyotrophic Lateral Sclerosis (ALS) Registry	10,000,000
Climate and Health	110,000,000
Trevor's Law	2,000,000
Environmental and Health Outcome Tracking Network	34,000,000
Asthma	34,000,000
Childhood Lead Poisoning	50,000,000
Lead Exposure Registry	5,000,000

Amyotrophic Lateral Sclerosis Registry.—The Committee directs CDC to present a plan to the Committee within 90 days of enactment of this Act to enhance the oversight and advisory process for the National ALS Registry to increase transparency and better reflect the needs of the ALS community. This plan should consider ways to translate Registry findings to human application that can lower the risks and disease burden of ALS, make disease reporting more representative, more accurate, and more inclusive, and include a range of estimates rather than point estimates of ALS prevalence. Equally important are updates to the survey process to ensure the data they collect are impactful and respectful of participant burden. Finally, the plan should ensure that the ALS community can view as much Registry information as possible without compromising the privacy of participants.

Asthma.—The Committee includes an increase of \$4,000,000 for the National Asthma Control Program to increase the number of States carrying out programmatic activities. The Committee recognizes that millions of people in the U.S. suffer from asthma, and that it disproportionately affects African American children.

Childhood Lead Poisoning.—The Committee includes an increase of \$11,000,000 to support the expansion of direct CDC assistance and funding to additional State and local public health departments. The Committee believes that CDC's expertise and technical assistance can be a valuable asset. The Committee directs CDC to provide a report within 90 days of enactment of this Act on plans to make direct assistance and funding available to additional State and local programs. Furthermore, the Committee encourages CDC to require that States receiving funding for lead prevention report all blood tests in a standardized format through the Nationally Notifiable Noninfectious Diseases and Conditions reporting system.

Climate and Health.—The Committee includes an increase of \$100,000,000 to expand the Climate and Health program to all States and territories to identify potential health effects associated with climate change and implement health adaptation plans. Climate-related events affect everyone, but not everyone is affected equally.

Improving Pediatric Reference Intervals.—The Committee encourages CDC to initiate efforts to improve the accuracy of pediatric reference intervals.

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

Newborn Screening.—The Committee includes an increase of \$5,000,000 to further support newborn screening efforts so that affected newborns can receive early and often life-saving treatment through the timely implementation for all Recommended Uniform Screening Panel conditions. The Committee is aware that State laboratories need specialized support to begin screening for additional newborn conditions and recognizes CDC's expertise in working with laboratories to implement accurate newborn screening tests. The Committee urges the Newborn Screening Quality Assurance Program to support State laboratories as they implement screening for new disorders. The increase in funding will enable States to establish testing for new conditions and improve testing of current conditions; build technical capacity in States by providing education, training and technical assistance to address test-

ing challenges and determine appropriate testing methods for rapid screening; and ensure test results for new conditions are accurate by improving test result interpretation and expanding data analytic capacity.

Tuberous Sclerosis Complex.—The Committee encourages CDC to take into consideration Tuberous Sclerosis Complex (TSC) as a possible cause of autism, epilepsy, and cardiac rhabdomyomas in surveillance. The Committee encourages CDC to counsel researchers and other stakeholders to facilitate development of a viable newborn screening assay for TSC.

INJURY PREVENTION AND CONTROL

Appropriation, fiscal year 2021	\$682,879,000
Budget request, fiscal year 2022	1,103,169,000
Committee Recommendation	1,064,169,000
Change from enacted level	+381,290,000
Change from budget request	-39,000,000

Programs supported within Injury Prevention and Control provide national leadership on violence and injury prevention, conduct research and surveillance, and promote evidence-based strategies to inform real-world solutions to prevent premature death and disability and to reduce human suffering and medical costs caused by injury and violence.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2022 Committee
Domestic Violence and Sexual Violence	\$40,200,000
<i>Child Maltreatment</i>	7,250,000
<i>Child Sexual Abuse Prevention</i>	2,500,000
Community and Youth Violence Prevention	115,100,000
Domestic Violence Community Projects	10,500,000
Rape Prevention	101,750,000
Suicide Prevention	14,000,000
Adverse Childhood Experiences	7,000,000
National Violent Death Reporting System	34,500,000
Traumatic Brain Injury	8,750,000
Elderly Falls	2,050,000
Drowning	2,000,000
Injury Prevention Activities	28,950,000
Opioid Overdose Prevention and Surveillance	663,369,000
Injury Control Research Centers	11,000,000
Firearm Injury and Mortality Prevention Research	25,000,000

Adverse Childhood Experiences.—The Committee includes an increase of \$2,000,000 to expand efforts including technical assistance to States to analyze data and burden. The Committee requests a report within 120 days of enactment of this Act on the viability and utility of a Positive Childhood Experience Surveillance System that measures resilience factors in a State or community.

Child Sexual Abuse Prevention.—The Committee includes an increase of \$1,000,000 and recognizes the severe and often life-long physical, cognitive and emotional impact of child sexual abuse. CDC’s child sexual abuse prevention research includes opportunities to improve surveillance systems and data collection, increase the understanding of risk and protective factors, and develop and disseminate effective prevention efforts.

Community and Youth Violence Prevention.—The Committee includes an increase of \$100,000,000 for a new evidence-based community violence intervention, which aims to prevent intentional violence, such as mass casualty violence or gang violence. The Committee encourages CDC to fund a broad range of interventions, including programs to provide de-escalation and conflict mitigation skills.

Domestic Violence and Sexual Violence.—The Committee includes an increase of \$5,000,000 for domestic violence and sexual violence. The Committee notes the importance of the collection, reporting, and sharing of data on domestic violence and sexual violence. In addition, the Committee recognizes that the fiscal year 2022 appropriation invests in efforts to end gender-based violence across multiple Federal agencies. The Committee notes that the United Nations urged countries to adopt national action plans to combat gender-based violence and violence against women, including domestic violence. The Committee directs CDC to work in coordination with the Administration for Children and Families, the Office of the Surgeon General, and the Department of Justice to create a National Domestic Violence Prevention Action Plan to expand, intensify, and coordinate domestic violence prevention efforts among Federal, State, local, and tribal government agencies and with other relevant stakeholders to ensure a whole-of-government, goal-oriented, community-informed, forward looking approach in addressing domestic violence prevention in the U.S. and report the plan to the Committee no later than one year after enactment of this Act.

Domestic Violence Community Projects.—The Committee includes an increase of \$5,000,000 to expand the reach of the Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) program.

Drowning.—The Committee includes new dedicated funding to scale proven drowning prevention programs, including programs working with underserved youth, and to support State drowning surveillance efforts and a national plan on water safety. The Committee is concerned that protocols for proper lifeguard positioning at pools are not based on scientific testing, and therefore, lifeguards are often positioned so that they cannot identify a patron in distress before drowning leads to serious injury or death. The Committee urges CDC to identify gaps in scientific evidence for lifeguard positioning to support the Model Aquatic Health Code provisions, specifically as it relates to Zone of Patron Surveillance requirements. Furthermore, the Committee is concerned about drowning rate of children with autism. The Committee urges CDC to work with State and local organizations to identify subgroups of the populations at greater risk for drowning, including autistic children and specific racial/ethnic groups, and to develop initiatives aimed at preventing drowning among these populations.

Drug Use Surveillance.—The Committee notes that trends in drug use change quickly and vary significantly geographically. The Committee encourages CDC to develop a strategy to expand the use of the National Wastewater Surveillance System for drug use surveillance to quickly detect emerging drug-use trends to more effectively implement public health interventions.

Firearm Injury and Mortality Data.—The Committee urges CDC to collaborate with the National Institute of Justice to compile, share, and improve gun violence data. Such data should include the Uniform Crime Report and include data from hospitals treating victims of nonfatal gunshot wounds.

Firearm Injury and Mortality Prevention Research.—The Committee includes an increase of \$12,500,000 for research on firearm injury and mortality through a public health approach that focuses on data to understand its causes and to inform prevention strategies. The Committee directs CDC to focus on activities that will have the greatest potential public health impact. Furthermore, the Committee recognizes that community gun violence, such as gang violence, constitutes a significant portion of gun homicides in the U.S. There is a disproportionate impact of community gun violence on low-income communities of color, which is not often reflected in the national narrative surrounding gun violence. The Committee encourages CDC to support research on community gun violence, reflecting the diversity of the victims of gun violence. Furthermore, the Committee urges CDC to investigate the impact of access to teen and youth services in a community on rates of community violence.

Injury Control Research Centers.—The Committee includes an increase of \$2,000,000 to award additional grants.

National Violent Death Reporting System.—The Committee includes an increase of \$10,000,000 to collect data on gender identity and sexual orientation. This data will increase our understanding of violent deaths among disproportionately affected groups and inform efforts towards decreasing the number of deaths across groups.

Opioid Abuse and Overdose Prevention.—The Committee includes an increase of \$187,790,000 and appreciates efforts by CDC to ensure that funding for opioid and stimulant abuse and overdose prevention reaches local communities to advance local understanding of the opioid overdose epidemic and to scale-up prevention and response activities, as intended by Congress. The Committee encourages CDC to consider community member naloxone education as a criterion when distributing overdose prevention funds. In addition, the Committee directs that CDC report on the results of the investments in local cities, counties, and communities and ensure that traditionally underrepresented communities, including rural and tribal communities, receive equitable access to funds in the fiscal year 2023 Congressional Budget Justification. In addition, the Committee notes that chronic pain is a disabling and costly health condition; who is affected, the extent of resulting disability, the nature and accessibility of effective pain management, and related costs all remain largely unknown. The Committee directs CDC to conduct the collection, analysis, and publication of population research data using questions from the National Health Interview Survey and other nationally representative population-based samples to describe those with chronic pain by patient age, comorbidities, part of body affected, socio-economic status, geographic location by State, county and city, payor source, race, and gender. The Committee further directs CDC to analyze and report data from the Medical Expenditure Panel Survey regarding the use of and associated direct healthcare costs related to pain manage-

ment treatments and services as well as indirect costs related to pain. Finally, the Committee directs CDC to report on the status of these activities in the fiscal year 2023 Congressional Budget Justification.

Rape Prevention.—The Committee includes an increase of \$50,000,000 to support rape prevention and education programs.

Suicide.—The Committee includes an increase of \$2,000,000 to expand surveillance and comprehensive prevention efforts, as suicide is devastating communities across the U.S.

Traumatic Brain Injury.—The Committee provides an increase of \$2,000,000 to begin to address concussion surveillance, particularly among children and youth.

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

Appropriation, fiscal year 2021	\$345,300,000
Budget request, fiscal year 2022	345,300,000
Committee Recommendation	360,300,000
Change from enacted level	+15,000,000
Change from budget request	+15,000,000

The National Institute for Occupational Safety and Health (NIOSH) conducts applied research, develops criteria for occupational safety and health standards, and provides technical services to government, labor, and industry, including training for the prevention of work-related diseases and injuries. This appropriation supports surveillance, health hazard evaluations, intramural and extramural research, instrument and methods development, dissemination, and training grants.

Within the total for NIOSH, the Committee recommends the following amounts:

Budget Activity	FY 2022 Committee
National Occupational Research Agenda	\$123,000,000
<i>Agricultural, Forestry, and Fishing</i>	28,500,000
Education and Research Centers	32,000,000
Personal Protective Technology	23,000,000
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	117,100,000

Agricultural, Forestry, and Fishing.—The Committee includes an increase of \$2,000,000 to expand efforts to protect workers in this sector by providing leadership in applied research, disease and injury surveillance, education and prevention.

Assessment of the Extent of COVID-19 Infections and Deaths Among Workers.—The Committee is aware that many groups of essential workers faced higher rates of COVID-19 infections and death during the pandemic, such as those employed in health care, first responders, meat and poultry, corrections, grocery, corrections, and transit industries. Many of these are low wage workers of color, whose jobs required them to report to work in person throughout the pandemic. In order to fully assess the extent and impact of the COVID-19 pandemic on workers and to protect them from unnecessary future exposure and infection, the Committee directs CDC to prepare: (1.) A study quantifying COVID-19 deaths by occupation and industry based upon an analysis of death certifi-

cates. Such report shall compare the higher risk occupations and the rate of COVID-19 deaths in the general population. Such report shall be provided to the Committee on Appropriations and the public 180 days from the date of enactment of this Act; and (2.) A report on the extent of COVID-19 infections among working populations by occupation, the factors that contribute to this increased risk, and a description of disparate impacts by race and ethnicity. The report should include an assessment of the adequacy of reporting and data collection of COVID-19 infections, outbreaks and deaths among workers, and recommendations and a professional budget justification for improvements in data collection and reporting by employers, localities, States and the Federal government for COVID-19 and future epidemics. Such report shall be provided to the Committee on Appropriations and the public within 180 days of enactment of this Act.

Education and Research Centers.—The Committee includes an increase of \$2,000,000 to support efforts to reduce work-related injuries and illnesses through prevention research, education, and implementation of programs to improve occupational health and safety and minimize the dangers faced by workers across the country.

Mining Program.—The Committee commends CDC for the progress outlined in the 2019–2023 mining program strategic plan to reduce overexposure to hazardous airborne contaminants in the mining environment by conducting studies to: (1) improve measurement of exposures to hazardous dusts, and to better understand the risks for respiratory diseases among mine workers; (2) develop and assess the effectiveness of interventions and technologies to prevent overexposure to hazardous dusts; and (3) to improve the adoption of control interventions and technologies.

Personal Protective Technologies.—The Committee recognizes the important role that CDC continues to provide regarding personal protective technologies in response to the COVID-19 pandemic and to protect workers every day and includes an increase of \$3,000,000 to support these efforts. The Committee directs CDC to review and report back to the Committee within 180 days of enactment of this Act, a consideration of how technology, including voice-activated technology, could save PPE and clinicians’ lives. This review should include specific analysis of the impact on nurses employed in acute care hospitals.

Total Worker Health.—The Committee includes an increase of \$4,000,000 to expand the Total Worker Health program, which supports and conducts ground-breaking research to advance the overall safety, health, and well-being of U.S. workers.

ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM

Appropriation, fiscal year 2021	\$55,358,000
Budget request, fiscal year 2022	55,358,000
Committee Recommendation	55,358,000
Change from enacted level	---
Change from budget request	---

The Energy Employees Occupational Illness Compensation Program provides compensation to employees and survivors of employees of Department of Energy facilities and private contractors who

have been diagnosed with a radiation-related cancer, beryllium-related disease, or chronic silicosis as a result of their work. NIOSH estimates occupational radiation exposure for cancer cases, considers and issues determinations for adding classes of workers to the Special Exposure Cohort, and provides administrative support to the Advisory Board on Radiation and Worker Health.

GLOBAL HEALTH

Appropriation, fiscal year 2021	\$592,843,000
Budget request, fiscal year 2022	697,843,000
Committee Recommendation	842,843,000
Change from enacted level	+250,000,000
Change from budget request	+145,000,000

Through its Global Health activities, CDC coordinates, cooperates, participates with, and provides consultation to other nations, Federal agencies, and international organizations to prevent and contain diseases and environmental health problems and to develop and apply health promotion activities. In cooperation with ministries of health and other appropriate organizations, CDC tracks and assesses evolving global health issues and identifies and develops activities to apply CDC’s technical expertise.

In addition, the American Rescue Plan (P.L. 117–2) included \$750,000,000 for global disease detection and emergency response.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2022 Committee
Global AIDS Program	\$128,421,000
Global Tuberculosis	9,222,000
Global Immunization Program	226,000,000
<i>Polio Eradication</i>	<i>176,000,000</i>
<i>Other Global/Measles</i>	<i>50,000,000</i>
Parasitic Diseases and Malaria	31,000,000
Global Public Health Protection	448,200,000

Global Health Security.—The Committee supports CDC’s work to protect global health security through programs that detect, prevent, and respond to infectious diseases and other health threats. Emerging infectious diseases such as COVID–19 and Zika and the global threat of spread of known diseases such as Ebola, represent profound challenges to our health system. The Committee supports CDC’s continued work on the development of new tools, especially diagnostics, the application of advanced molecular detection for the identification and tracking of diseases and disease variants at home and abroad, and core technical contributions to developing and validating tools for use by U.S. bilateral and multilateral global health programs and laboratory efforts to monitor and combat drug and insecticide resistance, functions essential to ensuring that global health programs are responsive, efficient, and tailored for maximum impact. The Committee urges CDC to ensure that the importance of research and development to global health security is appropriately reflected in their international engagements. The Committee requests an update in the fiscal year 2023 Congressional Budget Justification on how CDC is working with FDA, BARDA, and NIH to jointly coordinate global health research ac-

tivities with specific measurable metrics used to track progress and collaboration toward agreed upon health goals.

Global Public Health Protection.—The Committee includes an increase of \$245,000,000 to support and enhance CDC’s mission to protect the health of our nation including by working across the globe. The Committee supports CDC’s global efforts to detect epidemic threats earlier, respond more effectively, and prevent avoidable crises, including by providing support of program implementation and scientific and technical experts in Atlanta and in the field with concentrated efforts on countries, populations, and programs where resources will have the greatest public health impact. In addition, the Committee requests an update in the fiscal year 2023 Congressional Budget Justification on wastewater-based epidemiology and surveillance global detection efforts in the global response to COVID–19, including a professional judgement on the necessary budget and infrastructure requirements to fully operationalize these programs.

Global Water Strategy.—The Committee recognizes CDC’s work to provide sustainable Water, Sanitation, & Hygiene (WASH) in healthcare facilities, aligned with the 2017 U.S. Global Water Strategy, and to support WASH efforts to contribute to the elimination of cholera as a public health threat as outlined by Ending Cholera—A Global Roadmap to 2030. The Committee urges CDC to increase its WASH efforts in areas where Neglected Tropical Diseases are endemic.

Parasitic Disease and Malaria.—The Committee provides an increase of \$5,000,000 recognizing the important role CDC plays in the fight against malaria and parasitic disease. CDC provides crucial monitoring and surveillance of transmission, evaluation of interventions for effectiveness and impact, development of key diagnostics, and testing of tools in a real world setting that are critical to ensuring that our global health investments are smarter, better, and not wasteful. Therefore, the Committee encourages CDC to continue to research, monitor, and evaluate efforts for malaria and parasitic disease in collaboration across the agency and with other agencies.

Population-based Surveillance Platforms.—The Committee 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 Committee includes \$1,500,000 to extend the currently funded CDC projects aimed at surveillance, source remediation and clinical care to reduce soil transmitted helminth infection.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Appropriation, fiscal year 2021	\$842,200,000
Budget request, fiscal year 2022	842,200,000
Committee Recommendation	862,200,000
Change from enacted level	+20,000,000
Change from budget request	+20,000,000

The Public Health Preparedness and Response (PHPR) account supports programs that build and strengthen national preparedness for public health emergencies, both naturally-occurring and in-

tentional. PPHR supports needs assessments, response planning, training, epidemiology and surveillance, and upgrades for laboratory capacity and communications systems.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2022 Committee
Public Health Emergency Preparedness Cooperative Agreement	\$715,000,000
Academic Centers for Public Health Preparedness	8,200,000
CDC Preparedness and Response	139,000,000

Public Health Preparedness Cooperative Agreements.—The Committee includes an increase of \$20,000,000 to enhance investments in State, local, and territorial health departments to quickly detect, monitor, and respond to health threats. Public health system investments serve as the backbone for disaster and outbreak response in every State and the pandemic has shown that increased funding for preparedness is necessary for a baseline of consistent protection. The Committee directs that grant recipients incorporate Limited English Proficient (LEP) Individuals into their emergency response. Grant recipients must ensure they are conducting tailored and robust outreach efforts to LEP communities. In addition, the Committee requests a State distribution table in the fiscal year 2023 Congressional Budget Justification, which should also include how funding is being allocated to local health departments and how States are determining these allocations.

BUILDINGS AND FACILITIES

Appropriation, fiscal year 2021	\$30,000,000
Budget request, fiscal year 2022	55,000,000
Committee Recommendation	55,000,000
Change from enacted level	+25,000,000
Change from budget request	---

This account supports capital projects as well as repairs and improvements to restore, maintain, and improve CDC’s assets at facilities in seven States and San Juan, Puerto Rico.

The Committee continues language to allow CDC to retain unobligated funds in the Individual Learning Accounts from departed employees to support the replacement of the underground and surface coal mine safety and health research facility.

Maintenance Backlog.—The Committee includes an increase of \$25,000,000 to make significant progress on reducing CDC’s backlog of maintenance and repairs.

CDC-WIDE ACTIVITIES AND PROGRAM SUPPORT

Appropriation, fiscal year 2021	\$283,570,000
Budget request, fiscal year 2022	708,570,000
Committee Recommendation	1,308,570,000
Change from enacted level	+1,025,000,000
Change from budget request	+600,000,000

This account supports public health leadership and support activities at CDC.

The Committee recommendation includes \$1,148,570,000 in discretionary funds and \$160,000,000 in transfers from the PPH Fund.

In addition, the American Rescue Plan (P.L. 117–2) provided significant supplemental funding for the COVID–19 response, including \$7,500,000,000 for vaccination efforts and \$1,000,000,000 for vaccine confidence activities.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2022 Committee
Preventive Health and Health Services Block Grant	\$160,000,000
Public Health Leadership and Support	113,570,000
Infectious Diseases Rapid Response Reserve Fund	35,000,000
Public Health Infrastructure and Capacity	1,000,000,000

Infectious Diseases Rapid Response Reserve Fund.—The Committee includes an increase of \$25,000,000. As utilized during the initial response to COVID–19, the Reserve Fund will provide an immediate source of funding to quickly respond to an imminent infectious disease crisis that endangers American lives. Funds are available until expended.

Local Health Departments.—The Committee recognizes that COVID–19 has raised awareness of the importance of the role of local health departments in our nation’s governmental public health partnership to protect the public’s health. However, Federal funding intended for both State and local health departments does not consistently reach local health departments beyond those directly-funded. The Committee encourages CDC to require States to fund local health departments when programmatically appropriate.

National SARS–CoV–2 Genomic Surveillance Program.—The Committee recognizes that new SARS–CoV–2 variants continue to emerge across the globe, including variants that may have increased transmissibility and potential to evade vaccines. This dire situation demonstrates the need for a comprehensive genomic sequencing and surveillance program to discover and track the spread of these variants and devise appropriate public health countermeasures. The Committee directs NIH and CDC, in coordination with other HHS agencies as appropriate, to continue to expand national genomic surveillance to rapidly scale up sequencing of viral samples and dissemination of SARS–CoV–2 genomic data.

Prevention and Public Health Fund.—The Committee encourages the fiscal year 2023 Congressional Budget Justification to request Prevention and Public Health funds for programs it was intended to assist, such as cardiovascular/stroke prevention through Million Hearts.

Preventive Health and Health Services Block Grant.—The Committee continues to support the Preventive Health and Health Services Block grant, of which at least \$7,000,000 is to support direct services to victims of sexual assault and to prevent rape.

Public Health Infrastructure and Capacity.—The Committee includes \$1,000,000,000 for this new funding line to invest in core public health infrastructure and capacity nationwide. The COVID–19 pandemic exposed the inadequacies of the current public health ecosystem and the message from the Subcommittee hearing on Public Health Infrastructure on February 24, 2021 was clear: flexible, sustainable investments in public health are critical. The Committee recognizes that State, local, territorial, and Federal public

health partners need a long-term strategy and long-term investments, beginning at CDC. The Committee provides this new, annual funding to turn the tide on the nation’s public health infrastructure by providing a stable source of disease-agnostic funding so that nation’s State, local, territorial, and Federal public health agencies are better equipped to coordinate together to save lives. Each year, CDC awards nearly 75 percent of its budget through grants, cooperative agreements, and contracts to accomplish its mission; the Committee directs no less than 75 percent of this funding to be awarded to State, local, and territorial health departments.

Rural Health.—The Committee recognizes the unique challenges present in rural areas and encourages CDC to consider the importance of reaching those in rural areas.

Vaccine Outreach with Community Health Workers.—The Committee directs CDC to ensure funding made available through COVID–19 emergency supplemental appropriations supports a vaccine outreach program in partnership with community health workers to increase vaccine access in hardest-hit communities including Hispanic, Black, Asian, and Native American populations. In addition, the Committee requests a report within 120 days of enactment of this Act outlining best practices for increasing vaccine access in the aforementioned communities.

NATIONAL INSTITUTES OF HEALTH

Appropriation, fiscal year 2021	\$42,934,000,000
Budget request, fiscal year 2022	51,732,713,000
Committee Recommendation	49,434,000,000
Change from enacted level	+6,500,000,000
Change from budget request	–2,298,713,000

The Committee recommendation for the National Institutes of Health (NIH) program level includes \$48,162,495,000 in discretionary appropriations and \$1,271,505,000 in Public Health Service Act section 241 evaluation set-aside transfers. Within the total appropriation, the Committee recommendation includes \$496,000,000 in budget authority authorized in the 21st Century Cures Act (P.L.114–255).

The mission of NIH is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. NIH conducts and supports research to understand the basic biology of human health and disease; apply this understanding towards designing new approaches for preventing, diagnosing, and treating disease and disability; and ensure that these approaches are widely available.

The recommendation includes funding for initiatives established in the 21st Century Cures Act, including a total of \$194,000,000 for the Cancer Moonshot Initiative; \$541,000,000 for the “All of Us” precision medicine initiative (including \$150,000,000 from the Cures Act); and \$612,000,000 for the Brain Research through Application of Innovative Neurotechnologies (BRAIN) Initiative (including \$152,000,000 from the Cures Act).

The Committee includes specific funding allocations for several initiatives and activities detailed in the Institute- and Center-specific sections below.

NATIONAL CANCER INSTITUTE (NCI)

Appropriation, fiscal year 2021	\$6,559,852,000
Budget request, fiscal year 2022	6,733,302,000
Committee Recommendation	6,992,056,000
Change from enacted level	+432,204,000
Change from budget request	+258,754,000

Mission.—NCI leads, conducts, and supports cancer research across the nation to advance scientific knowledge and help all people live longer, healthier lives.

Cancer Data Sharing.—The Committee applauds NIH for creating the National COVID Collaborative (N3C), a commercial solution leveraged to create a centralized and secure database that researchers in academic institutions can use to study COVID–19 and identify potential treatments. The Committee encourages NIH to continue pursuing similar approaches to other critical areas of research, including cancer, where data sharing continues to be a barrier to progress. The Committee commends NCI’s data sharing efforts through the Cancer Moonshot, the Childhood Cancer Data Initiative, and other programs, and requests an update in the fiscal year 2023 Congressional Budget Justification on NCI’s continued progress toward adopting a centralized, secure, national platform to share cancer research data to drive new insights and speed research efforts across the country.

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

Cancer Moonshot.—The Committee directs NIH to transfer \$194,000,000 from the NIH Innovation Account to NCI to support the Cancer Moonshot initiative. These funds were authorized in the 21st Century Cures Act (P.L. 114–255).

Cancer Vaccines.—The Committee recognizes that the success of the COVID–19 vaccines—which became available less than a year from the outset of the pandemic and now deliver up to 95 percent protection rates—is due to the fact that these vaccines were built on messenger RNA technology, or mRNA, an approach that had been initiated for cancer research. While most traditional vaccines use inactivated viruses to stimulate an immune response, a complicated process that can take several years, mRNA vaccines use the body’s own genetic material, and can be developed much more quickly. The Committee understands that with further research, mRNA cancer vaccines could potentially be among the most cost-effective methods of preventing recurrences and the high costs of cancer care. The Committee commends the work of NCI, which is currently supporting multiple research projects focusing on the use

of mRNA vaccines, and encourages its continued commitment to moving the field forward for mRNA vaccines as an approach for cancer immunotherapy treatment and prevention. To better understand NCI's progress to date and the potential of new breakthroughs with mRNA, the Committee requests an update in the fiscal year 2023 Congressional Budget Justification on NCI's work on mRNA vaccines, noting existing barriers or challenges, if any.

Childhood Cancer Data Initiative (CCDI).—The Committee includes \$50,000,000 for the second year of the CCDI, as proposed in the fiscal year 2022 budget request. The development of new therapies is important to finding a cure for childhood cancers, many of which have not seen new therapies in decades. The Committee commends NCI for its support of the establishment of the National Childhood Cancer Registry as a part of the Childhood Cancer Data Initiative. Data sets for childhood cancers are often small and spread out across institutions or aggregated into State-wide or Federal registries where the particulars of incidence rate by cancer are lost. Traditional disease registries such as the Federally-supported Surveillance Epidemiology and End Results Program (SEER) and the CDC's National Program for Cancer Registries (NPCR) aggregated into the U.S. Cancer Statistics (USCS) do not yet include all of the data relevant to cutting-edge pediatric cancer research, such as the molecular characteristics of each child's cancer. The Committee urges NCI to use available resources to ensure all relevant data needed to assist childhood cancer researchers in developing innovative treatments for childhood cancer are made available through the National Childhood Cancer Registry and other integrated CCDI programs. The Committee requests an update on the progress made to increase available childhood cancer data in the fiscal year 2023 Congressional Budget Justification.

Childhood Cancer STAR Act.—The Committee includes no less than \$30,000,000, the same as the fiscal year 2021 enacted level, for continued implementation of sections of the Childhood Cancer Survivorship, Treatment, Access, and Research (STAR) Act to expand existing biorepositories for childhood cancer patients enrolled in NCI-sponsored clinical trials to collect and maintain relevant clinical, biological, and demographic information on children, adolescents, and young adults, with an emphasis on selected cancer subtypes (and their recurrences) for which current treatments are least effective. Funding provided this year will allow NCI to continue to conduct and support childhood cancer survivorship research as authorized in the STAR Act.

Deadliest Cancers.—The Recalcitrant Cancer Research Act (RCRA) of 2012 (P.L. 112–239) focuses on cancers with a five-year survival rate below 50 percent, which account for 44 percent of all U.S. cancer deaths. While advances in some cancers have made it possible to reduce the overall rate of cancer deaths over the last two decades, there has been limited progress reducing mortality for these diseases. For fiscal year 2020, Congress directed NCI to develop a scientific framework using the process outlined in the RCRA for stomach and esophageal cancers. The Committee notes that in addition to the ongoing framework development, NCI has also developed and received approval from its Board of Scientific Advisors to launch a Program in Origins of Gastroesophageal Cancers. Alongside the research and advocacy communities, the Com-

mittee appreciates NCI's efforts to keep the Committee apprised of continued research progress informed by the pancreatic, lung, glioblastoma, esophageal, and stomach cancer frameworks. The Committee encourages NCI to consider a similar process, as appropriate, for primary liver cancer, including cholangiocarcinoma. Given the toll all recalcitrant cancers exact on society and the lack of diagnostic and treatment resources currently available to help patients, the Committee also requests an update in the fiscal year 2023 Congressional Budget Justification on research goals to advance progress for the deadliest cancers (brain, esophagus, liver, lung, ovary, pancreas, stomach and mesothelioma).

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

Glioblastoma (GBM).—The Committee commends NCI for its establishment and initial implementation of the GBM Therapeutics Network (GTN). The GTN's cross-cutting teams' capability of pre-clinical and early-phase clinical trials necessary to rapidly evaluate potential treatments, including but not limited to 87 drugs, biologics, radiation, and devices, is what is needed to continue to advance toward cures and improved quality of life. The Committee urges NCI to continue to implement the GTN so that this program can rapidly launch clinical trials that speed access to promising qualified treatments to patients consistent with NCI's Glioblastoma Working Group recommendations in 2019.

Gynecologic Cancers.—The Committee continues to be concerned about the growing racial, socioeconomic, and geographic disparities in gynecologic cancers. In contrast to most other common cancers in the U.S., relative survival for women with newly diagnosed advanced cervical or endometrial cancer has not significantly improved since the 1970s. Furthermore, historical data demonstrates that Black and Latina women with gynecologic cancers are not as likely to receive standard therapy and/or die more frequently. The current COVID-19 pandemic has only exacerbated the health care disparities that were already present in minority and underrepresented communities. Therefore, the Committee urges NCI to expand the number of programs, projects, clinical trials, research grants, and contract opportunities for investigators that focus on discoveries that will positively impact access to prevention, early detection, diagnosis, and treatment for gynecologic cancers and address these now well-documented disparities. The Committee requests an update on NCI's research program for gynecologic cancers in the fiscal year 2023 Congressional Budget Justification, including specific grants and strategies where the intent is to over-

come these racial disparities in gynecologic cancers outcomes, including the underrepresentation of minority women in gynecologic cancer clinical trials.

HPV-Associated Cancers.—The Committee encourages NCI to expand research related to HPV-associated cancers.

Liver Cancer.—The Committee notes that liver cancer is the second deadliest cancer, with a five-year survival rate of only 20 percent. The number of liver cancer cases in the U.S. has increased by over 250 percent since 2000 and continues to increase. Since early detection of cancer in general and liver cancer in particular is the most effective way to reduce cancer mortality, the Committee urges NCI to support the research needed to develop a liver cancer screening test using the blood and saliva samples from widespread national COVID testing. This extensive and growing inventory of saliva and blood samples offers a unique opportunity to develop a liver cancer screening test that can soon reach over 100 million citizens, a number that will grow as COVID testing is expanded.

Melanoma.—As UV radiation is established as the primary carcinogen for melanoma, the Committee urges NCI to support research directed at genomic and mechanistic characteristics of mutagenesis; optimization of prevention strategies; and early detection and risk declassification strategies that leverage artificial intelligence, access to large databases, noninvasive technologies, and molecular markers that will support precision medicine.

Although SEER data show decline in mortality with the advent of new categories of treatment, some patients do not respond to initial treatment, and many of the responders have disease that will recur. The Committee encourages NCI to expand research on mechanisms of primary and secondary drug resistance and validation of predictive biomarkers that allow selection of optimal therapy and prediction of comprehensive longitudinal monitoring. Basic and translational goals should be facilitated through development and use of ever-improving models of human melanoma.

Building on the success of adjuvant therapies, and the promising results of neoadjuvant therapies, the Committee encourages NCI to continue support of research addressing tumor cell dormancy and metastases. The Committee encourages NCI to support multicenter trials that will determine whether shorter courses of therapy will decrease toxicity and costs while maintaining benefit, the role of adjuvant therapy and whether patients with earlier disease should receive adjuvant therapy and that further determine the role of adjuvant therapy in both treatment and drug development.

The Committee encourages NCI to support research on novel targets, especially for rare subtypes, and support development of registries where populations are not adequate for randomized trials. The Committee requests an update on these requests and a status of NCI-funded melanoma research in NCI's fiscal year 2023 Congressional Budget Justification.

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

options, research offers the best possibility of therapeutic advances and extended life for these patients. MBC is also associated with startling health disparities, since breast cancer mortality is about 40 percent higher for Black women in the U.S. than White women, and breast cancer is the second most common cause of death by cancer for Black women. The Committee believes that a renewed emphasis by NCI on research for MBC, especially in communities of color, is needed to discover better treatments and a cure for MBC and to address health disparities in this population. The Committee requests an update on NCI's activities regarding MBC in the fiscal year 2023 Congressional Budget Justification, including progress made with respect to inclusion of people of color in NCI-funded clinical trials in this area.

Metastatic Cancer Research.—While the early detection and treatment of early stage disease for many cancers results in cures, for most tumors, metastatic cancer remains incurable. More than 90 percent of cancer deaths are due to metastatic disease. In addition to genetic alterations in the cancer itself, recent research has revealed that there is a genetic basis for susceptibility to metastatic cancer or resistance to metastasis. More research is required to develop a comprehensive understanding of this complex process involving tumor and host interactions. Clinical trials are an important aspect of that progress, and diverse representation of patients in clinical trials is integral to the development of medications and therapies that effectively treat metastatic disease. Ethnicity, gender, age, and genetics all play a role in the safety and efficacy of a treatment for an individual. The Committee commends NIH and the Department of Defense (DoD) for work already underway to support research needs and opportunities identified in the April 2018 Task Force Report to Congress on Metastatic Cancer. The Committee encourages NIH to maintain collaborative efforts with DoD and provide subject matter expertise as appropriate as DoD continues to implement recommendations from the report aimed at achieving representation of the demographics of the U.S. population in clinical trials.

NCI Paylines.—Grant applications to NCI have increased by approximately 50 percent since 2013, outpacing available funding, with requests for cancer research ten-fold greater than other Institutes and Centers. With such a high demand for NCI grants, only a fraction of highly meritorious research proposals can be funded. To support more awards and improve success rates, the Committee provides an increase of \$200,000,000 for NCI to prioritize competing grants and to sustain commitments to continuing grants.

Pancreatic Cancer.—Pancreatic cancer is the third leading cause of cancer-related death in the U.S. In 2020, over 60,000 Americans will be diagnosed with pancreatic cancer; more Americans than ever before. The five-year survival rate for pancreatic cancer remains at just over ten percent. The Committee appreciates that NCI has adhered to and completed all reporting requirements of the Recalcitrant Cancer Research Act of 2012 (RCRA) as it pertains to the Pancreatic Cancer Scientific Framework. The Committee looks forward to updates and progress made on the action items identified in the pancreatic cancer focus areas. The Committee is encouraged to hear that NCI is building upon the RCRA's Strategic Framework and taking steps to integrate research efforts across

the NCI, and that several NCI-supported consortia focused on early detection have formed the Alliance of Pancreatic Cancer Consortia as a virtual network of researchers, clinicians, and advocacies to provide a platform and coordinate resources to discover and validate biomarkers and imaging methods for early detection. The Committee applauds this effort and requests an update in the fiscal year 2023 Congressional Budget Justification on progress made within the Alliance since its inaugural meeting in December 2016.

Pediatric Cancer Expertise.—The Committee recognizes that the Childhood Cancer STAR Act (P.L. 115–180) calls on NCI to ensure that all applicable study sections, committees, advisory groups, and panels at NCI include one or more qualified pediatric oncologists, as appropriate. The Committee requests an update in the fiscal year 2023 Congressional Budget Justification on the actions NCI has taken to ensure appropriate pediatric cancer expertise is included in such groups.

Prioritizing Underserved Populations in Cancer Clinical Trials.—The Committee remains concerned about the lack of equity and access to cancer clinical trials across the country. Groups that are generally underrepresented in clinical trials include racial and ethnic minorities and older and lower-income individuals as well as those from rural communities. To better identify and address these disparities, the Committee encourages NCI to continue to develop and prioritize trial recruitment strategies that consider socioeconomic status, race/ethnicity, or location and to prioritize grant applications that aim to recruit and enroll diverse patient cohorts when appropriate. The Committee urges NCI to continue collecting and publicly reporting research data on race/ethnicity, and to encourage the collection of data, when appropriate, on sexual orientation, gender identity, and other variables that are known to influence clinical outcomes.

Prostate Cancer.—The Committee remains concerned that prostate cancer lacks treatments for men with advanced disease as well as adequate diagnostic and imaging methodologies. To ensure Federal resources are leveraged to the greatest extent possible, the Committee encourages NCI to coordinate, when appropriate, its research efforts with other Federal agencies, including DoD, as well as private research foundations and advocacy groups.

Research on Cancer Disparities.—The Committee encourages NCI to continue its commitment to support the NCI Community Oncology Research Program and the activities of the Center to Reduce Cancer Health Disparities, two key efforts that contribute to building a cadre of community stakeholders and medical researchers prepared to engage in transdisciplinary approaches to address cancer, including its disparate impact on some communities nationwide. Although there have been significant advances in the prevention and treatment of cancer, evidence shows persistent differences in cancer incidence, late-stage diagnosis, and mortality in many States depending on socioeconomic status, geography, race, ethnicity, and other factors. The Committee encourages NCI to continue to prioritize research and training programs aimed at reducing health disparities in cancer, including through NCI's continued support of its integrated training, education, and outreach networks between communities and medical research centers. The Committee encourages NCI to prioritize partnerships with commu-

nity groups and other stakeholders to explore the issues associated with cancer disparities as identified by local communities and include activities to develop curriculum to inform health professions education to reduce medical mistrust in targeted groups and to highlight relevant research questions to address cancer disparities. Additionally, NCI efforts should support the development of a cancer research infrastructure to identify relevant research questions related to disparities and to develop integrated and sustainable approaches to reducing cancer disparities, including examining social determinants of health and their impacts on such disparities.

Skin Cancer in Communities of Color.—Research has shown that skin cancer in patients with skin of color is often diagnosed in its later stages, making treatment more difficult and decreasing the chances for survival. The Committee requests an update in the fiscal year 2023 Congressional Budget Justification regarding research that assesses factors contributing to later diagnoses of skin cancer among patients with skin of color, as well as research focused on measures to raise awareness of risk factors for skin cancer and to encourage activities that promote prevention and early detection of skin cancers among patients with skin of color and other underserved populations.

Telehealth-Based Services for Vulnerable Patients.—The COVID-19 pandemic significantly exacerbated the physical, emotional, and mental toll on cancer patients and families. Providing clinical and psychosocial services to address these challenges is an essential component of comprehensive cancer care across a patient’s lifespan. Cancer centers across the U.S. quickly pivoted to providing patient support and related health services by telehealth, although the extent to which all patients and families had equitable access to these services and the impact for those who have attended them is unknown. For example, both rural and urban underserved areas disproportionately lack reliable home-based Internet service, creating barriers for patients to access telehealth-based clinical and psychosocial support services. To overcome this, many cancer centers provided technical assistance to patients during the pandemic to support their use of telehealth. The Committee urges NCI to increase its support of research on the delivery and evaluation of telehealth-based clinical and psychosocial services, particularly among vulnerable patients and disadvantaged communities. This enhanced research would lead to evidence-based best practices, so that all patients can benefit from the most effective cancer care at all stages of the disease.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE (NHLBI)

Appropriation, fiscal year 2021	\$3,664,811,000
Budget request, fiscal year 2022	3,845,681,000
Committee Recommendation	3,866,828,000
Change from enacted level	+202,017,000
Change from budget request	+21,147,000

Mission.—NHLBI provides global leadership for a research, training, and education program to promote the prevention and treatment of heart, lung, and blood disorders and enhance the health of all individuals so that they can live longer and more fulfilling lives.

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. The Committee urges NHLBI to fund research into next generation cohorts, with a focus on understanding the development and progression of risk factors and detection of early signs of cognitive decline. Funded cohorts should be racially and ethnically diverse with broad geographic representation.

Blood Donor Questionnaire Educational Materials.—The Committee is concerned that certain FDA guidance in the educational materials provided in the blood donor questionnaire are inappropriate and misguided. The recommendations for deferral should not mention someone's sexual orientation, and rather focus on risk factors that might expose a potential donor to blood-borne illness. The Committee strongly recommends that NHLBI work with the FDA and remove or replace the recommended deferral of blood for men who have had sex with men in the last 12 months.

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

COVID-19-Associated Illnesses.—The Committee recognizes the growing burden of COVID-associated critical illnesses, including sepsis and pneumonia. The Committee encourages NHLBI to accelerate research into sepsis, pneumonia, and acute lung injury.

Duchenne Muscular Dystrophy.—In light of improvements in care leading to patients living into their third decade, the leading cause of death in Duchenne Muscular Dystrophy patients is heart failure. The Committee urges NHLBI to support research that characterizes cardiomyopathy in Duchenne and Becker Muscular Dystrophy. There is a gap in the ability to develop novel cardiac therapeutics for Duchenne Muscular Dystrophy due to a lack of accepted cardiac outcome measures. The Committee encourages NHLBI to convene a workshop with research, clinical, and patient organization leaders to work towards establishing viable cardiac outcome measures for the development of therapeutic agents to combat cardiomyopathy.

Health Disparities Research.—The COVID-19 pandemic has highlighted and exacerbated health disparities in the U.S. The Committee includes an increase of \$50,000,000 for NHLBI to support research related to identifying and reducing health disparities, the same as the fiscal year 2022 budget request.

Long-Term Impact of COVID-19.—The Committee notes with concern that an estimated ten percent of individuals who have recovered from COVID-19 are experiencing "long haul" health conditions, including serious respiratory diseases such as acute respiratory distress syndrome and pulmonary fibrosis. The Committee

urges NHLBI to prioritize research into the understanding, treatment and prevention of “long haul” post-COVID respiratory conditions, particularly among minority populations disproportionately impacted by COVID-19.

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. The Committee directs NHLBI to increase support for research on LE and to establish a Research Condition Disease Categorization category for research related to lymphedema.

Mitral Valve Prolapse (MVP) Workshop.—MVP is a common valve disease that has an estimated 2.4 percent prevalence. Though most cases are thought to be benign, reported complications such as severe mitral regurgitation and arrhythmias can result in sudden cardiac death (SCD). Medical research has found an association between MVP and SCD. Predictors of this outcome, however, are not readily available, underlying mechanisms are poorly understood, and indicators of high-risk individuals are lacking. Despite several studies, there is not sufficient data to generate guidelines for care of patients with valvular heart disease, including MVP. The Committee encourages NHLBI to convene a workshop of subject matter experts to identify research needs and opportunities with the goal of informing guidelines for treatment of patients with MVP.

National Commission on Lymphatic Diseases.—The Committee directs NIH to establish a National Commission on Lymphatic Diseases and to engage with relevant Institutes, Centers, and external stakeholders in establishing this Commission. The Committee directs NIH to provide an update on progress to establish the Commission within 60 days of the enactment of this Act.

National Chronic Obstructive Pulmonary Disease (COPD) Action Plan.—The Committee notes NHLBI’s role in crafting the National COPD Action Plan. NHLBI is encouraged to continue this important work by supporting additional research activities and collaborating with other Public Health Service agencies to facilitate implementation of the plan’s recommendations.

Polycystic Kidney Disease.—The Committee commends NIDDK for its continued commitment to Polycystic Kidney Disease Research and Translation Centers and the Pediatric Centers of Excellence in Nephrology, which improve our understanding of the causes of autosomal dominant polycystic kidney disease and autosomal recessive polycystic kidney disease. The Committee encourages NIDDK to ensure that funds previously committed for polycystic kidney disease research centers remain dedicated to funding other PKD research efforts.

Pulmonary Fibrosis (PF).—The Committee recognizes that PF is a family of more than 200 different lung diseases that all look very much alike despite having a variety of causes. This heterogeneity presents significant challenges for diagnosis and treatment. The Committee commends NHLBI for its recent efforts to apply the principles of precision medicine to PF research, especially by funding a major new study that will evaluate a promising treatment for a subset of patients with a particular gene variant. This study,

known as PRECISIONS, also aims to identify genetic variants that play a role in certain forms of PF. The Committee urges NHLBI to prioritize basic research on PF, particularly to better understand the causes and process of scarring and the varying impacts on patients.

Sickle Cell Disease (SCD) Research.—The Committee commends NIH for its ongoing support of clinical research for SCD, which imposes major morbidity on an estimated 90,000 to 100,000 individuals in the U.S., with three million Americans carrying the sickle cell trait. The Committee encourages NIH to support clinical trials for prenatal and postnatal treatment of SCD, which includes multiple promising approaches to eradicate this disease, save lives, and reduce dramatically the substantial health care costs associated with SCD for children and adults. The Committee encourages NIH to consider programs both domestically and globally to evaluate the effectiveness of screening technologies for infants and children with the sickle cell trait and disease.

Support for The Heart Truth Program.—For over a decade, The Heart Truth program has worked to raise awareness about women's risk of heart disease. The program's goals are to increase awareness that heart disease is the leading cause of death among women and to increase the conversations between women, and their health care providers. Accordingly, the Committee encourages the NHLBI to robustly fund The Heart Truth program.

Thalassemia.—Recent studies have shown that the length of time between when blood is donated and transfused does not impact outcomes for patients in need of an emergency blood transfusion, such as in cases of trauma or acute events. However, these studies do not determine the impact on chronically transfused patients, such as those with thalassemia, in which an administration of older red cells may exacerbate iron loading in the heart and other internal organs and contribute to worse outcomes for patients. The Committee urges NHLBI to establish research initiatives to address current gaps in clinical understanding in this area.

Valvular Heart Disease Research.—Many people in the U.S. have heart valve defects or disease but do not have symptoms. For some, the condition remains the same throughout their lives and does not cause significant or life-threatening problems. Unfortunately, over 25,000 people die each year in the U.S. from heart valve disease, primarily due to underdiagnosis and undertreatment of the condition. The Committee strongly supports more research into valvular heart disease. Such research should focus on advances in technological imaging and precision medicine to generate data on individuals with valvular heart disease, identify individuals who are at high risk of sudden cardiac death, and develop prediction models for high-risk patients, enabling interventions and treatment plans to help keep these patients healthy throughout their lives. Additionally, the Committee supports efforts by NIH to convene a workshop of subject matter experts to identify research needs and opportunities with the goal of informing guidelines for treatment of patients with valvular heart disease.

Vascular Dementia.—A growing number of Americans are developing severe forms of vascular dementia, conditions resulting from many years of living with chronic diseases such as hypertension and cardiovascular disease. This prevalence is especially high in

areas with high rates of hypertension, obesity, and lack of access to regular health care. Epidemiological studies and human pathology studies have demonstrated association of vascular risk factors, vascular diseases, and pathology with dementia. Research in animal models could further investigate causal relationships, understand mechanisms, and test novel interventions (including repurposing existing drugs). Study of the mechanisms of vascular dementia can help researchers to understand causation, develop new treatment therapies and study how to repurpose existing drugs to delay or halt disease progression. The Committee encourages NHLBI to continue its support for investigating potential relationship between vascular disease and risk factors for vascular dementia, leveraging the work of well-established longitudinal cohort studies of dementia and cardiovascular disease and experimental models well characterized phenotypes and mechanisms. The Committee encourages NHLBI to coordinate this research with NIA and NINDS to ensure that the continuum of research from basic science to observational cohort to clinical trial to implementation is maintained.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH
(NIDCR)

Appropriation, fiscal year 2021	\$484,867,000
Budget request, fiscal year 2022	516,197,000
Committee Recommendation	519,010,000
Change from enacted level	+34,143,000
Change from budget request	+2,813,000

Mission.—The mission of NIDCR is to improve dental, oral, and craniofacial health through research, research training, and the dissemination of health information.

Dental Restorative Materials.—To help address one of the U.S. commitments under the Minamata Convention on Mercury, the Committee encourages NIDCR to conduct additional research on durable mercury-free dental restorative materials.

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

Oral Microbiome.—The Committee appreciates NIDCR’s leadership in microbiome research, including its support of the Human Oral Microbiome Database. The Committee encourages NIDCR to build upon its microbiome research to discover and better understand the microbiome’s connection to overall health, including its influence on preventing and treating illness and disease.

SARS-CoV-2.—The Committee thanks NIDCR for its commitment to prioritizing research to answer critical research questions related to the novel coronavirus. The Institute’s research into high-impact areas such as transmission risk in dental environments is critical for the nation to continue fighting COVID-19 and to ensure everyone is as safe as possible.

Report on Oral Health in America.—The Committee greatly appreciates NIDCR’s leadership on the upcoming Report “Oral Health in America: Advances and Challenges”. The Committee anticipates the final release of the report and encourages NIDCR to utilize the findings of the 2021 Report to identify research gaps across dental,

oral, and craniofacial research and to pursue research opportunities to fill those gaps.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES (NIDDK)

Appropriation, fiscal year 2021	\$2,131,975,000
Budget request, fiscal year 2022	2,219,298,000
Committee Recommendation	2,237,625,000
Change from enacted level	+105,650,000
Change from budget request	+18,327,000

Mission.—The NIDDK mission is to conduct and support medical research and research training and disseminate science-based information on diabetes and other endocrine and metabolic diseases; digestive diseases, nutritional disorders, and obesity; and kidney, urologic, and hematologic diseases, to improve people’s health and quality of life.

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

Glomerular Disease.—The Committee continues to support the important work that the Cure Glomeruloneuropathy (CureGN) initiative has accomplished, which has led to breakthroughs for critical clinical trials. The Committee encourages NIDDK to continue supporting research on related conditions such as minimal change disease.

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

Interstitial Cystitis.—The Committee notes the progress of interstitial cystitis research through the Multidisciplinary Approach to the Study of Chronic Pelvic Pain (MAPP) Program and encourages NIDDK and stakeholders to continue collaboration on a comprehensive state of the science conference to examine mechanisms for scientific opportunity. The Committee requests an update on the progress of the conference in the fiscal year 2023 Congressional Budget Justification.

Liver Disease and Health Disparities.—The Committee notes the relationship between health disparities and a variety of conditions of the liver, such as nonalcoholic steatohepatitis (NASH) and non-alcoholic fatty liver disease (NAFLD). The Committee encourages NIDDK to continue to work with NIMHD and other Institutes and

Centers to advance liver disease research in a comprehensive and impactful way.

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

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

Prostate Cancer Disparities.—Nearly 250,000 men will be diagnosed with and 34,000 men will die from prostate cancer in 2021. Incidence of prostate cancer is almost 80 percent higher in non-Hispanic Black men, and prostate cancer mortality among Black men is more than double that of men in every other racial or ethnic group, representing a stark example of health inequity in cancer outcomes. The Committee supports NCI and NIMHD research on Prostate Cancer in Men of African American Ancestry: Defining the Roles of Genetics Tumor Markers, and Social Stress (RESPOND) Study, intended to identify the underlying causes of disparities in prostate cancer incidence and mortality. The Committee requests an update on the study in the fiscal year 2023 Congressional Budget Justification.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE
(NINDS)

Appropriation, fiscal year 2021	\$2,513,393,000
Budget request, fiscal year 2022	2,783,300,000
Committee Recommendation	2,799,515,000
Change from enacted level	+286,122,000
Change from budget request	+16,215,000

Mission.—The NINDS mission is to seek fundamental knowledge about the brain and nervous system and use that knowledge to reduce the burden of neurological disease.

BRAIN Initiative.—The Committee directs NIH to transfer \$76,000,000 from the NIH Innovation Account to NINDS to support the BRAIN Initiative. These funds were authorized in the 21st

Century Cures Act (P.L. 114–255). This collaborative effort is revolutionizing the understanding of how neural components and their dynamic interactions result in complex behaviors, cognition, and disease, while accelerating the development of transformative tools to explore the brain in unprecedented ways, making information previously beyond reach accessible.

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

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

Dystonia.—The Committee continues to urge NINDS to implement the recommendations from the NINDS workshop “Defining Emergent Opportunities in Dystonia Research” and engage with other Institutes and stakeholders on advancing translational research that may lead to more treatment options for those affected by dystonia.

Expanded Access to ALS Treatments.—The Committee supports efforts to expand access for neurodegenerative diseases with no disease modifying treatments. The Committee encourages NINDS to collaborate with stakeholders to expand access for patients unable to access treatment through clinical trials.

Headache Disorders.—Migraine is a leading cause of disability, affecting more than 17 percent of people in the U.S. The statutory language providing authority for Helping End Addiction Long-Term (HEAL) Initiative cites the necessity of attending to disease burden in prioritizing HEAL research programs (42 U.S. Code § 284q 1). The Committee encourages NIH to consider HEAL Initiative support of fundamental, translational, clinical, and social science research on headache disorders, as appropriate to the mission of the HEAL initiative, to provide lasting scientific solutions to the opioid crisis. HEAL has invested in resources and infrastructure developed to support pain research across all pain conditions and should continue to encourage application submissions on headache disorders, as well as those on pain conditions for which opioid use and

prescribing is highly prevalent. Headache disorders research supported through the HEAL initiative should supplement, not supplant, current funding for headache disorders research at NIH, which has contributed to many of the effective non-opioid treatments for headache.

Opioid and Stimulant Research.—The Committee includes \$405,400,000 million within NINDS for the Helping to End Addiction Long-Term (HEAL) Initiative, \$135,105,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. The HEAL Initiative is a trans-NIH effort to accelerate scientific discovery related to prevention and treatment of opioid use disorder and developing nonaddictive alternatives for pain management. The Committee also includes an additional \$43,000,000 in NINDS to support basic research related to opioids and pain, as requested in the fiscal year 2022 budget.

Parkinson’s Disease (PD).—The Committee commends NINDS for taking critical steps in identifying priority recommendations to advance research on PD, which impacts between 500,000 and 1,500,000 people in the U.S. and is the second most prevalent neurodegenerative disease in this country. The Committee recognizes that NINDS is prioritizing public health concerns with severe gaps in unmet medical needs and supports the research recommendations set forth by the NINDS planning strategy to bring us closer to better treatments and a cure for PD. The Committee also encourages NINDS to submit an update of its progress on implementing these recommendations in the fiscal year 2023 Congressional Budget Justification.

Sleep Disorders.—The Committee notes the leadership of NINDS in advancing research into underrepresented sleep disorders, such as narcolepsy, restless legs syndrome, and Kleine Levin Syndrome. The Committee encourages NINDS to bolster these activities and review the state of the science around sleep disorders to better advance initiatives that advance scientific understanding of specific sleep disorders impacting patients.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (NIAID)

Appropriation, fiscal year 2021	\$6,069,619,000
Budget request, fiscal year 2022	6,245,926,000
Committee Recommendation	6,557,803,000
Change from enacted level	+488,184,000
Change from budget request	+311,877,000

Mission.—The NIAID mission is to conduct and support basic and applied research to better understand, treat, and ultimately prevent infectious, immunologic, and allergic diseases.

Celiac Disease.—The Committee encourages NIH to devote focused research to the study of celiac disease, including the autoimmune causation underpinning the affliction. Today, the only known treatment for this disease is a gluten-free diet; however, recent public and private sector research confirms that such a treatment is insufficient for many who suffer from celiac disease. Therefore, the Committee urges NIAID to support new research on celiac disease, to better coordinate existing research, and to focus new research towards diagnosing and effectively treating this condition. The Committee also strongly encourages NIH to establish a Re-

search Condition, Disease Categorization (RCDC) for celiac disease and a Notice of Special Interest to spur additional research.

Centers for AIDS Research.—As part of the Ending the HIV Epidemic initiative, the Committee includes \$71,000,000 for the Centers for AIDS Research, an increase of \$10,000,000 above the estimated fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. These Centers offer evidence-based practices on prevention and treatment to initiative partners and support for evaluating the initiative.

Combating Antibiotic-Resistant Bacteria.—The Committee supports NIAID's efforts related to combating antibiotic-resistant bacteria. These funds enable NIAID to support research on antimicrobial (drug) resistance, including basic research on how microbes develop resistance, new and faster diagnostics, and clinical trials designed to find new vaccines and treatments effective against drug-resistant microbes.

Consortium of Food Allergy Research (CoFAR).—The Committee recognizes the serious issue of food allergies which affect approximately eight percent of children and ten percent of adults in the U.S. The Committee commends the ongoing work of NIAID in supporting a total of 17 clinical sites for this critical research, including seven sites as part of the CoFAR. The Committee includes \$12,200,000, an increase of \$6,100,000, for CoFAR to expand its clinical research network to add new centers of excellence in food allergy clinical care and to select such centers from those with proven expertise in food allergy research.

Emerging Diseases.—The Committee supports the work of NIAID in researching emerging coronaviruses, and urges NIAID to fund basic science on a host of deadly viruses, including SARS-CoV-2, Ebola, Marburg, and Nipah viruses. The Committee notes the importance of using high containment BSL-3 and BSL-4 labs in this effort. The Committee is aware of the success of non-animal approaches to identify how viral proteins interact with host proteins and their pathways. The Committee notes the success of these approaches with SARS-CoV-2 to identify new therapeutic approaches. The Committee encourages NIAID to support research into viruses, including Ebola, Marburg, and Nipah viruses, to help identify small molecule drugs to block infection by a host of deadly viruses.

Hereditary Angioedema (HAE).—The Committee recognizes NIAID for its ongoing stewardship of the HAE research portfolio, including advancements that have taken HAE from a debilitating and fatal condition to a manageable chronic disease. The Committee notes the potential of gene therapy and other cutting-edge research to further improve health outcomes for HAE patients and encourages NIAID to maintain the commitment to the HAE research at this critical time.

Microbicides.—The Committee recognizes that with NIH and USAID leadership, research has shown the potential for antiretroviral (ARV) drugs to prevent HIV infection in women. The Committee encourages NIH to continue coordination with USAID, the State Department, and others to advance ARV-based microbicide development efforts, with the goal of enabling regulatory approvals of the first safe and effective microbicide for women and supporting an active ARV-based microbicide pipeline to

produce additional solutions to prevent HIV and to help end the epidemic.

Rapid Vaccine Development Platforms for Emerging Infectious Disease.—The Committee recognizes the importance of being able to quickly, efficiently, and safely develop and manufacture vaccines against emerging infectious diseases. Vaccines play a pivotal role in host protection against infectious diseases and have significantly reduced mortality worldwide. Older methods of developing vaccines are no match for a host of emerging and reemerging pathogens that call for a tailored and speedy response, such as the developing coronavirus variants. Today, innovations in how vaccines are developed enable faster production of platforms capable of making and initially testing a new vaccine in less than 120 days that then are tailored to specific pathogens as manufacturing begins, based on science and data, not speculation. Such rapid vaccine platform technologies can vastly decrease the time it takes to develop, manufacture and distribute vaccines. Therefore, the Committee includes \$50,000,000 to support research and development of rapid vaccine platform technologies and requests a briefing on these efforts within 180 days of enactment of this Act.

Regional Biocontainment Laboratories (RBLs).—The Committee commends NIAID for issuing a Request for Applications (RFA) to support the RBLs through the RFA for Facility and Building System Upgrades Support for the RBLs. The Committee encourages NIAID to continue supporting meritorious research applications from investigators conducting research through the RBLs on 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 prophylactic methods to prevent infections; and (3) training new researchers in biosafety level 3 practices.

Universal Influenza Vaccine.—The Committee includes no less than \$250,000,000, an increase of \$30,000,000 over the fiscal year 2021 level and the fiscal year 2022 budget request, to support basic, translational, and clinical research to develop a universal influenza vaccine that provides robust, long-lasting protection against multiple subtypes of flu, rather than a select few. Such a vaccine would eliminate the need to update and administer the seasonal flu vaccine each year and could provide protection against newly emerging flu strains, potentially including those that could cause a flu pandemic. The Committee requests an update on these efforts within 60 days of enactment of this Act.

Valley Fever.—The Committee is encouraged by NIAID's recent announcement to establish collaborative coccidioidomycosis (Valley Fever) research centers. To guide this continuing work, the Committee requests, within 180 days of enactment of this Act, a 10-year strategic plan from NIH with the objective of producing a Valley Fever vaccine by 2031. This plan should include, but not be limited to: (1) a statement of science on Valley Fever, including disease burden in the U.S.; (2) identifiable and achievable benchmarks for Valley Fever vaccine development, including vaccine market viability; (3) identifying or developing funding priorities and opportunities that actively support the development of a Valley Fever vaccine; and (4) any recommendations to Congress on policy reforms

designed to help develop a Valley Fever vaccine. Furthermore, the Committee directs NIAID to convene a stakeholder and researchers conference in an endemic region to help guide the strategic plan’s development. The Committee requests an update in the fiscal year 2023 Congressional Budget Justification on progress towards achieving goals in this strategic plan.

Viral Vector Platforms.—The Committee notes that viral vector platforms have a proven track record for successfully producing vaccines against infectious diseases for many decades and believes well-established viral vectors with a robust safety record for use in children, pregnant women, or other high-risk populations should be continuously developed and adjusted to potential emerging infections in the future. The Committee encourages investments in vaccine centers with long-term experience in the development of viral vectors covering multiple virus-based vaccine platforms, with particular emphasis on entities that have established collaborations with high-security facilities (BSL–4) for preclinical studies.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES (NIGMS)

Appropriation, fiscal year 2021	\$2,991,417,000
Budget request, fiscal year 2022	3,096,103,000
Committee Recommendation	3,139,656,000
Change from enacted level	+148,239,000
Change from budget request	+43,553,000

Mission.—NIGMS supports basic research that increases our understanding of biological processes and lays the foundation for advances in disease diagnosis, treatment, and prevention.

Increasing Diversity in Biomedical Research.—The Committee has long sought to promote opportunities for the Nation’s next generation of researchers and enhance diversity in biomedical research. Early-stage researchers, particularly women and racial and ethnic minorities, spend longer periods of time in postdoctoral positions with lower salaries, receive inadequate mentorship, and are offered fewer opportunities for professional advancement, resulting in lower retention rates for these groups. Even with these obstacles, many early-stage researchers tackle riskier projects and have seen positive outcomes for the benefit of society. Grant programs offering support and opportunities for researchers at key career transition points requiring little or no preliminary data, are critical to ensuring innovative scientists from diverse backgrounds succeed in biomedical research. The Committee provides an increase of \$20,000,000 for NIGMS for programs, including but not limited to the Maximizing Opportunities for Scientific and Academic Independent Careers (MOSAIC), Minority Access to Research Careers (MARC), Bridges to the Baccalaureate, and Undergraduate Research Training Initiative for Student Enhancement (U RISE) programs, that train the next generation of scientists while enhancing the diversity of the biomedical research workforce and enabling promising scientists to pursue high-risk, high-reward research.

Institutional Development Awards (IDeA).—The Committee provides \$415,000,000 for IDeA, \$18,427,000 above the fiscal year 2021 enacted level. IDeA supports high-quality research and investigators throughout the country in States in which the success rate for NIH grants has been historically low.

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

Appropriation, fiscal year 2021	\$1,590,337,000
Budget request, fiscal year 2022	1,942,117,000
Committee Recommendation	1,689,786,000
Change from enacted level	+99,449,000
Change from budget request	-252,331,000

Mission.—NICHD investigates human development throughout the entire life process, with a focus on understanding disabilities and important events that occur during pregnancy.

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

Endometriosis Research.—The Committee urges NICHD to expand funding for basic, clinical, and translational research into the mechanics of endometriosis, identify early diagnostic markets, and develop new treatment methods.

Human Milk Research.—The Committee encourages NICHD to continue to support human milk research through peer-reviewed scientific research and graduate and postdoctoral fellowships. The Committee encourages NICHD to connect at least four, but not more than 10, centers for human milk research to establish a research center network to support shared resources and facilities for human milk research and any required infrastructure.

Impact of COVID-19 on Children.—The Committee includes an increase of \$15,000,000, as requested in the fiscal year 2022 budget, for NICHD to support additional research into multisystem inflammatory syndrome in children (MIS-C) and other ways in which COVID-19 affects children. The Committee looks forward to receiving NIH’s SARS-CoV-2 pediatric research agenda and asks NIH to continue identifying research needs focused on the novel coronavirus impacts on children and adolescents, exploring how pediatric patients have been included in current NIH SARS-CoV-2 research and clinical trials, investigating any disparities that have emerged in how children of different communities have been affected, assessing the risk and protective factors children may produce against COVID-19 antigens, investigating longer-term impacts of SARS-CoV-2 on child health, and pursuing research focused on treatments and prevention methods for SARS-CoV-2 focused on children and adolescents when carrying out this agenda.

Learning Disabilities Research Centers and Learning Disabilities Innovation Hubs.—The Committee is increasingly concerned with the decline in achievement for students with disabilities and recognizes the need for continued research and improved interventions, particularly in light of the COVID-19 crisis, which has led to significant loss of in-person instruction for many students. The Committee recognizes the importance of NICHD’s funding of Learning Disabilities Research Centers and Learning Disabilities Innovation Hubs, which are the only source of Federal funding available to re-

searchers interested in exploring child development and learning disabilities to conduct randomized control trials and explore the relationships between different variables at work. While learning disabilities do impact an individual's education and academic achievement, these disorders are brain-based, and so clinical research using the latest technology and advances in neuroscience is essential. To continue robust research into language, reading development, learning disabilities, and disorders that adversely affect the development of listening, speaking, reading, writing, and mathematics abilities, the Committee urges NICHD to continue its investment in its Learning Disabilities Research Centers and Learning Disabilities Innovation Hubs.

Male Reproductive Health.—The Committee urges NICHD to continue to support research on male mechanisms of infertility. There is a gap in the knowledge of how to diagnose and treat male infertility, often resulting in women undergoing unnecessary treatments due to undiagnosed or untreated male partner infertility. The Committee supports research to identify new proteins and sperm structures that are necessary for normal sperm function and, consequently, for fertility and healthy embryo development.

Maternal Health Research.—The Committee includes an increase of \$30,000,000 for the Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone (IMPROVE) Initiative, as requested in the fiscal year 2022 budget. Maternal mortality in the U.S. is higher than in other industrialized nations, and there are disparities in maternal outcomes across the country. For example, Black women experience maternal mortality at nearly four times the rate of White women. The IMPROVE Initiative advances research to reduce preventable causes of maternal deaths and improve health for pregnant and postpartum individuals before, during, and after delivery. The initiative uses an integrated approach to understand biological, behavioral, sociocultural, and structural factors that affect severe maternal mortality and maternal mortality (SMM/MM) by building an evidence base for improved care and outcomes in specific regions of the country. IMPROVE will target health disparities associated with SMM/MM by (1) implementing and evaluating community-based interventions for disproportionately affected women (e.g., African American, American Indian/Alaska Native, advanced maternal age, low socioeconomic status, and rural populations), and (2) identifying risk factors and the underlying biological mechanisms associated with leading causes of SMM/MM, including cardiovascular disease, infection and immunity, and mental health.

Population Research.—The Committee applauds NICHD for supporting many of the Nation's most used prospective, population-representative longitudinal studies, including the Fragile Families and Child Wellbeing Study, Panel Study of Income Dynamics Child Supplement Survey, and National Longitudinal Survey of Youth, and also for supporting research and research training through the NICHD Population Dynamics Centers Research Infrastructure Program. Given the dearth of data being collected regarding the short and long-term social, economic, developmental, and health effects of the COVID pandemic on children and families, the Committee urges NICHD to consider expanding data collection and research through these existing surveys and the Centers Program. Further,

the Committee encourages NICHD to explore the use of existing and new mechanisms to enhance research regarding the effect of COVID on fertility trends and reproductive health overall. Finally, the Committee urges NICHD to expand data collection and research regarding maternal, infant, child, and adolescent mortality. The Committee asks that NICHD report on its progress to enhance and expand these research and survey activities within 90 days of enactment of this Act.

Research in Pregnant and Lactating Women.—The Committee is pleased with the progress being made by the Task Force on Research Specific to Pregnant Women and Lactating Women (PRGLAC) in identifying and developing strategies to address gaps in knowledge and research on safe and effective therapies for pregnant and lactating women. The Committee encourages NICHD, along with other relevant Institutes and Centers, CDC, and FDA, to continue to implement PRGLAC recommendations to the extent appropriate and feasible under the legal authorities available to the Secretary.

Additionally, The Committee includes \$1,500,000 within NICHD to contract with the National Academies of Science, Education, and Medicine (NASEM) to convene a panel with specific legal, ethical, regulatory, and policy expertise to develop a framework for addressing medicolegal and liability issues when planning or conducting research specific to pregnant people and lactating people. Specifically, this panel should include individuals with ethical and legal expertise in clinical trials and research; regulatory expertise; plaintiffs’ attorneys; pharmaceutical representatives with tort liability and research expertise; insurance industry representatives; Federally funded researchers who work with pregnant and lactating women; representatives of institutional review boards (IRBs); and health policy experts.

Uterine Fibroids.—Nationally, an estimated 26,000,000 individuals ages 15 to 50 have diagnosed uterine fibroids. Uterine fibroids are the most common gynecological condition, but individuals are frequently unaware that the symptoms of this condition, including heavy menstrual bleeding, pain, and frequent urination during periods, are abnormal. Fibroids contribute to significant negative health outcomes including chronic pain, iron deficiency and anemia, miscarriage, and/or infertility. The Committee strongly urges the NICHD to prioritize funding to expand basic, clinical, and translational research into the mechanics of fibroids, identification of early diagnostic methods, and fertility-preserving treatments. Research focusing on understanding the significant health disparities among individuals with fibroids should also be prioritized, given that Black women are at increased risk for fibroids, tend to develop symptoms at a younger age, and suffer more severe symptoms.

NATIONAL EYE INSTITUTE (NEI)

Appropriation, fiscal year 2021	\$835,714,000
Budget request, fiscal year 2022	858,535,000
Committee Recommendation	877,129,000
Change from enacted level	+41,415,000
Change from budget request	+18,594,000

Mission.—NEI conducts and supports basic and clinical research, research training, and other programs with respect to blinding eye diseases, visual disorders, and mechanisms of visual function, preservation of sight, and the special health problems and needs of individuals who are visually-impaired or blind.

Blepharospasm.—The Committee notes the work of NEI in expanding research into blepharospasm, a form of dystonia, and requests an update on collaboration amongst stakeholders and other Institutes and Centers.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES (NIEHS)

Appropriation, fiscal year 2021	\$814,675,000
Budget request, fiscal year 2022	937,107,000
Committee Recommendation	941,799,000
Change from enacted level	+127,124,000
Change from budget request	+4,692,000

Mission.—NIEHS’s mission is to discover how the environment affects people in order to promote healthier lives.

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

Harmful Algal Blooms Research.—The Committee recognizes the value of the NIEHS mission and the NIEHS NSF jointly-funded Oceans and Human Health Program as a means to increase scientific knowledge about short-term and long-term human health effects potentially associated with acute and chronic exposures to toxins produced by harmful algal blooms (HABs). The Committee recognizes the increasing relevance of this scientific research to communities directly affected by HABs, including Florida, where a 16-month bloom one of the longest documented HABs in the State’s history occurred from late 2017 through early 2019. The Committee encourages NIEHS to continue investing in this research area using its competitive, peer-reviewed grantmaking processes. In particular, the Committee notes growing scientific interest in the use of multidisciplinary approaches to investigate respiratory irritation or illness associated with inhalation of aerosolized HAB toxins and with neurotoxic shellfish poisoning arising from ingestion of contaminated seafood. The Committee commends NIEHS for its collaborations with other agencies, including NSF, NOAA, EPA, and CDC, to advance such research and translate key research findings for clinical and public health benefits.

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

vidualized precision environmental health strategies to prevent and treat PD. The Committee requests an update on these activities in the fiscal year 2023 Congressional Budget Justification.

NATIONAL INSTITUTE ON AGING (NIA)

Appropriation, fiscal year 2021	\$3,899,227,000
Budget request, fiscal year 2022	4,035,591,000
Committee Recommendation	4,258,049,000
Change from enacted level	+358,822,000
Change from budget request	+222,458,000

Mission.—NIA’s mission is to understand the nature of aging and the aging process, and diseases and conditions associated with growing older, in order to extend the healthy, active years of life.

Alzheimer’s Disease and Related Dementias.—In recognition that Alzheimer’s disease poses a serious threat to the nation’s long-term health and economic stability, the Committee recommends a total of no less than \$3,394,000,000 for Alzheimer’s disease and related dementias research, \$200,000,000 above the estimated fiscal year 2021 level and the fiscal year 2022 budget request.

Center on Exposome Studies in Alzheimer’s Disease and Related Dementias (ADRD).—The Committee recognizes the importance of mechanistic research to address ADRD disparities, including the social and contextual factors that contribute to increased risk for disease. The Committee directs NIA to establish research infrastructure in the form of a Center(s) on Exposome Studies in ADRD, which would enable the linkage of community and health system-level factors to biological outcomes including cellular and molecular mechanisms that lead to disease. This includes linking social and biological factors via characterization of the exposome, the measure of all the exposures of an individual over the life course (e.g. physical, chemical, environmental, social), characterized through a mechanistic disparities lens. The Committee includes \$15,000,000 to facilitate these efforts to provide a cornerstone of health disparities operations to advance solutions, innovations, and cures.

Diversity in Alzheimer’s Disease Research.—The Committee 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 greater risk for dementia, the value and application of these studies are enhanced when they include individuals from various geographic, ethnic, socioeconomic, and generational backgrounds. The Committee urges NIA to continue to support diversity in its cohort studies, with the specific goal of better understanding disease burden and biomarkers by race and geographic region, as well as the underlying pathologies which may differ by race.

Elder Abuse.—The Committee commends NIA for its research on developing linguistically and culturally appropriate tools to combat elder abuse and financial exploitation and improve the identification and reporting of elder abuse. The Committee is pleased by efforts to facilitate cross-Institute collaborations, such as the 2015 Workshop on Multiple Approaches to Understanding and Preventing Elder Abuse and Mistreatment. The Committee urges NIH to utilize innovative means such as inter-institute workshops, improved cross-agency coordination, or the Project ECHO telementoring model with aging professionals and housing providers to

translate and disseminate information to combat elder abuse in diverse populations.

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

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

Population Research.—The Committee praises NIA for supporting a scientifically innovative population aging research portfolio that reflects some of the Institute's, and Nation's, highest scientific priorities, including Alzheimer's disease and social inequality in health and the aging process. More research, however, is needed to understand the short and long-term social, behavioral, and economic health consequences of COVID-19 on older people and their families, which NIA is uniquely positioned to foster and support. Existing large-scale, longitudinal and panel surveys, such as the Health and Retirement Study, the National Health and Aging Trends Study, and Understanding America Study, should be enhanced to facilitate scientific research on the complex, multifaceted effects of the pandemic on older, diverse populations. Further, the Committee encourages NIA to support the further development of data infrastructure to promote research on racial, ethnic, gender, and socioeconomic disparities in health and well-being in later life and the long-term effects of early life experiences. The Committee asks that NIA to report on its progress to enhance and expand these research and survey activities within 90 days of enactment of this Act.

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

Thalassemia.—Thanks to significant advances in medical science, thalassemia patients and others dealing with chronic diseases are now living well into adulthood, some even into their 60s. While this is a tremendous victory for research, it has opened new questions. Among these are female and male reproductive issues, the impact of non-disease related medicines, the relationship to diseases of aging such as ADRD, Parkinson's, arthritis, osteoporosis, and more.

The Committee requests that NIA develop a plan to research comorbidities in thalassemia and other rare disease patient populations as they continue to age.

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

Appropriation, fiscal year 2021	\$634,292,000
Budget request, fiscal year 2022	680,186,000
Committee Recommendation	679,410,000
Change from enacted level	+45,118,000
Change from budget request	- 776,000

Mission.—NIAMS’s mission is to support research into the causes, treatment, and prevention of arthritis and musculoskeletal and skin diseases; the training of basic and clinical scientists to carry out this research; and the dissemination of information on research progress in these diseases.

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

Skin Disease Research Core Centers.—The Committee recognizes the important work at the Core Centers funded by NIAMS to conduct basic and clinical research on a variety of skin diseases, including inflammatory and infectious skin diseases. The Committee urges NIAMS to fund Centers with diverse geographic locations, and to encourage proposals that incorporate pediatric skin diseases and collaboration with diverse stakeholders, such as States or patient and provider groups.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS (NIDCD)

Appropriation, fiscal year 2021	\$498,076,000
Budget request, fiscal year 2022	511,792,000
Committee Recommendation	522,758,000
Change from enacted level	+24,682,000
Change from budget request	+10,966,000

Mission.—NIDCD conducts and supports biomedical and behavioral research and research training in the normal and disordered processes of hearing, balance, taste, smell, voice, speech, and language. NIDCD also conducts and supports research and research training related to disease prevention and health promotion; addresses special biomedical and behavioral problems associated with people who have communication impairments or disorders; and supports efforts to create devices which substitute for lost and impaired sensory and communication function.

Spasmodic Dysphonia.—The Committee notes the research NIDCD continues to facilitate on spasmodic dysphonia. The Committee requests an update in the fiscal year 2023 Congressional Budget Justification on collaborative efforts with related Institutes, Centers, and stakeholders to advance critical research into all forms of dystonia, including spasmodic dysphonia.

NATIONAL INSTITUTE OF NURSING RESEARCH (NINR)

Appropriation, fiscal year 2021	\$174,957,000
Budget request, fiscal year 2022	199,755,000
Committee Recommendation	200,782,000
Change from enacted level	+25,825,000
Change from budget request	+1,027,000

Mission.—The mission of NINR is to promote and improve the health of individuals, families, and communities. To achieve this mission, NINR supports and conducts clinical and basic research and research training on health and illness, research that spans and integrates the behavioral and biological sciences, and develops the scientific basis for clinical practice.

Health Disparities Research.—The Committee includes an increase of \$20,000,000 for NINR to support research related to identifying and reducing health disparities, the same as the fiscal year 2022 budget request.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM (NIAAA)

Appropriation, fiscal year 2021	\$554,923,000
Budget request, fiscal year 2022	570,165,000
Committee Recommendation	582,422,000
Change from enacted level	+27,499,000
Change from budget request	+12,257,000

Mission.—NIAAA’s mission is to generate and disseminate fundamental knowledge about the effects of alcohol on health and well-being, and apply that knowledge to improve diagnosis, prevention, and treatment of alcohol-related problems, including alcohol use disorder, across the lifespan.

NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)

Appropriation, fiscal year 2021	\$1,479,660,000
Budget request, fiscal year 2022	1,852,503,000
Committee Recommendation	1,860,329,000
Change from enacted level	+380,669,000
Change from budget request	+7,826,000

Mission.—NIDA’s mission is to advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health.

Addiction Intervention.—The Committee is deeply concerned by alarming trends related to the addiction in the U.S. The number of alcohol-related deaths doubled in the US from 1999 to 2017, the age-adjusted rate of deaths involving synthetic opioids other than methadone increased 1,040 percent from 2013 to 2019, and the use of psychostimulants increased 317 percent. One trait that is evident in every form of addiction is the excessive discounting of the future by the addicted person, who will value the immediate over benefits of the future. Episodic Future Thinking is a promising intervention that helps individuals who are predisposed to addiction consider the positive consequences of remaining sober through a mental simulation of positive events that might occur in the future. The Committee encourages NIDA to support transdisciplinary research that incorporates neuroscience, behavioral research, neuroeconomics, brain imaging, decision-science, engineering, and computer science to deploy Episodic Future Thinking intervention strategies across a range of addictions.

Cannabis Research.—The Committee encourages NIDA to support coordinated, multidisciplinary cannabis research, including basic, clinical, and translational cannabis research and research on the health effects of cannabis use, potential therapeutic effects of cannabis use, and effects of cannabis legalization. NIDA is encouraged to support peer-reviewed scientific research, graduate and postdoctoral fellowships, and any required infrastructure, with priority given to research programs in States where State co-funding is available.

Cannabidiol Research.—The Committee strongly believes that cannabidiol (CBD), cannabigerol (CBG), cannabichromene (CBC), minor cannabinoids, and terpenes—compounds found in cannabis—may provide beneficial medicinal effects. However, there is insufficient scientific information about the short- and long-term effects of these compounds. The Committee is also concerned that marijuana policies on the Federal level and in the States are being changed without the benefit of scientific research to help guide those decisions. Additional, coordinated research on a national scale is necessary to determine the toxicology and medicinal effects of these compounds. The Committee believes that NIH should consider significantly expanding funds to study the medicinal effects and toxicology of CBD, CBG, CBC, minor cannabinoids, and terpenes. This expanded effort should include funding of clinical trials with academic health centers to study the long-term medicinal benefits and toxicology of CBD, CBG, CBC, minor cannabinoids, and terpenes. The Committee encourages NIH to continue supporting a full range of research on the health effects of marijuana and its components, including research to understand how marijuana policies affect public health.

Drug Impairment Standards for Marijuana.—The Committee is concerned that development of a drug impairment standard for marijuana remains unlikely in the near term and encourages NIH to continue supporting a full range of research on the health effects of marijuana and its components, including research to understand how marijuana policies affect behaviors that impact public health, such as drug-impaired driving. The Committee is aware that due to Drug Enforcement Administration restrictions on registered growers, the majority of Federal research using marijuana has been limited to marijuana produced by a single grower and encourages NIH, when possible, to undertake research that encompasses the diversity, quality, and potency of commonly available cannabis products.

Kratom.—The Committee recognizes that NIDA-funded research has contributed to the continued understanding of the health impacts of kratom, including its constituent compounds, mitragynine and 7-hydroxymitragynine. The Committee is aware of the potential promising results of kratom for acute and chronic pain patients who seek safer alternatives to sometimes dangerously addictive and potentially deadly prescription opioids and of research investigating the use of kratom's constituent compounds for opioid use disorder. The Committee directs NIDA to continue to invest in this important research, especially considering the increase in overdose deaths during the COVID-19 pandemic.

Methamphetamine and Other Stimulants.—The Committee is concerned that, according to CDC, over 30,000 overdose deaths in-

volved drugs in the drug categories that include methamphetamine and cocaine in 2019, an increase of over threefold since 2014. The sharp increase has led some to refer to stimulant overdoses as the “fourth wave” of the current drug addiction crisis in America following the rise of opioid-related deaths involving prescription opioids, heroin, and fentanyl-related substances. Methamphetamine is highly addictive and there are no FDA-approved treatments for methamphetamine and other stimulant use disorders. The Committee continues to support NIDA’s efforts to address the opioid crisis, has provided continued funding for the HEAL Initiative, and supports NIDA’s efforts to combat the growing problem of methamphetamine and other stimulant use and related deaths.

Opioid and Stimulant Research.—The Committee continues to be concerned about the opioid overdose epidemic and appreciates the important role that research plays in the various Federal initiatives aimed at this crisis. The Committee is also aware of the most recent data from CDC that shows opioid overdose fatalities increasing from 2018 to 2019, with the primary driver being the increased overdose deaths involving synthetic opioids, primarily illicitly manufactured fentanyls. To combat this crisis, the Committee includes \$405,400,000 within NIDA for the HEAL Initiative, \$135,105,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. The HEAL Initiative is a trans-NIH effort to accelerate scientific discovery related to prevention and treatment of opioid use disorder and developing nonaddictive alternatives for pain management. In response to rising rates of stimulant use and overdose, the Committee has included language expanding the allowable use of these funds to include research related to stimulant use and addiction. The Committee also includes an additional \$196,300,000 in NIDA to support basic research related to opioids and other stimulants, as requested in the fiscal year 2022 budget.

Overdose Prevention Centers.—The Committee recognizes that overdose prevention centers, or supervised consumption sites, are part of a larger effort of harm reduction interventions intended to reduce the risk of drug overdose death and reduce the spread of infectious disease. The Committee directs NIH, in consultation with CDC, to provide a report to the Committee no later than 180 days after the enactment of this Act that provides an updated literature review and evaluation on the potential public health impact of overdose prevention centers in the U.S.

Pain Prescribing Education.—The Committee encourages NIDA to continue and expand efforts to educate physicians and other medical professionals on safe prescribing for pain and managing patients who abuse prescription opioids, as well as best practices for incorporating substance misuse and addiction screening and treatment into their clinical practices.

Raising Awareness and Engaging the Medical Community in Drug Use and Addiction Prevention and Treatment.—Education is a critical component of any effort to curb drug use and addiction, and it must target every segment of society, including health care providers (doctors, nurses, dentists, and pharmacists), patients, and families. Medical professionals must be in the forefront of efforts to curb the opioid crisis. The Committee continues to be pleased with the NIDAMED initiative, targeting physicians in-

training, including medical students and resident physicians in primary care specialties (*e.g.*, internal medicine, family practice, and pediatrics). NIDA should continue its efforts in this area, providing physicians and other medical professionals with the tools and skills needed to incorporate substance use and misuse screening and treatment into their clinical practices. The Committee recommends that NIDA continue to support the education of scientists and practitioners to find improved prevention and treatments for substance use disorders.

Schedule I Drug Research.—The Committee recognizes that, despite marijuana being legalized in some form in 35 States and nearly 45,000,000 American adults reporting having used marijuana in the past year, research on marijuana and other Schedule I substances is extremely limited. The Committee directs NIH, in collaboration with FDA, DEA, ONDCP, and any other relevant agencies, to develop an approach to facilitate access to Schedule I drugs for research.

Sleep and Circadian-Dependent Mechanisms Contributing to Opioid Use Disorder.—The Committee notes NIDA's continued support in research to better understand opioid use disorder and urges engagement with stakeholders to examine contributing factors, including sleep and circadian-dependent mechanisms.

Tobacco Regulatory Science Program.—The Committee supports the Tobacco Regulatory Science Program and encourages NIH to increase funding for research into the understanding of nicotine addiction and to spur the development of better prevention and treatment strategies. Of particular importance is funding for research for effective interventions to help youth and young adults to quit tobacco use or vaping, and to understand the interrelationship between the vaping of tobacco and marijuana. The Committee directs NIDA to conduct interdisciplinary research on this topic with an emphasis on risk perceptions, decision-making and neuroscience.

Underage and Perinatal Marijuana Use.—The Committee includes \$2,000,000 for NIDA to enter into a contract with NASEM to commission a study to determine the scope of the problem of underage and perinatal marijuana use and effective ways of reducing it. Topics explored should include but not be limited to the demographics of underage and perinatal marijuana use; its economic and social costs; adolescent and perinatal decision making and risk and protective factors; and the effectiveness of various prevention programs and approaches, including media campaigns, school-based education, pricing, and access. The NAS will develop a strategy for reducing and preventing underage and perinatal consumption of today's marijuana and THC products, specifically focused on the impacts of THC on the developing brain.

To help develop an effective strategy, the NAS shall review existing Federal, State, and non-governmental programs, including media-based programs, that have been shown to be effective with other substances that can be harmful to youth, including any done on marijuana, that are designed to change the attitudes and health behaviors of youth (those under the age of 21).

In addition, the NAS shall review existing Federal, State, and non-governmental programs including media-based programs, that have been shown to be effective with other substances that can be harmful to babies of pregnant and breast-feeding women, including

any completed on marijuana, that are designed to change the attitudes and health behaviors of pregnant and breast-feeding women.

Based on its reviews, the NAS shall produce a strategy designed to prevent and reduce underage consumption of today’s marijuana and THC products in addition to a strategy designed to prevent and reduce consumption of today’s marijuana and THC products by pregnant and breast-feeding women. This shall include but not be limited to: an outline and implementation strategy, message points that will be effective in changing the attitudes and health behaviors of youth concerning underage marijuana consumption and an outline and implementation strategy, message points that will be effective in changing the attitudes and health behaviors of pregnant and breast-feeding women, target audience identification, goals and objectives of both campaigns, and the estimated costs of development and implementation.

NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

Appropriation, fiscal year 2021	\$2,103,708,000
Budget request, fiscal year 2022	2,213,574,000
Committee Recommendation	2,223,085,000
Change from enacted level	+119,377,000
Change from budget request	+9,511,000

Mission.—NIMH’s mission is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure.

Autism.—The Committee encourages NIH to continue to prioritize and invest in research on autism consistent with the recommendations included in the Interagency Autism Coordinating Committee’s (IACC) Strategic Plan for Autism Spectrum Disorder. However, while significant progress has been made in our understanding of autism because of Federally-funded research, large gaps remain that must be addressed to improve outcomes and access to services for autistic individuals and their families. Research has shown that autistic individuals have higher rates of some co-occurring physical and mental health conditions, which not only lead to quality of life issues, but also increased medical utilization and costs. Similarly, to address the racial, ethnic, and socioeconomic health equity challenges experienced by autistic individuals and their families, it is imperative that greater investment is made to address disparities in access to services and interventions. The Committee encourages NIH to support greater investment in research focused on particular areas in need of growth, outlined in the strategic plan, including research on lifespan issues to address the needs of transition-age youth and adults on the spectrum, research to enable development of evidence-based services, and research to support the development and delivery of new and improved screening tools, treatments and interventions. The Committee further encourages NIMH to work collaboratively with NIMHD to support research on the socioeconomic, racial, and ethnic health disparities associated with autism spectrum disorder.

BRAIN Initiative.—The Committee directs NIH to transfer \$76,000,000 from the NIH Innovation Account to NIMH to support the BRAIN Initiative. These funds are authorized by the 21st Century Cures Act (P.L. 114–255). This collaborative effort is revolutionizing our understanding of how neural components and their

dynamic interactions result in complex behaviors, cognition, and disease, while accelerating the development of transformative tools to explore the brain in unprecedented ways making information previously beyond reach accessible.

Impact of COVID on Mental Health.—The Committee includes an increase of \$25,000,000 for NIMH to expand research on the impact of the COVID–19 pandemic on mental health, as requested in the fiscal year 2022 budget.

Suicide Prevention.—The Committee is encouraged that 2019 was the first year in two decades in which the suicide rate decreased. However, death by suicide remains the tenth leading cause of death in the U.S., and the Committee remains committed to providing the resources necessary to address this alarming crisis. The Committee commends NIMH for consistently expanding resources for suicide screening and prevention research over the last four fiscal years and strongly encourages the Institute to continue to prioritize suicide research in fiscal year 2022, with special emphasis on producing models that are interpretable, scalable, and practical for clinical implementation, including utilization of health care, education, and criminal justice systems that serve populations at risk. In addition, the Committee encourages NIMH to prioritize research efforts related to primary care settings to evaluate suicide prevention interventions, strategies, and programs, including assessments of the effects of the COVID–19 pandemic. The Committee requests that NIMH provide an update on these efforts in the fiscal year 2023 Congressional Budget Justification.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE (NHGRI)

Appropriation, fiscal year 2021	\$615,780,000
Budget request, fiscal year 2022	632,973,000
Committee Recommendation	646,295,000
Change from enacted level	+30,515,000
Change from budget request	+13,322,000

Mission.—NHGRI’s mission is to accelerate scientific and medical breakthroughs that improve human health by driving cutting-edge research, developing new technologies, and studying the impact of genomics on society.

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

Emerging Centers of Excellence in Genomic Sciences.—The Committee provides no less than \$15,000,000 to sustain and grow the Emerging Centers of Excellence in Genomic Sciences competitive grant program, an increase of \$2,500,000 above the fiscal year 2021

enacted level. The Committee maintains prior direction that present awardees of the Centers for Excellence in Genomic Sciences program shall not be eligible to receive these grants.

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

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING
(NIBIB)

Appropriation, fiscal year 2021	\$410,728,000
Budget request, fiscal year 2022	422,039,000
Committee Recommendation	431,081,000
Change from enacted level	+20,353,000
Change from budget request	+9,042,000

Mission.—The NIBIB mission is to improve health by leading the development and accelerating the application of biomedical technologies.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES
(NIMHD)

Appropriation, fiscal year 2021	\$390,865,000
Budget request, fiscal year 2022	652,244,000
Committee Recommendation	661,879,000
Change from enacted level	+271,014,000
Change from budget request	+9,635,000

Mission.—NIMHD’s mission is to lead scientific research to improve minority health and reduce health disparities.

Focal Segmental Glomerulosclerosis (FSGS).—The Committee encourages NIMHD to collaborate with other Institutes, Centers, and stakeholders to expand research opportunities on the APOL1 gene that causes African Americans to be disproportionately affected by FSGS.

Mercury in Beauty Products.—The Committee is concerned about the prevalence of cosmetics containing dangerous levels of mercury made available through online sales and increased global travel. Evidence suggests that these harmful unregulated cosmetics, such as skin lightening creams, are disproportionately used by women of color. The Committee encourages NIMHD to collaborate with FDA to identify research gaps in the understanding of the health effects of these products.

Research Centers at Minority Institutions.—The Committee includes \$88,000,000, an increase of \$8,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request, for RCMIIs to ensure that infrastructure development in historically

minority graduate and health professional schools continue to enhance to meet these critical needs. The Committee also recognizes the importance of the RCMI Coordinating Center in ensuring that collectively, institutions can engage in multi-site collaborative research, especially as the U.S. and NIH positioned themselves to address the challenges imposed by the COVID-19 pandemic to our health system and underserved populations.

The Committee encourages the NIMHD to continue following Congressional intent for the RCMI program and follow the spirit of the original instructions provided to NIH by Congress. The Committee notes the original intent of the RCMI program is to provide equitable means for health professions institutions with historical missions and precedence of serving minorities and building research infrastructure.

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

NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH
(NCCIH)

Appropriation, fiscal year 2021	\$154,162,000
Budget request, fiscal year 2022	184,323,000
Committee Recommendation	185,295,000
Change from enacted level	+31,133,000
Change from budget request	+972,000

Mission.—The mission of NCCIH is to define, through rigorous scientific investigation, the usefulness and safety of complementary and integrative health interventions and their roles in improving health and health care.

Integrative Health.—The Committee commends NCCIH as the lead Federal scientific agency supporting research to determine the usefulness and safety of complementary and integrative health approaches and their roles in improving health and health care. The Committee supports the Center’s continued leadership of several trans-NIH and inter-agency initiatives, including the NIH-DoD-VA Pain Management Collaboratory (PMC) and the Health Care Systems Research Collaboratory, both of which are investigating best practices for implementing complementary health approaches in clinical health care settings. Consistent with goals that NCCIH identified in its fiscal year 2021–2025 strategic plan, the Center is encouraged to maintain its focus on whole person health, promoting research on multimodal approaches in treating pain and emphasize improving individual health.

Pain and Pain Management Research.—The Committee includes an increase of \$26,000,000 for NCCIH to support research related to pain and pain management, as requested in the fiscal year 2022 budget.

Rural Health.—Rural Americans are a population group that experiences significant health disparities. Health disparities are differences in health status when compared to the population overall, often characterized by indicators such as higher incidence of disease and/or disability, increased mortality rates, lower life expectancies, and higher rates of pain and suffering. Rural risk factors for health disparities include geographic isolation, lower socio-

economic status, higher rates of health risk behaviors, limited access to healthcare specialists and subspecialists, and limited job opportunities. The Committee encourages NIMHD to continue research to address the health disparities found in rural communities.

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES (NCATS)

Appropriation, fiscal year 2021	\$855,421,000
Budget request, fiscal year 2022	878,957,000
Committee Recommendation	897,812,000
Change from enacted level	+42,391,000
Change from budget request	+18,855,000

Mission.—NCATS was established to transform the translational process so that new treatments and cures for disease can be delivered to patients faster.

Clinical and Translational Science Awards (CTSA) Program.—The Committee includes \$616,183,000 for the CTSA Program, an increase of \$29,342,000 above the fiscal year 2021 enacted level and \$14,683,000 above the fiscal year 2022 budget request. The Committee notes that while the CTSA program works to advance the full spectrum of medical research and modernize our research enterprise, as demonstrated by the CTSA hubs being a driving force behind the Federal effort to rapidly develop COVID–19 treatments, diagnostic tools, and vaccines. Central to the ongoing success of the CTSA consortium are individual CTSA hubs that form a nationwide network. The Committee directs NCATS to maintain the current size of the core awards supporting CTSA hubs, including the institutional partners that are part of the hubs, and historic structure of the CTSA program. This ongoing approach reflects the central role of the hubs, including each hub’s partners, as critical national research infrastructure and the core of the CTSA Consortium. The Committee reiterates previous guidance that NCATS duly inform the Committee of any planned changes to the size of awards, scope of the program, or strategic direction of emerging or ongoing CTSA initiatives. Further, NIH is encouraged to further integrate the CTSA program into cross-agency initiatives that can leverage the full spectrum of medical research for progress on a variety of contemporary topics.

CTSA Diversity Supplements.—The Committee supports efforts by NCATS to promote diversity in the workforce, especially through its research supplements. The Committee encourages NCATS to ensure funding is available for its diversity research supplements for the CTSA program, and distributed equitably across CTSA hubs. Furthermore, the Committee encourages NCATS to continue funding, through the existing CTSA hubs, expanded programs that address the health inequities and significant burden of diseases and other conditions that disproportionately affect minority and special populations at both the community health and individual levels through a variety of funding mechanisms. Enhancing this capacity will contribute to reducing health disparities and promote health equity. The Committee also encourages continued support for CTSA efforts to engage communities for the purposes of educating community stakeholders and implementing proven clinical programs and treatments, including vaccines. Applying the CTSA model to address longstanding regional health disparities can pro-

vide innovative, multi-disciplinary approaches to reducing the burden of disease among vulnerable populations.

Collaboration with Business Incubators.—The Committee urges NCATS to explore ways to increase the success in meeting its mission by exploring funding opportunities or potential collaborations with business incubators that host small to midsize science, research, and pharmaceutical companies that use services-based approaches to nurture and guide the member companies to success. Collaborations with such business incubators may offer the most effective way to advance translational science. Priority consideration should be given to nonprofit life science incubators that seek to advance biotechnology, maximize synergies between nonprofit scientists and their commercial colleagues, and launch new ideas and discoveries that will make a difference including drug discovery, biomarker discovery and translational biotechnology around common research themes in an environment conducive to interaction, collaboration, and focus.

Rare Disease Research.—The Committee recognizes the incredible unmet need in the rare disease research community and encourages NCATS to expand rare disease funding opportunities, including, but not limited to, the Rare Diseases Clinical Research Network. Accelerating rare disease research will allow society to capitalize on the evolution of science in rare diseases, leading to new treatments for the more than 95 percent of rare diseases without approved therapies and lowering the nearly \$1 trillion annual economic burden of rare diseases.

Cures Acceleration Network.—The Committee includes \$60,000,000 for the Cures Acceleration Network, the same as the fiscal year 2021 enacted level. The Committee does not include bill language proposed in the budget that would establish this program as a percentage of the NCATS appropriation.

JOHN E. FOGARTY INTERNATIONAL CENTER (FIC)

Appropriation, fiscal year 2021	\$84,044,000
Budget request, fiscal year 2022	96,322,000
Committee Recommendation	96,842,000
Change from enacted level	+12,798,000
Change from budget request	+520,000

Mission.—FIC’s mission is to support and facilitate global health research conducted by U.S. and international investigators, building partnerships between health research institutions in the U.S. and abroad, and training the next generation of scientists to address global health needs.

COVID–19 has shown the importance of FIC’s essential role in global infectious disease health research training, pandemic preparedness, and global health security by assisting low- and middle-income countries (LMICs) in advancing their own research and health solutions and tools. The FIC has developed important partnerships in countries to not only fight infectious diseases, but also to build their capabilities to detect and treat infectious diseases. The COVID–19 pandemic illustrates the importance of FIC’s efforts to strengthen country capacity to enable cutting edge research at the origin of outbreaks, improving the likelihood that emerging diseases can be addressed at their source—ultimately protecting American health security. The Committee believes these long-

standing relationships and unique capabilities position FIC to play an important and expanded role in pandemic preparedness, including developing a network of modeling hubs and joint research programs to engage LMIC investigators to collaboratively train for pandemic preparedness. The Committee requests information from FIC in the fiscal year 2023 Congressional Budget Justification about how FIC training programs and research collaborations have, and with additional resources can, increase efforts to advance global health security and pandemic preparedness. The Committee is particularly interested in understanding FIC's unique capabilities and capacities as well as coordination with other Federal government agencies engaged in these efforts.

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

NATIONAL LIBRARY OF MEDICINE (NLM)

Appropriation, fiscal year 2021	\$463,787,000
Budget request, fiscal year 2022	474,864,000
Committee Recommendation	486,769,000
Change from enacted level	+22,982,000
Change from budget request	+11,905,000

Mission.—The NLM collects and organizes information important to biomedicine; serves as a national information resource for medical education, research, and health service activities; enhances access to biomedical literature through electronic services; serves the public by providing electronic access to reliable health information for consumers; supports and directs the national network of libraries of medicine; provides grants for research in biomedical communications, medical library development, and training health information specialists; conducts and supports research in biomedical informatics and computational biology; and creates information resources for genomics, molecular biology, toxicology, medical images, environmental health, emergency preparedness and response, and health services research.

OFFICE OF THE DIRECTOR (OD)

Appropriation, fiscal year 2021	\$2,411,110,000
Budget request, fiscal year 2022	2,237,259,000
Committee Recommendation	2,667,385,000
Change from enacted level	+256,275,000
Change from budget request	+430,126,000

Mission.—The OD provides leadership to the NIH research enterprise and coordinates and directs initiatives that crosscut NIH. OD is responsible for the development and management of intramural and extramural research and research training policy, the review of program quality and effectiveness, the coordination of selected NIH-wide program activities, and the administration of centralized support activities essential to the operations of NIH.

The items below include issues and programs specific to the Office of the Director as well as those that involve multiple Institutes and Centers.

Addressing Maternal Mental Health Gaps.—The Committee recognizes growing evidence that maternal mental health has long-reaching effects on the physical, intellectual, and emotional devel-

opment of a woman's children. Pregnancy-related mortality in the U.S. has steadily increased from 7.2 deaths per 100,000 in 1987 to 17.3 deaths per 100,000 in 2017. Black mothers are three to four times more likely than White mothers to die from complications related to pregnancy or childbirth. Maternal mental health disorders and associated symptoms are common, and cases often go unreported and untreated. The societal cost of untreated perinatal mood and anxiety disorders (PMADs) can reach \$14.2 billion, and those with PMADs have a higher risk of suicide, cesarean deliveries, and work absenteeism and presenteeism. The COVID-19 pandemic has exacerbated the mental and physical toll on pregnant and postpartum mothers. The Committee directs NIH to provide a report within 180 days of enactment of this Act with the number and description of research grants awarded over the past three fiscal years that address maternal mental health outcomes for women who are pregnant and one year postpartum. Further, the Committee encourages the Department to ensure mental health is incorporated in any efforts to reduce maternal mortality rates.

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

All of Us Program.—The Committee provides a total of \$541,000,000 for the All of Us precision medicine initiative, \$41,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. The total includes \$150,000,000 authorized in the 21st Century Cures Act (P.L. 114-255) to be transferred from the NIH Innovation Account.

ALS Research Coordination and Acceleration.—The Committee is aware of the significant need to expand scientific understanding of amyotrophic lateral sclerosis (ALS) and to translate ALS science more rapidly into effective treatments that can make ALS a livable disease. To achieve these outcomes as soon as possible, the Committee directs NIH to organize a trans-agency initiative to develop an ALS research strategic plan. The plan, which should be developed in collaboration with the nation's leading ALS patient and biomedical research organizations, should: identify the most promising areas of research and the specific NIH activities where additional funding could lead to more rapid translation of discoveries for treatments, prevention, and interventions or technologies that can reduce the burden of ALS; identify which Institutes and Centers are undertaking ALS and ALS-related research and which are not but have a role to play; and uncover any impediments to ALS research. As part of this effort, NIH should hold at least one public meeting at which stakeholders can provide testimony. This effort should include, but not be limited to: NINDS, NIA, NIEHS, NIMH, NHGRI, NIAMS, and NCATS.

Additionally, The Committee strongly supports the Transformative Research Award program for ALS and directs the Director to continue to fund this critical initiative in fiscal year 2022.

Finally, the Committee includes \$1,000,000 to commission a study by NASEM to identify and recommend actions for the public, private, and nonprofit sectors to undertake to make ALS a livable disease within a decade. Given the significant adverse physical, financial, psychological impact this progressive neurodegenerative disease has on the individuals and families affected by it, a comprehensive assessment of what is necessary to address its effects is warranted. The study should include, but not be limited to: how to develop more effective and meaningful treatments and a cure; interventions to reduce and prevent the progression and complications of ALS; the type and range of care and services people and families with ALS need and how to ensure they receive comprehensive, quality care; what care, services, and preventive measures people at-risk of ALS need; and how to improve the quality of life, health, and well-being of affected individuals and families. The Committee directs NIH to submit this study to the Committee no later than October 2024 and requests an update on the status of this study in the fiscal year 2023 Congressional Budget Justification.

Amyloidosis.—The Committee directs NIH to continue its expansion of research efforts in amyloidosis, a group of rare diseases characterized by abnormally folded protein deposits in tissues. Amyloidosis is often fatal, and there is no known cure. Current methods of treatment are risky and unsuitable for many patients. Average survival without treatment is in months. The Committee directs NIH to provide an update in the fiscal year 2023 Congressional Budget Justification on the steps NIH has taken to expand research into the causes of amyloidosis and the measures taken to improve the diagnosis and treatment of this devastating group of diseases.

Autoimmune Neuropathies.—The Committee notes the effect that the pandemic had on the progress of a state-of-the-science conference on autoimmune neuropathies research into conditions like Guillain-Barre syndrome and chronic inflammatory demyelinating polyneuropathy. The Committee supports continued efforts on establishing this critical conference.

Biomedical Research Facilities.—The Committee includes \$50,000,000, the same as the fiscal year 2021 enacted level and \$50,000,000 above the fiscal year 2022 budget request, for grants to public and/or nonprofit entities to expand, remodel, renovate, or alter existing research facilities or construct new research facilities as authorized under 42 U.S.C. section 283k. The Committee urges NIH to make awards that are large enough to underwrite the cost of a significant portion of newly constructed or renovated facilities.

Biomedical Research Workforce Diversity.—The Committee is concerned with the impact of COVID-19 on the diversity of the biomedical research workforce, particularly women and women of color at risk across career stages. The Committee strongly encourages NIH to study the race and gender breakdown of the impact of COVID on participation in the workforce by monitoring the types of awards applied for and granted by gender, race, and ethnicity for two years. If the data demonstrate that fewer women are applying for grants, then it is imperative that NIH take steps to address this disparity. The Committee requests a status update from NIH on this research in the fiscal year 2023 Congressional Budget Jus-

tification as well as the steps being taken to maintain and stabilize the diversity of the biomedical research workforce.

Black Men and Women Pursuing Medicine and Science.—The Committee supports the efforts of the National Academies Roundtable on Black Men and Black Women in Science, Engineering, and Medicine and its efforts to develop specific programs to increase numbers and effectiveness of Black Men and Women pursuing medicine and science. The Committee directs the Director to allocate increased resources from the Common Fund of the diversity program consortium to the National Academies Roundtable on Black Men and Black Women in Science, Engineering, and Medicine to address the increasing underrepresentation of Black men in medical schools and in the biomedical research profession. In addition, the Committee recognizes the need to increase the number of biomedical research professionals as leaders in critical areas of national need. The Committee directs NIH to establish a scholarship program that encourages African American students to pursue a career in medicine, science, and biomedical research to combat the persistent decline of Black male physicians over the last decade.

Brain Cancer.—The Committee recognizes that certain types of brain cancers are associated with high mortality and morbidity rates. Primary brain tumors, such as glioblastoma multiforme, have a five-year survival rate of five percent in adults and less than 20 percent in children. Certain brain tumors that occur in humans also occur spontaneously and naturally in dogs. These brain cancers in dogs share many of the same molecular underpinnings of their human counterparts. There is great potential for developing treatments for brain cancers that will benefit dogs and humans and provide an intermediate step to evaluate human treatments in a more meaningful and related species. The Committee encourages NIH to continue to support research that brings together researchers and clinicians from pediatrics, adult oncology, veterinary medicine, and biomedical engineering to leverage the linkage between brain cancers in dogs and humans in order to evaluate and develop treatments and safe delivery systems to benefit both species.

Center for Alternatives to Animals in Research and Testing.—The Committee directs NIH to submit a plan not later than 180 days after enactment of the Act for the establishment of a Center for Alternatives to Animals in Research and Testing within NIH, for the purposes of (1) developing, promoting, and funding alternatives to animal research and testing, and (2) developing a plan for reducing the number of animals used in Federally funded research and testing.

Childhood Post-Infectious Neuroimmune Disorders.—The Committee continues to be concerned that some children, following streptococcal and other infections, may experience the onset of neuropsychiatric and behavioral disorders. These auto-inflammatory encephalopathic conditions include Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS). Due to a paucity of research and limited avenues of treatment, children continue to encounter significant delays in identification and treatment, resulting in escalation of mental health symptoms and associated costs. The incidence of neuro-

logical and psychiatric symptoms associated with SARS-CoV-2 underscores the need for research that expands our understanding of neuropsychiatric illness following infection. Because these complications lie at the nexus of medical and mental health, investigations into their mechanisms have far-reaching implications. The Committee encourages NIH to explore cross-disciplinary research in this area, including neurobiology, neurology, immunology, rheumatology, infectious disease, and mental health, and report to the Committee in the fiscal year 2023 Congressional Budget Justification on the understanding of the incidence, causes, diagnostic criteria, and treatment of these conditions.

Chronic Fatigue Syndrome.—The Committee encourages NIH to expand ME/CFS efforts such as new ME/CFS disease specific funding announcements to deliver needed diagnostics and treatments as quickly as possible and mechanisms to incentivize researchers to enter the field.

Cockayne Syndrome.—The Committee recognizes that Cockayne Syndrome is a rare hereditary autosomal recessive disorder that disproportionately impacts children. It has no known treatments, therapies, or cures. Cockayne Syndrome presents unique research challenges for many reasons, including difficulty in accruing enough patients to participate in clinical trials and a lack of industry focus on such rare genetic diseases due to the relatively small number of patients diagnosed with this disease. The Committee strongly encourages NIH to expand funding on research on Cockayne Syndrome, including but not limited to gene replacement therapy.

Collection and Reporting of Animal Research Numbers and Agency Funding.—The Committee recognizes that Congress has long expressed an interest in reducing the use of nonhuman animals in NIH-funded research and replacing animals with valid, reliable alternatives. In the National Institutes of Health Revitalization Act of 1993, Congress first requested that the agency create a plan for doing so. The Committee also recognizes the scientific community's Stated commitment to the "three Rs" of replacement, reduction, and refinement. Integral to that commitment are the accurate counting of animals used in research and testing and the accurate reporting of NIH funding dedicated to projects involving animals. The Committee recognizes that it has been NIH's policy since 1985 to collect an "average daily inventory" of vertebrate animals housed in research facilities that wish to receive agency funding. The Committee understands that domestic facilities are required to file such documentation every four years as part of an Animal Welfare Assurance and that copies of the documents are available to the public only through Freedom of Information Act requests. The Committee requests a report from NIH within 120 days of enactment of this Act outlining a plan for increasing the accuracy and transparency of collecting and publicly disseminating research animal numbers. The plan should explain how NIH will collect the information annually and include a draft form that requires the total number of animals per species bred and used in the previous year and assigns all animals to a pain and distress category. The plan should also include details on how NIH will create a publicly accessible online database for dissemination of this information. Secondly, the Committee requests that NIH include in its report a

plan for implementing a system that tracks which agency-funded projects involve the use of animals and makes the information publicly accessible. The Committee recognizes that NIH currently collects such information with every grant application using the Research & Related Other Project Information form, which asks applicants to answer “Yes” or “No” to the question “Are Vertebrate Animals Used?” NIH’s plan should ensure that the answer to that question for each funded project is searchable via the Expenditures and Results module of NIH’s Research Portfolio Online Reporting Tools website as many other categories of information are.

Common Fund.—The Committee recommends \$657,112,000 for the Common Fund (CF), and an additional \$12,600,000 provided to support the Gabriella Miller Kids First Research Act for the seventh year of the ten-year Pediatric Research Initiative. This is \$21,173,000 above the fiscal year 2021 enacted level and \$11,173,000 above the fiscal year 2022 budget request.

COVID-19 Technology Access Pool.—The Committee understands that the World Health Organization has developed a COVID-19 Technology Access Pool (C-TAP), which aims to facilitate access to COVID-19 health products by sharing intellectual property through pooling and voluntary agreements. The Committee strongly urges the Secretary, in partnership with NIH, to consider what contributions NIH could make to C-TAP.

Cybersecurity.—The Committee includes an increase of \$100,000,000 to support expanded cybersecurity efforts at NIH, as requested in the fiscal year 2022 budget. Funding will enhance Security Operations Center functions, expand threat mitigation and incident response capabilities, implement important architectural improvements to the NIH network, and implement tools and technologies to allow real time monitoring of activity across a variety of sources.

Diversity at NIH Working Group and Strategic Plan.—The Committee is encouraged by NIH’s demonstrated commitment to diversity and thanks the NIH for acting on the fiscal year 2021 request to develop a strategic plan that includes long- and short-term goals to address disparities at NIH. The Committee understands that NIH is beginning robust outreach to traditionally marginalized communities to lay the foundation for a comprehensive strategic plan and encourages NIH to continue this line of work in order to fully understand the scope of need in this area, properly make recommendations, then develop and implement strategies to increase inclusivity and diversity in biomedical science while aligning with Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government. The Committee directs NIH to provide quarterly briefings to the Committee on the progress of the development of the strategic plan.

Diversity in NIH Clinical Trials.—While 40 percent of Americans belong to a racial or ethnic minority, 80 to 90 percent of participants in clinical trials are White. Patients in underserved communities are often less comfortable enrolling in clinical trials or are unaware of how to do so, excluding them from the opportunity to access potentially lifesaving treatment. Further, it is essential that NIH researchers develop a comprehensive understanding of how treatments impact various populations. The Committee encourages

NIH to increase proactive outreach efforts to patients in minority and underrepresented communities and providers serving these populations, to improve awareness of clinical trials and understanding of how patients can participate.

Duchenne Muscular Dystrophy.—Duchenne muscular dystrophy is a severe form of muscular dystrophy for which there is no cure and for which life expectancy is in the second or third decade. The Committee urges NIH to establish a framework for data sharing and sharing of specimens generated or collected within six months of completion of any NIH-funded clinical study. The Committee also urges NIH to support methodological research on challenges related to gene therapies, such as enabling delivery to individuals with neutralizing antibodies to viral vectors, manufacturing supply to ensure all patients can receive treatment, and minimizing potential life-threatening immune response to high viral doses.

Early Career Researchers.—The Committee recognizes the importance of awards intended to support training of early-stage researchers, including physician scientists. The Committee is also aware of the negative impact the ongoing COVID–19 pandemic has had on research career trajectories and that these challenges are particularly burdensome on early-career researchers who have yet to achieve research independence. The Committee commends NIH for allowing holders of fellowship and career development awards to apply for funded and no-cost extensions but is concerned about the possibility of uneven levels of support between Institutes and Centers, unclear qualifying standards, and demand that may exceed resources. To address these concerns, the Committee encourages NIH to develop and disseminate a standardized approach to support eligible investigators across Institutes and Centers.

The Committee also encourages NIH to develop a funding opportunity for a trans-NIH early career development award targeted to investigators working in pediatrics that would build upon the Next Generation Researchers Initiative and other initiatives and to provide an update on these efforts to Congress within 180 days of enactment of this Act.

Eating Disorders.—The Committee commends NIH for supporting multi-Institute research on the chronic, fatal, and serious mental illnesses encompassing eating disorders that affect 30,000,000 Americans during their lifetimes, and its association with other conditions such as diabetes, infertility, heart disease, PTSD, substance use, co-morbid mental illnesses, and tooth decay. The Committee encourages NIH to increase support for eating disorders research and encourages the relevant Institutes and Centers, including NIMH, NIMHD, NICHD, and NIDA, to collaborate to address research gaps in genetics, prevention, diagnosis, and treatment of eating disorders.

Ehlers-Danlos Syndrome.—The Committee encourages NIH to support research and activities with respect to Ehlers-Danlos Syndrome and related connective tissue disorders.

Environmental Influences on Child Health Outcomes (ECHO).—The Committee includes \$180,000,000, the same as the fiscal year 2021 enacted level and the fiscal year 2022 budget request, for the ECHO Project, which has the potential to greatly increase understanding of critical determinants of health across the lifespan, through its observational cohorts and the IDeA States Pediatric

Clinical Trials Network. The Committee encourages continued communication about to the program's progress toward goals, milestones, and projected funding estimates with both external stakeholders and Congress. The Committee includes funding for ECHO in the Office of the Director, consistent with previous years.

Federal Advisory Committees Transparency Initiative.—The Committee recognizes that Federal advisory committees established pursuant to 42 U.S.C. 282(b)(6) fill an important role in advising NIH on major decisions on plans and policies. However, to guarantee due process, it is vital that all NIH Federal advisory committees operate in a transparent way. The Committee recognizes that one particular NIH Federal advisory committee, the Literature Selection Technical Review Committee (LSTRC), has not made its review process clear or transparent. As such, the Committee directs the LSTRC, within 60 days of enactment of this Act, to make public all documents and any other relevant information related to its: (1) processes for and standards of review, including the scope of the review, a timeline and detailed steps of the review, and any other guidelines used to ensure objective reviews; and (2) decision-making processes and methodologies, including scoring rubrics, metrics, and any other guidelines used to ensure objective decisions. The Committee further directs the LSTRC, within 60 days of enactment of this Act, to make available detailed instructions regarding how to appeal its decisions. Moreover, the Director of NLM shall ensure and certify to the Committee that the LSTRC is operating in accordance with the provisions of the Federal Advisory Committee Act (FACA), as amended (5 U.S.C., Appendix 2).

Firearm Injury and Mortality Prevention Research.—The Committee includes \$25,000,000 to support research on the prevention of gun violence, \$12,500,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. The Committee also requires NIH and CDC to collaborate with the National Institute of Justice to compile, share, and improve firearm violence data. Such data must include the Uniform Crime Report (UCR) and include data from hospitals treating victims of nonfatal gunshot wounds.

Foreign Threats to Research.—Foreign actors continue to engage in the theft of intellectual property from NIH and its grantees, posing threats to national security. The Committee directs NIH to provide quarterly briefings on the progress of investigations into these efforts, as well as the institutions, scientists, and research affected. The Committee continues to direct NIH to provide \$5,000,000 to the Inspector General to continue additional investigations into this issue. The Committee also includes an increase of \$2,500,000 for the Office of Extramural Research to expand its resources dedicated to reviewing potential cases of fraud.

Fragile X.—The Committee commends NIH for funding three Fragile X Centers within the guidelines established in the Strategic Plan for Research on FMR1-Related Conditions. The Committee notes the importance of expanding the base of researchers and clinicians who are familiar with and trained in the Fragile X-associated disorders and promoting collaboration between basic scientists and clinicians to enable researchers to better understand phenotypes, document variations in how the disorder presents itself, identify potential biomarkers and outcome measures, and de-

velop new interventions. The Committee also commends NIH for recognizing the ethical, legal, and social issues in premutation screening and testing and encourages NIH to look at existing pilot studies that are exploring innovative ways to screen newborns, and to coordinate efforts and research with the CDC as they consider screening solutions for FMR1-related conditions.

Gabriella Miller Kids First Pediatric Research Program.—The Committee recognizes that pediatric cancer is a leading cause of death among children and is still poorly understood. Childhood cancer also has lasting negative health effects on children who do survive due to the high levels of toxicity associated with treatment. The Committee acknowledges that the Gabriella Miller Kids First Pediatric Research Program enables researchers to uncover new insights into the biology of childhood disease. Since its inception, Kids First has initiated the Gabriella Miller Kids First Data Resource Center, which is a comprehensive data resource for research and patient communities meant to advance discoveries. The Committee recognizes the progress that the Program has made towards understanding childhood cancer and disease and provides \$12,600,000 to support pediatric research as authorized by the Gabriella Miller Kids First Research Act (P.L. 113–94).

Gene-Environment Interactions in Neurodegenerative Disorders in the Diverse Populations of African Americans and Latinos.—In the context of NIH’s robust neurological disease research portfolio, the Committee commends the leadership of NIH in advancing the relevant objectives of the 21st Century Cures Act and the BRAIN Initiative. The Committee recognizes the need to better understand the interactions between genetics and environmental factors, in particular with older and diverse populations of African Americans and Latinos. The Committee encourages NIH to accelerate collaborative research across relevant Institutes and Centers and the research community to address the goal of determining the role of the interaction between environmental exposures to toxic chemicals and genetics and their impact on neurodegenerative disorders in diverse populations of African Americans and Latinos, to allow for earlier diagnosis and subsequent treatment to arrest the progression of these devastating neurodegenerative disorders.

Harassment Policies.—The Committee is deeply frustrated by NIH’s failure to implement its direction to address harassment in extramural research settings. Both the Statement of managers accompanying the Further Consolidated Appropriations Act, 2020 (Public Law 116–94) and the Consolidated Appropriations Act, 2021 (Public Law 116–260) directed NIH to revise its guidance to make clear that grantees must identify any changes to key personnel on an award that are related to concerns about harassment. The Committee has included a new general provision to require institutions that receive NIH funding to notify the agency when key personnel are removed from their position for harassment.

Health Disparities for Persons with Disabilities.—Despite being uniquely affected by COVID–19, people with disabilities experienced gaps and inequities in health care in the response to the COVID–19 pandemic. This illustrates that there is a need for increased data collection to provide policymakers with necessary information to improve pandemic planning and outcomes. The Committee strongly encourages NIH to examine health and health care

inequities more broadly for people with disabilities, including those with physical, sensory, cognitive, intellectual and developmental, and psychological disabilities. The Committee strongly encourages NIH to fund research on identifying inequities in health and health care for people with disabilities and to support research that develops and evaluates interventions to reduce these disparities, including approaches that focus on addressing systemic and community-level barriers.

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

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

Hepatitis B.—The Committee recognizes the estimated \$4 billion of annual medical costs associated with the care and treatment of those infected with the hepatitis B virus and urges NIH to redouble its efforts to identify more effective treatments for the disease. While there are treatments available to control HBV, they must be taken for years if not for life. Without treatment, one in four of those infected will die prematurely from cirrhosis, liver failure, and/or liver cancer. This serious public health threat results in over 800,000 worldwide deaths each year, making it the tenth leading cause of death in the world. The Committee commends NIH for its support in the development of the 2019 Strategic Plan for Trans-NIH Research to Cure Hepatitis B and urges NIH to help implement the plan by issuing new targeted calls for research. The Committee requests that NIH support an update of the Strategic Plan for Trans-NIH Research to Cure Hepatitis B and that it submit it to the Committee, within 180 days of enactment of this Act, a specific plan to pursue a cure for hepatitis B in coordination with the Trans-NIH Hepatitis B Working Group.

Humane Research Alternatives.—Recognizing that humane, cost-effective, and scientifically suitable non-animal methods are available but underutilized, the Committee requests that NIH assemble

a panel to investigate and make recommendations regarding incentives for more quickly and effectively moving NIH intramural and external research away from methods that rely on animals to methods that rely on non-animal methods including epidemiological and clinical studies, cell-based methods, computer modeling and simulation, and human tissue studies. The panel should review and recommend means of encouraging greater reliance on human-relevant non-animal methods/approaches. Panel membership should include individuals with proven knowledge of/experience with non-animal research methods; with expertise in evaluating the adequacy of searches for non-animal methods/approaches described in research proposals; and with knowledge of the welfare concerns and scientific limitations of animal-based studies. The Committee asks that NIH provide a report of the panel's findings within 60 days of enactment of this Act.

Impact of Technology and Digital Media Use Among Infants, Children, and Teens.—The Committee remains concerned about the impacts of technology use and media consumption on infants, children, and adolescents, especially during the COVID-19 pandemic. COVID-19 has resulted in closures of schools, sports, and extracurricular activities giving children less access to offline social opportunities and resulting in increased time children spend on screens and digital media. The Committee appreciates NIH's ongoing engagement on this important topic and encourages NIH to prioritize research into the cognitive, physical, and socioemotional impacts of young people's use of technologies as well as long-term developmental effects on children's social, communication and creative skills. The Committee also encourages NIH to study the repercussions of increased use of digital media and technologies on suicidal thoughts and ideation among children. The Committee encourages NIH to consider different forms of digital media and technologies including mobile devices, smart phones, tablets, computers, and virtual reality tools, as well as social-media content, video games, and television programming.

INCLUDE Initiative.—The Committee includes no less than \$80,000,000, an increase of \$15,000,000 above the fiscal year 2021 enacted level, within OD for the INCLUDE Initiative. The Committee is pleased that this multi-year, trans-NIH research initiative has enabled significant advances in understanding immune system dysregulation, new research into the connection with Alzheimer's disease, and the creation of national Data Coordinating Center, all of which may dramatically improve the health and quality of life of individuals with Down syndrome as well as millions of typical individuals. The Committee encourages NIH to pursue some of the most neglected areas of research and care such as health disparities for African Americans with Down syndrome, mosaic Down syndrome, those with the dual diagnosis of Down syndrome and autism, and new studies on metabolic dysregulation. The Committee requests the Director provide an updated plan within 60 days of enactment of this Act that includes a timeline, description of potential grant opportunities and deadlines for all expected funding opportunities so that young investigators and new research institutions may be further encouraged to explore research in this space. This plan should also incorporate and increase pipeline research initiatives specific to Down syndrome.

Indoor Amplified Microbial Growth Research.—The Committee believes that a more robust and focused NIH commitment to research relating to mold and amplified microbial growth in damp and water-damaged buildings would yield significant advancements of knowledge and insight regarding how fungi, mycotoxins, actinobacteria, and endotoxins within indoor environments affect public health. The Committee urges NIH to expedite planned and ongoing studies already nominated and established through the National Toxicology Program (NTP). The Committee is concerned that some of these studies were nominated in 2001 but have yet to be conducted. The Committee also urges NIH to prioritize new research, explore the causal links, and interventions to the potential neurotoxic, immunosuppressive, immunoreactive, autoimmune, nephrotoxic, carcinogenic, and inflammatory responses due to inhalation of indoor amplified microbial growth in damp and water-damaged indoor environments. The Committee encourages NIH to improve applied research, communication and education, and coordination with other Federal, State and local health and environmental agencies regarding mold and microbial growth in damp and water-damaged indoor environments. The Committee requests an update in the fiscal year 2023 Congressional Budget Justification on its efforts.

Inflammation.—Inflammation is one of the body's major defense mechanisms in response to infection or injury, but when it is uncontrolled, it causes inflammatory diseases such as cardiometabolic diseases (such as hypertension, obesity, and diabetes), neurodegenerative diseases (such as Alzheimer's disease and dementia), and mood disorders (such as depression). The Committee supports and encourages NIH to fund research into how inflammation may contribute to these various disorders.

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

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

Lyme and Other Tick-Borne Diseases.—The Committee encourages NIH to support research on early diagnosis and treatment of

Lyme and other tick-borne diseases (TBD) to prevent the development of late stage disease and more serious and longer-term disability, but also to intensify research on diagnosis and treatment of late stage and chronic disease. Priority should be based on disease burden, which CDC has indicated for Lyme disease to be approximately 476,000 people diagnosed and treated annually in the U.S. Lyme has a significant patient population who are not diagnosed until late stage, when treatment is more difficult, and a significant percentage of patients who relapse and go on to develop chronic symptoms. Along with development of highly sensitive and specific diagnostics for all stages of disease, a goal should be to develop diagnostics with appropriate sensitivity and specificity for the detection of subclinical or low-level infection for use in disease eradication. Treatments for all stages of Lyme and other TBD, determining optimal combinations of new candidate or older drugs and exploring novel combinations should be developed. Although a cure may be defined to include sustained remission, a goal of treatment should be eradication of the pathogen, in which case resurgence is not possible.

The Committee is gratified that NIH officials have recognized the need for further exploration of maternal-fetal or vertical transmission of Lyme disease and the occurrence of adverse outcomes among women with untreated and disseminated Lyme disease during pregnancy. The Committee encourages NIH to intensify research on adverse outcomes related to Lyme disease during pregnancy and to continue to participate with Lyme advocacy organizations on these issues.

Maintenance of Chimpanzees on U.S. Air Force Bases.—The Committee remains concerned about NIH's intention to retain government-owned chimpanzees at the Alamogordo Primate Facility (APF), a laboratory facility, instead of retiring them to the national chimpanzee sanctuary, Chimp Haven. While NIH cites the health condition of the chimpanzees as a reason to warehouse them at APF, the health condition of the chimpanzees and their long history of laboratory use makes it urgent that they be provided an opportunity to live the remainder of their lives in sanctuary, even if for a short period. The Committee directs the NIH to resume transport of government-owned and supported chimpanzees beginning with chimpanzees at APF. Movement of chimpanzees from Southwest National Primate Research Center (SNPRC) and Keeling Center for Comparative Medicine and Research (KCCMR) should follow transport of the APF chimpanzees to Chimp Haven. The Committee also directs the NIH to provide a written report to the Committee every 180 days, beginning no later than December 31, 2021, that shall include: (1) the number of chimpanzees transported to the national sanctuary over the last quarter; (2) a census of all government-owned and supported chimpanzees remaining, if any, at APF, SNPRC or KCCMR; (3) a list of any chimpanzee deaths that have occurred at any time after January 1, 2020, at either APF, SNPRC, KCCMR, or the national sanctuary system, and (4) the plan, including the timeline, for transferring the chimpanzees from APF, SNPRC, and KCCMR to Chimp Haven.

Maternal Infections.—The Committee requests an update on research to better understand and prevent congenital

cytomegalovirus in the fiscal year 2023 Congressional Budget Justification.

Modeling and Simulation Technology Deployment.—The Committee encourages NIAID, NIBIB, and other NIH Institutes and Centers as appropriate, to support the development and study of in silico approaches to accelerate vaccines for emerging infectious diseases including, but not limited to, computational simulation, data analytics, and the digital patient model, with the objective of reducing the time to market for virus vaccines.

National Laboratories.—NIH funding supports investments which are collaborative with the ongoing work of the Department of Energy. The Committee directs NIH to provide an update in the fiscal year 2023 Congressional Budget Justification on the work to coordinate its efforts with DOE and the National Laboratories, and in more strategic ways to leverage NIH's research needs in the next generation of cancer research, brain mapping, drug development or other emerging ideas in biomedical research that would benefit from DOE's instrumentation, materials, modeling simulation, and data science. In 2015, the Secretary of Energy established the Energy Advisory Board (SEAB) to evaluate the prospects for increased collaboration between DOE researchers and biomedical scientists supported by other agencies, especially NIH. Increased and more effective coordination could be instrumental to assist in the development of the Nation's health, security, novel biomedical technologies, and in the development of more strategic enabling technologies. The Committee supports NIH's collaboration with DOE and the National Laboratories in an effort to maximize utilization of DOE's capabilities, particularly for NIH's rapidly growing data and computational challenges, and encourages NCI to build off the success of previous initiatives and consider additional pilots to address key computation and imaging bottlenecks in cancer research.

National Primate Research Centers.—The Committee does not include funding directed towards expanding non-human primate resource infrastructure. The budget request included \$50,000,000 for this activity.

National SARS-CoV-2 Genomic Surveillance Program.—New SARS-CoV-2 variants continue to emerge across the globe, including variants that may have increased transmissibility and potential to evade vaccines. This dire situation demonstrates the need for a comprehensive genomic sequencing and surveillance program to discover and track the spread of these variants and devise appropriate public health countermeasures. The Committee directs NIH and CDC, in coordination with other HHS agencies as appropriate, to continue to expand national genomic surveillance to rapidly scale up sequencing of viral samples and dissemination of SARS-CoV-2 genomic data.

Native Hawaiian/Pacific Islander Health Research.—The Committee encourages NIH to place high priority on addressing the research needs of Native Hawaiian and Pacific Islander Health Research. The OD, in coordination with NIMHD and other Institutes and Centers, should work closely with NHPI communities and NHPI-serving organizations, which are located in States with significant NHPI populations to allow for the development of future researchers and scientists from these same communities.

Natural History Museums as Critical Contributors to Virus Research.—The Committee notes that the nation’s natural history museums provide an unparalleled resource for studying zoonotic diseases such as COVID-19. These museums hold millions of animal samples collected over decades from across the globe, offer deep and broad scientific expertise, and are uniquely positioned to assist in preparing for and predicting the next pandemic-causing viruses. The Committee encourages increased utilization and support of this largely untapped resource.

Neurofibromatosis (NF).—The Committee supports efforts to increase funding and resources for NF research and treatment at multiple Institutes, including NCI, NINDS, NIDCD, NHLBI, NICHD, NIMH, NCATS, and NEI. Children and adults with NF are at elevated risk for the development of many forms of cancer, as well as deafness, blindness, developmental delays, and autism. The Committee encourages NCI to continue to support a robust NF research portfolio in fundamental laboratory science, patient-directed research, and clinical trials focused on NF-associated benign and malignant cancers. The Committee also encourages NCI to continue to support preclinical research and clinical trials. Because NF can cause blindness, pain, and hearing loss, the Committee encourages NEI, NINDS, and NIDCD to continue to aggressively fund fundamental basic science research on NF relevant to restoring normal nerve function. Based on emerging findings from numerous researchers worldwide demonstrating that children with NF are at significant risk for autism, learning disabilities, motor delays, and attention deficits, the Committee encourages NINDS, NIMH, and NICHD to support laboratory-based and patient-directed research investigations in these areas. Since NF2 accounts for some genetic forms of deafness, the Committee encourages NIDCD to continue its investment NF2-related research. NF1 can cause vision loss due to optic gliomas. The Committee encourages NEI to support NF1-focused research on optic gliomas and vision restoration.

NIH Division of Police.—The Committee supports vigorous action to improve training for all Federal, State, and local law enforcement officers on racial profiling, implicit bias, procedural justice, the use of force, and the duty for officers to intervene when witnessing the use of excessive force against civilians. The Committee therefore directs the Director to work with the Attorney General and the Federal Law Enforcement Training Centers to implement improved, mandatory training on these topics for all Federal law enforcement officers, along with the development of related standards that can be applied in hiring and performance assessments. These training requirements and standards should be based on the related provisions in H.R. 1280, as passed by the House of Representatives in March 2021.

The Committee further directs the NIH Division of Police, to the extent it has not already done so, to submit its use of force data to the Federal Bureau of Investigation’s National Use of Force Data Collection database. The Committee requests a briefing within 90 days of enactment of this Act on current efforts to tabulate and submit use of force data to the FBI.

Office of AIDS Research.—The Committee includes no less than \$3,290,000,000 for HIV/AIDS research, an increase of \$200,000,000 above the estimated fiscal year 2021 level.

Office of Behavioral and Social Sciences Research (OBSSR).—The Committee includes \$49,827,000 for OBSSR, an increase of \$20,000,000 above the fiscal year 2021 enacted level and \$19,523,000 above the fiscal year 2022 budget request. The Committee notes that OBSSR has the mission to enhance NIH's behavioral science research enterprise across all Institutes and Centers. As multiple Surgeons General and NASEM have declared that most health problems facing the nation have significant behavioral components, the Committee strongly supports the continued strengthening of the behavioral science enterprise at NIH and urges OBSSR funding be increased to accomplish this mission. In this regard, the Committee is pleased that an NIH working group has been established to review how better to integrate and realize the benefits of overall health from behavioral research at NIH, and directs that appropriate OBSSR funding levels, authority, and organizational structure be included in this review.

Office of Nutrition Research.—The Committee is encouraged by recent efforts to prioritize nutrition research across Institutes and Centers, including the release of first NIH-wide strategic plan for nutrition research. As such, the Committee supports the transfer of the Office of Nutrition Research to OD and encourages the Director to allocate sufficient resources to this office to ensure it can operate effectively as a trans-NIH entity.

Office of Research on Women's Health.—The Committee includes \$61,480,000 for the Office of Research on Women's Health, an increase of \$17,555,000 above the fiscal year 2021 enacted level and \$9,177,000 above the fiscal year 2022 budget request. This office ensures women's health research and research on the biological and sociocultural influence of sex and gender are included within the larger NIH scientific framework. Congress recognizes that ORWH is the first public health service office to officially promote women's health research within and beyond the NIH scientific community. ORWH provides critical leadership to develop research programs like the Specialized Centers of Research Excellence (SCORE), a program designed to expedite the development and application of new knowledge to human diseases that affect women, to learn more about the etiology of these diseases, and to foster improved approaches to treatment and/or prevention. The Committee applauds ORWH's effort to encourage research across many scientific disciplines to examine how sex and gender factors influence health and contribute to various diseases. Within the total, the Committee includes an additional \$2,000,000 expand the number of sites in the Building Interdisciplinary Research Careers in Women's Health (BIRCWH) program, an initiative that aims to increase the number and skills of investigators who conduct research on sex and gender influences on health and disease. ORWH is encouraged to expand the program to less-resourced institutions, such as HBCUs, tribal colleges and Institutions of Emerging Excellence.

Office of the CIO for Scientific Workforce Diversity.—The Committee includes \$22,000,000 for the Office of the CIO for Scientific Workforce Diversity, \$16,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request.

OIG Transfer.—The Committee includes \$5,000,000, the same as the fiscal year 2021 enacted level and the fiscal year 2022 budget

request, for transfer to the HHS OIG to support oversight of NIH activities.

Parkinson's disease (PD) and Dementia.—The Committee recognizes that although Parkinson's is often thought of only as a movement disorder, most PD patients also develop dementia; common symptoms include difficulty with problem solving, speed of thinking, memory and other cognitive skills. Because people with PD usually develop these symptoms several years after their diagnosis of Parkinson's, PD represents an under-explored opportunity to study the onset and progression of dementia. The Committee strongly urges NINDS and NIA to put a higher priority on PD, both before and after onset of dementia, within their overall dementia research portfolios. The Committee requests an update on these activities in the fiscal year 2023 Congressional Budget Justification.

Polycystic Ovary Syndrome (PCOS).—PCOS affects up to 15 percent of women and is a significant risk factor for multiple cardio-metabolic conditions, such as type 2 diabetes, lipid disorders, high blood pressure, obesity, sleep disorders, and others which may significantly increase risk for adverse COVID-19 outcomes. Emerging data also link the risk of severe COVID-19 with certain factors such as low vitamin D levels, hyperandrogenism, inflammation, and ethnicity predisposition, all of which are directly associated with PCOS. The Committee encourages NHLBI, NICHD, ORWH, and NIDDK to support research investigating the risk of severe SARS-CoV-2 infection in the PCOS patient population and the strong overlap of risk factors for both worse PCOS cardio-metabolic manifestations and severe COVID-19. Findings should be disseminated to health care providers, PCOS patients, and the public, as well as highlighted for clinical practice. The Committee also encourages NIH to report on research that has been conducted on PCOS and its impact on cardio-metabolic health to date in the fiscal year 2023 Congressional Budget Justification. Finally, the Committee requests that PCOS be added to the NIH Research, Condition, and Disease Categories reporting.

Post-acute COVID and Chronic Fatigue Syndrome (ME/CFS).—The Committee commends NIH on its ongoing ME/CFS efforts, including the rapid expansion of research regarding post-acute COVID-19 syndrome (PACS) and its potential connections to ME/CFS, its leadership in the Interagency Working Group for ME/CFS, and the recent success of mapMECFS and searchMECFS projects. The Committee recognizes the scientific and clinical opportunities in post-viral research and strongly encourages NIH to continue and expand its efforts to understand the underlying causes and risk factors for individuals with PACS and ME/CFS, with a focus on diagnosis, treatment, and prevention. The Committee encourages NIH to accelerate and expand efforts related to PACS and ME/CFS; such as (1) investing and collaborating to form large data sets through patient registries, biobanks, and interdisciplinary research investment (2) issuing PACS and ME/CFS disease specific funding announcements (3) coordinating an initiative to develop consensus on the diagnosis of PACS and the selection criteria for study participants involved in ME/CFS research, and (4) implementing mechanisms to incentivize new and early career researchers to enter and contribute data to the ME/CFS scientific field.

Primary Mitochondrial Disease Research.—The Committee is aware that NIH has spearheaded a number of initiatives to identify new mitochondrial disorders, discover the linkages between mitochondrial disorders, and translate advances in mitochondrial research to treatments, cures, and other medical interventions for mitochondrial disorders and their secondary diseases, such as Alzheimer’s disease, Parkinson’s disease, and cancer. Given the advancements seen through peer-reviewed research into mitochondrial disorders at several academic sites across the nation, the Committee encourages NIH to increase its funding of primary mitochondrial disease research and requests the agency provide an update on these efforts within 180 days of enactment of this Act.

Psychedelic Treatments.—Despite the recent Department of Veterans Affairs’ 2020 National Veteran Suicide Prevention Annual Report that showed there were no significant increases in the veteran suicide rate from 2017 and 2018, the Committee is concerned that over 17 veterans on average continue to commit suicide each day, which is a number that has remained persistent over the past decade. There have been many recent studies and clinical trials demonstrating the positive impact of alternative therapies, including psychedelics, for treatment resistant post-traumatic stress disorder (PTSD) and major depressive disorder, particularly for veteran participants. In light of growing interest in this area, the Committee encourages NIH and other relevant Federal agencies to undertake, and where appropriate expand, research to evaluate the effectiveness of psychedelic therapies in treating PTSD, major depressive disorder, and other serious mental health conditions.

Rare Disease Research.—The Committee is aware that nearly one in ten individuals in the U.S. is affected by a rare disease, and that rare diseases frequently are genetic or have a genetic component. The Committee urges NIH to expand research on rare genetic and chromosomal abnormalities, such as 7q11.23 Duplication Syndrome and Hereditary Spastic Paraparesis 49 (TECPR2). The Committee directs NIH to provide an update on these two conditions in the fiscal year 2023 Congressional Budget Justification.

Research on Long COVID.—The Committee commends NIH for undertaking a major initiative to research the causes of, and the best ways to prevent and treat, what is often referred to as Long COVID, which occurs when individuals experience a variety of symptoms long past the time that they have recovered from the initial stages of COVID–19 illness. Symptoms can include fatigue, exercise intolerance, shortness of breath, trouble with memory and concentration, headache, sleep disorders, orthostatic tachycardia, chest, muscle and joint pains, fevers, gastrointestinal symptoms, anxiety, post-traumatic stress disorder, and depression, can last for months or longer, and can range from mild to incapacitating. In addition, it is unclear to what extent COVID–19 and its long-term effects may interact with pre-existing conditions such as vascular and neurodegenerative diseases, potentially changing their course and morbidity. The Committee directs NIH to sustain and strengthen its research into Long COVID. As part of this research, the Committee urges NIH to study Long COVID in children and youth.

Furthermore, the Committee recognizes that the COVID–19 pandemic has exposed an array of related health disparities, including

a difference in severity and outcomes between female and male patients due to sex and gender influences. This is also true for individuals who continue to experience COVID-19 symptoms and/or damage to organs to varying degrees months after their initial diagnosis. To better understand how sex differences are implicated in the severity of the COVID-19 pandemic, the Committee encourages the Institutes and Centers of the NIH in coordination with the NIH Office of the Director and Office of Women's Health Research to support research that studies how sex as a biological variable impacts short and long-term outcomes due to infection with SARS-CoV-2.

Sickle Cell Disease (SCD).—The Committee commends NIH for its ongoing support of clinical research for SCD, which imposes major morbidity on an estimated 90,000 to 100,000 individuals in the U.S., with three million Americans carrying the sickle cell trait. The Committee encourages NIH to support clinical trials for prenatal and postnatal treatment of SCD, which includes a wealth of promising approaches to eradicate this disease, save lives, and dramatically reduce the substantial health care costs associated with SCD for both children and adults. The NIH is encouraged to consider programs both domestically and globally to evaluate the effectiveness of screening technologies for infants and children with the sickle cell trait and disease and to develop different innovative technologies to cure SCD. The Committee encourages NHLBI and NHGRI to collaborate on research on Sickle Cell Trait. It is critical to better understand the risks for health complications and the potential link to severe illness and risk of death from COVID-19 for the one to three million Americans living with Sickle Cell Trait, the single gene mutation for SCD.

Spina Bifida Research.—The Committee encourages NIA, NIDDK, NICHD, and NINDS to study the causes and care of the neurogenic bladder and kidney disease in order to improve the quality of life of children and adults with Spina Bifida; to support research to address issues related to the treatment and management of Spina Bifida and associated secondary conditions, such as hydrocephalus and sudden death in the adult Spina Bifida population; and to invest in understanding the myriad co-morbid conditions experienced by individuals with Spina Bifida, including those associated with both paralysis and developmental delay; and report out by Institute research findings on Spina Bifida and issues related to it. The Committee supports the specific efforts of NICHD to understand early human development; set the foundation for healthy pregnancy, and lifelong wellness of women and children; and promote the gynecological, andrological, and reproductive health for people with Spina Bifida. Additionally, NIH is encouraged to identify sensitive time periods to optimize health interventions; improve health during transition from adolescence to adulthood; and ensure safe and effective therapeutics and devices for adults as well as children. Finally, the Committee encourages NIH to support research on the potential causes behind a growing incidence and prevalence of bladder cancer in individuals with Spina Bifida.

Thalassemia.—Nutrition can be an important tool in the management of rare diseases. Currently, there is no guidance on nutrition approaches for the management of thalassemia, which occurs

most often in African Americans and in people of Mediterranean and Southeast Asian descent. In addition to the possibility that thalassemia itself creates nutritional deficits, there is concern that necessary iron chelation therapy may create *additional* deficits. Research is needed to provide practitioners with evidence-based advice for patients, both on diets that would help improve and manage their condition, and those that may be harmful. The Committee encourages the Office of Nutrition Research to coordinate across NIH on the impact of nutrition on thalassemia management and current gaps in clinical understanding in this area.

Trans-NIH Pediatric Research Consortium.—The Committee is aware of the Trans-NIH Pediatric Research Consortium (N–PeRC) that was established in 2018 to better coordinate and support pediatric research activities across multiple Institutes and Centers. The Committee supports the goals and objectives of N–PeRC and requests that NIH update the Committee as to multi-Institute or Center pediatric research projects implemented as a result of N–PeRC and projects in the planning stage. Additionally, the Committee requests a report in the fiscal year 2023 Congressional Budget Justification on how N–PeRC plans to support studies of the physical, mental and behavioral health impacts of COVID–19 on children, including multisystem inflammatory syndrome in children (MIS–C), as well as plans for N–PeRC’s focus over the coming three years.

Undiagnosed Diseases.—The Committee recognizes the important role the NIH-funded Undiagnosed Diseases Network (UDN) has played to improve diagnosis of rare diseases and other undiagnosed conditions and encourages NIH to continue supporting this work, including by developing a plan to sustain the work of the UDN.

BUILDINGS AND FACILITIES

Appropriation, fiscal year 2021	\$200,000,000
Budget request, fiscal year 2022	250,000,000
Committee Recommendation	250,000,000
Change from enacted level	+50,000,000
Change from budget request	— —

Mission.—This account provides for the design, construction, improvement, and major repair of clinical, laboratory, and office buildings and supporting facilities essential to the mission of the NIH. The funds in this appropriation support the buildings on the main NIH campus in Bethesda, Maryland; the Animal Center in Poolesville, Maryland; the National Institute of Environmental Health Sciences facility in Research Triangle Park, North Carolina; and other smaller facilities throughout the U.S.

NIH INNOVATION ACCOUNT

This account supports NIH programs authorized in the 21st Century Cures Act (P.L. 114–255).

ADVANCED RESEARCH PROJECTS AGENCY FOR HEALTH

Appropriation, fiscal year 2021	\$0
Budget request, fiscal year 2022	6,500,000,000
Committee Recommendation	3,000,000,000
Change from enacted level	+3,000,000,000
Change from budget request	–3,500,000,000

The Committee includes \$3,000,000,000 to establish the Advanced Research Projects Agency for Health (ARPA-H), \$3,000,000,000 above the fiscal year 2021 enacted level and \$3,500,000,000 below the fiscal year 2022 budget request.

The Committee strongly supports the goals and vision behind the proposal for ARPA-H and believes that once established, ARPA-H will be able to make pivotal investments in breakthrough technologies and broadly applicable platforms that have the potential to transform medicine, research, and health.

The Committee agrees that ARPA-H projects focused on developing treatments and cures for cancer, Alzheimer’s disease, and diabetes would be a worthy investment, given the prevalence and immense burden of these diseases on society, as well as the potential for such an investment to achieve progress. The Committee strongly encourages NIH to pursue ARPA-H projects related to finding treatments and a cure for ALS, given its devastating impact on those who suffer from ALS and their families. The Committee expects to be kept apprised of NIH’s proposed criteria for selecting and prioritizing projects for ARPA-H funding.

For ARPA-H to be successful, the Committee believes ARPA-H must be a distinct Institute within NIH, with a unique culture and organization that should focus on time-limited projects with goals, benchmarks, and accountability. To facilitate this unique culture, the Committee recommends that ARPA-H be housed outside of NIH’s main campus in Bethesda, MD. The Committee strongly encourages NIH to recruit an ARPA-H Director with extraordinary technical and leadership skills, who has a proven track-record in innovation and partnership-building. As the success of this endeavor will be largely dependent upon the recruitment and empowerment of a diverse cohort of program managers, the Committee urges NIH to consider recruiting from a wide range of industry, academia, and other sectors. The Committee encourages NIH to collaborate with DARPA to develop the foundational policies, procedures, and staff training for ARPA-H employees.

The Committee is aware that there may be ongoing activities within NIH’s current Institutes and Centers that may be better aligned with ARPA-H’s mission. The Committee encourages NIH to closely examine whether there is duplication or misalignment of programs once ARPA-H is stood up and to notify the Committee of any proposed reorganization.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Appropriation, fiscal year 2021	\$6,015,508,000
Budget request, fiscal year 2022	9,734,011,000
Committee Recommendation	9,160,277,000
Change from enacted level	+3,144,769,000
Change from budget request	-572,234,000

The Committee recommendation for the Substance Abuse and Mental Health Services Administration (SAMHSA) program level includes \$9,014,610,000 in discretionary budget authority, \$133,667,000 in PHS Evaluation Tap Funding, and \$12,000,000 in transfers from the Prevention and Public Health Fund (PPHF).

In addition, the American Rescue Plan (P.L. 117-2) included \$3,235,000,000 for SAMHSA to address the increased need for

mental health and substance use disorder services due to the COVID-19 pandemic.

SAMHSA is the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation. SAMHSA’s mission is to reduce the impact of substance misuse and mental illness on America’s communities.

The Committee continues to include bill language that exempts the Mental Health Block Grant and the Substance Abuse Prevention and Treatment Block Grant as a source for the Public Health Service Act section 241 evaluation set aside in fiscal year 2022.

MENTAL HEALTH

Appropriation, fiscal year 2021	\$1,792,275,000
Budget request, fiscal year 2022	2,936,528,000
Committee Recommendation	3,161,295,000
Change from enacted level	+1,369,020,000
Change from budget request	+224,767,000

Within the total provided for Mental Health Programs of Regional and National Significance, the Committee includes the following amounts:

Budget Activity	FY 2022 Committee
Capacity:	
Seclusion and Restraint	\$1,147,000
Project AWARE	155,502,000
Mental Health Awareness Training	35,945,000
Healthy Transitions	31,451,000
Infant and Early Childhood Mental Health	25,000,000
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	57,877,000
Behavioral Health Crisis Coordinating Office	10,000,000
National Strategy for Suicide Prevention	28,200,000
Zero Suicide	26,200,000
American Indian and Alaska Native Set-Aside	3,400,000
Suicide Lifeline	113,621,000
Garrett Lee Smith-Youth Suicide Prevention	
State Grants	34,427,000
Campus Grants	6,488,000
American Indian and Alaska Native Suicide Prevention	3,431,000
Tribal Behavioral Health Grants	25,000,000
Homeless Prevention Programs	30,696,000
Minority AIDS	9,224,000
Criminal and Juvenile Justice Programs	51,394,000
Assisted Outpatient Treatment	21,420,000
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
Consumer and Consumer Support Technical Assistance Centers	1,918,000
Primary and Behavioral Health Care Integration Technical Assistance	1,991,000
Interagency Task Force on Trauma-Informed Care	1,000
Minority Fellowship Program	11,713,000
Disaster Response	1,953,000
Homelessness	2,296,000

Assisted Outpatient Treatment.—The Committee includes an increase of \$420,000 to expand access to evidence-based mental health services for individuals with serious mental illness.

Behavioral Health Crisis Coordinating Office.—The Committee includes \$10,000,000 for the Office of the Assistant Secretary for Mental and Substance Use to create and staff an office within the Center for Mental Health Services to coordinate work relating to behavioral health crisis care across HHS operating divisions, including CMS and HRSA, as well as with external stakeholders. The office will support technical assistance, data analysis and evaluation functions in order to develop a crisis care system encompassing nationwide standards with the objective of expanding the capacity of and access to local crisis call centers, mobile crisis care, crisis stabilization, psychiatric emergency services, and rapid post-crisis follow up, provided by the National Suicide Prevention and Mental Health Crisis Response System, Community Mental Health Centers, Certified Community Behavioral Health Clinics and other community mental health and substance use disorder (SUD) providers. The Committee directs the Secretary to include a multi-year plan in the fiscal year 2023 Congressional Budget Justification outlining a nationwide crisis care system plan of action.

Criminal Justice Activities.—The Committee includes an increase of \$45,125,000 for Criminal and Juvenile Justice Programs, to address some of the unmet need for effective behavioral health services and supports that are accessible before, during, and after incarceration and continue in the community for those with a mental disorder. The Committee recognizes the importance of providing comprehensive services to those who suffer from severe mental health issues. The Committee is aware that lack of coordinated and accessible treatment for individuals with mental health and co-occurring disorders often results in avoidable arrest and incarceration, and that these individuals often recidivate in part due to gaps in addressing their needs. Communities of color are often disproportionately impacted by these service gaps. The Committee encourages SAMHSA to prioritize funding for centers that provide assistance to those with severe mental health needs who are at risk of recidivism. These mental health centers can provide, but are not limited to, the following services: crisis care, residential treatment, outpatient mental health and primary care services, and community re-entry supports. The Committee also encourages SAMHSA to prioritize applications from areas with high rates of uninsured individuals, poverty, and substance use disorders.

Garrett Lee Smith (GLS) Youth Suicide Prevention.—The Committee includes an increase of \$10,000,000 for GLS Youth Suicide Prevention, to develop and implement youth suicide prevention and early intervention strategies.

Healthy Transitions.—The Committee includes an increase of \$2,000,000 for the Healthy Transitions program, which provides grants to States and tribes to improve access to mental disorder treatment and related support services for young people aged 16 to 25 who either have or at risk of developing a serious mental health condition.

Infant and Early Childhood Mental Health.—The Committee recognizes the importance of building mental health services for children under the age of six and includes an increase of \$17,000,000 for Infant and Early Childhood Mental Health. This will support increased access to a range of evidence-based and culturally appropriate infant and early childhood mental health services, and aid

in addressing the national shortage of mental health professionals with infant and early childhood expertise. The Committee urges SAMHSA to expand grants to entities such as State agencies, tribal communities, and university or medical centers that are in different stages of developing infant and early childhood mental health services. These entities should have the capacity to lead partners in systems-level change as well as building or enhancing the basic components of such early childhood services, including an appropriately trained workforce. The Committee is pleased with SAMHSA's use of a portion of funding to provide technical assistance to existing grantees to better integrate infant and early childhood mental health into state systems and encourages that work to continue.

Interagency Task Force for Trauma-Informed Care.—The Committee includes \$1,000,000 for the Interagency Task Force for Trauma-Informed Care, as authorized by the SUPPORT Act, to develop best practices to identify, prevent, and mitigate the effects of trauma on infants, children, youth, and their families.

Minority Fellowship.—The Committee provides \$20,289,000, an increase of \$4,120,000, for the Minority Fellowship program in order to improve prevention, wellness, and treatment across the lifespan. As Congress seeks to better address substance misuse and mental health disorders across all populations, the Committee recognizes the critical importance of supporting a diverse behavioral health workforce and its effectiveness in addressing substance use disorders and mental health issues impacting minority and underserved populations.

National Strategy for Suicide Prevention.—The Committee includes an increase of \$5,000,000 for the implementation of the Zero Suicide model, a comprehensive, multi-setting approach to suicide prevention in health care systems. The Committee also includes an increase of \$500,000 for the AI/AN Suicide Prevention Initiative.

National Suicide Prevention Lifeline

The Committee recognizes that suicide is a leading cause of death in the United States, taking the lives of more than 47,000 Americans every year. According to the CDC, mental health and suicidal ideation have worsened significantly since the onset of the COVID-19 pandemic; approximately twice as many individuals have reported serious thoughts of suicide and 40 percent of adults reported struggling with mental health or substance use. The Committee includes an increase of \$89,621,000, which is \$12,000,000 above the fiscal year 2022 budget request, to enhance the National Suicide Prevention Lifeline's (NSPL) infrastructure in preparation for the launch to a new 988 number in July 2022. 988 has the potential to make it simpler for people experiencing a mental health crisis to connect with lifesaving crisis intervention services. However, the Committee is disappointed that SAMHSA has not completed the report on the resources required to implement 988, as required by the National Suicide Hotline Designation Act (P.L. 116-172). This report is critical in ensuring the appropriate amount of funding is available to strengthen the infrastructure of the existing Lifeline to increase the capacity of Lifeline centers to be ready to respond to the expected increase in calls, chats, and texts from people in crisis seeking assistance. The Committee di-

rects SAMHSA to provide this report within 30 days of enactment of this Act. The Committee also directs that as SAMHSA works to enhance the NSPL infrastructure, it should expand existing capabilities for response in a manner that, to the extent possible, utilizes existing phone, chat, and text capabilities.

NSPL Specialized Services for LGBTQ Youth.—The Committee directs that of the funds made available for NSPL, \$7,200,000 shall be used to provide specialized services for LGBTQ youth within the NSPL. SAMHSA shall make this funding competitively available to an organization with experience working with LGBTQ youth and capable of handling LGBTQ youth callers through Integrated Voice Response.

NSPL Text-Based Crisis Support Capabilities.—The Committee is aware that texting for individuals experiencing a mental health crisis is important, particularly among young people for whom texting is often a preferable means of communication to voice calls. The Committee also recognizes the significant operational and financial challenge of building the infrastructure for text capacity to support implementation of text to the 988 number by the network of local crisis centers that support the NSPL. Given the high number of individuals whose cell phone number does not match the cell phone area code in their area, the regional model that is in place for routing telephone calls to a local crisis center may not be necessary for texters in crisis. Furthermore, both the Veterans Crisis Line and the Disaster Distress Hotline have employed national backup centers to receive texts. As SAMHSA considers making text-based crisis support capabilities available to members of the public, the Committee directs SAMHSA to avoid duplicating existing capabilities to the extent possible. The Committee directs SAMHSA to coordinate and work with existing text and chat providers that have the technology to triage text conversations based upon severity of risk, to improve risk assessment and response capacity.

NSPL Partnerships.—The Committee recognizes that the designation of 988 as the new three-digit dialing code for the National Suicide Prevention Lifeline will help increase the effectiveness of suicide prevention efforts, increase access to crisis services, reduce the stigma of mental health conditions, and save lives. As SAMHSA considers partnerships to administer 988, the Committee encourages SAMHSA to consider partnering with non-profit or academic institutions with first-hand experience administering a national network of local behavioral health crisis call services to ensure the highest level of quality and efficiency.

Primary and Behavioral Health Care Integration.—The Committee includes an increase of \$5,000,000 to improve the coordination and integration of primary care services and publicly funded behavioral health services.

Project AWARE.—To increase access to mental health services, as set out by the 2013 “Now is the Time” plan, the Committee includes a total increase of \$48,501,000 for Project AWARE, which is designed to identify children and youth in need of mental health services, to increase access to mental health treatment, and to promote mental health literacy among teachers and school personnel. This includes an increase of \$42,251,000 for Project AWARE state grants, an increase of \$6,250,000 for Resilience in Communities

after Stress and Trauma (ReCAST) grants. In addition, the Committee includes an increase of \$11,982,000 for Mental Health Awareness Training. The Committee encourages SAMHSA to sustain and strengthen its grant and other programs that support school-based and campus-based services aimed at preventing and treating mental health challenges experienced by younger Americans.

Tribal Behavioral Grants.—The Committee includes an increase of \$4,250,000 to expand efforts to address the high incidence of substance misuse and suicide among American Indian/Alaska Native populations.

Certified Community Behavioral Health Clinics (CCBHC).—The Committee includes an increase of \$125,000,000 for the CCBHC program. In addition, the American Rescue Plan (P.L. 117–2) included \$420,000,000 to support CCBHCs. The Committee is pleased that the CCBHC program is expanding access to mental health and SUD treatment services and significantly reducing hospital emergency room utilization. CCBHCs are required to partner with local agencies and this often includes partnering with law enforcement to develop safe and effective crisis response. The Committee directs SAMHSA to continue to make funds available nationwide and to prioritize resources to entities within States that are part of section 223(a) of the Protecting Access to Medicare Act of 2014 (P.L. 113–93) demonstration and to entities within States that were awarded planning grants.

Children’s Mental Health.—The Committee includes an increase of \$25,000,000 for the Children’s Mental Health program, which supports grants and technical assistance for community-based services for children and adolescents with serious emotional, behavioral, or mental disorders, and assists States and local jurisdictions in developing integrated systems of community care.

Mental Health Block Grant

The Committee includes \$1,582,571,000, an increase of \$825,000,000, for the Mental Health Block Grant (MHBG). In addition, the American Rescue Plan (P.L. 117–2) included \$1,500,000,000 for the MHBG. The MHBG provides funds to States to support mental illness prevention, treatment, and rehabilitation services. Funds are allocated according to a statutory formula among the States that have submitted approved annual plans. The Committee continues the 10 percent set-aside within the MHBG for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. The Committee expects SAMHSA to continue its collaboration with the National Institute of Mental Health (NIMH) and to encourage States to use this funding to support programs that demonstrate strong evidence of effectiveness. In addition, the Committee urges States to use a portion of their MHBG formula funding to provide mental health services to the survivors of mass shootings as well as their families.

MHBG Crisis Care Set-Aside.—The Committee includes a 10 percent set-aside in the MHBG for evidence-based crisis care programs addressing the needs of individuals with serious mental illnesses and children with serious mental and emotional disturbances. The Committee directs SAMHSA to use the set-aside to fund, at the

discretion of eligible States and territories, some or all of a set of core crisis care elements including: local, regional or statewide call centers that have capacity to address distressed and suicidal callers and deploy mobile teams or direct persons to accessible crisis receiving centers or clinics with same day appointments, mobile crisis response teams and crisis receiving units. The goal is a crisis care system where a person in crisis will have someone to talk to, someone to respond, and/or somewhere to go for crisis intervention at any time.

MHBG Prevention and Early Intervention Set-Aside.—The Committee understands that early intervention is critical if we are to prevent or mitigate the effects of mental illness and enable individuals to live fulfilling, productive lives. The Committee notes emerging science developed by the NIMH on early intervention and prevention of mental disorders. Many neuropsychiatric illnesses have a typical age of onset in late adolescence, and studies demonstrate that half of those who will develop mental health disorders show symptoms by age 14. To increase access to early intervention and prevention services, the Committee includes a new 10 percent set-aside within the MHBG total to support evidence-based programs that address early intervention and prevention of mental disorders among at-risk children, including young children and toddlers, and adolescents. The Committee directs SAMHSA to use the set-aside to fund, at the discretion of eligible States and territories, activities targeted to children and youth such as, but not limited to, training school-based personnel to identify children and youth at risk of mental disorders; programs to promote positive social-emotional development in children from birth to age five; mental health consultation for child care programs; collaborating with primary care associations to field depression and anxiety screening tools in front line primary care practices; or partnering with local non-profit entities in low-income and minority communities to implement trauma-informed early intervention and prevention initiatives. Statutory state plan and reporting requirements will apply to early intervention and prevention set-aside programming.

MHBG and Children Ages 0–5.—The Committee strongly believes that by investing in early mental health prevention, identification, and treatment, we can reduce the need for treatment later in life when it becomes much more difficult, time intensive, and expensive. Early intervention can change the course for children experiencing or at risk of developing mental health disorders. The Committee is concerned that there has not been a sufficient focus on this population. The Committee strongly urges States to dedicate a portion of their MHBG funding through the new Prevention and Early Intervention Set-Aside for services and activities related to infants and toddlers, such as expanding the infant and early childhood mental health workforce; improving the quality of services available to children and families; increasing knowledge of infant and early childhood mental health among professionals who see children most; and strengthening systems and networks for identification and referral to reach more young children in need. The Committee directs SAMHSA to provide a report, within 180 days of enactment of this Act, on the portion of MHBG funding that States are allocating to services and activities for infants and toddlers.

Mental Health Disparities.—The Committee believes that addressing health care disparities experienced by racial and ethnic minorities should be a priority in programs funded by Federal agencies, including programs funded in whole or part by the Community Mental Health Services Block Grant authorized under 42 U.S.C. 300x 1. The Committee directs SAMHSA to require, in the reporting mandated of states receiving funds under 42 U.S.C. 300x 1, that State Mental Health Agencies report on the extent to which services are provided to individuals from racial and ethnic minorities and the outcomes experienced by those individuals. The Committee directs that impact and outcomes should be reported for racial and ethnic minority adults with serious mental illness and racial and ethnic minority children with serious emotional disturbance in reports of data submitted relating to diversions from hospitalization, arrests, treatment for first episode psychosis, reductions in suicide, response through crisis services, and treatment of homeless individuals. State Mental Health Agencies shall also report on outreach to, and the hiring of, racial and ethnic minority providers of mental health services.

Mental Health Crisis Response Partnership Pilot Program.—The Committee is aware that the lack of sufficient mental health care resources in communities too often results in law enforcement responding to what is actually a mental health emergency. SAMHSA’s “National Guidelines for Behavioral Health Crisis Care” outline a roadmap for robust crisis care services that can divert people experiencing a mental health crisis from the criminal justice system into mental health treatment. The Committee has directed significant resources to improve mental health crisis care and increase access to mental health services. However, the availability of mental health crisis care remains inconsistent across the United States, and first responders are not always trained and equipped to diffuse a mental health crisis, which can lead to tragic outcomes. Many communities are implementing model programs where mental health providers respond to mental health emergencies, sometimes in partnership with law enforcement. To make these model programs more widely available, the Committee includes \$100,000,000 for a pilot program for communities to create, or enhance existing, mobile crisis response teams that divert the response for mental health crises from law enforcement to behavioral health teams. These teams may be composed of licensed counselors, clinical social workers, physicians, EMTs, crisis workers, and/or peers available to respond to people in crisis and provide immediate stabilization and referral to community-based mental health services and supports. The Committee encourages grantees to partner or co-respond with law enforcement to ensure community policing meets the needs of everyone in the community. The Committee also directs the Department to provide a report, within 180 days of enactment of this Act, on existing steps being taken to strengthen partnerships between mental health providers, behavioral health teams, and first responders, as well as a report not later than one year following the obligation of awards in fiscal year 2022 for this pilot program, including best practices and recommendations for subsequent grant cycles.

National Child Traumatic Stress Initiative.—The Committee includes an increase of \$28,113,000 for the National Child Traumatic

Stress Initiative. The Committee strongly supports the National Child Traumatic Stress Network (NCTSN), which carries out essential work in building, evaluating, disseminating, and delivering evidence-based services and best practices, including through universities, hospitals, and front-line providers, to prevent and mitigate the impact of exposure to trauma among children and families. The Committee directs SAMHSA to ensure that the NCTSN maintains its focus on collaboration, data collection, and the provision of direct services and that new grants should not be awarded as training only.

Projects for Assistance in Transition from Homelessness (PATH)

The Committee includes an increase of \$10,000,000 for the PATH program, which supports grants to States and territories for assistance to individuals suffering from severe mental illness and/or substance use disorders and who are experiencing homelessness or at imminent risk of becoming homeless. Grants may be used for outreach, screening and diagnostic treatment services, rehabilitation services, community mental health services, alcohol or drug treatment services, training, case management services, supportive and supervisory services in residential settings, and a limited set of housing services.

HUD/HHS Collaboration Supportive Housing for People with Mental Illness Pilot.—The Committee is concerned that inadequate housing and support opportunities exist for people with serious mental health illness, which often results in people with serious mental illness cycling through hospitals and public institutions like jails, prisons, and homeless shelters. This puts significant strain on public budgets while patients do not receive the robust behavioral health care they need. The Committee recognizes that housing support paired with wraparound services is a successful model and appreciates that the fiscal year 2011 President’s Budget supported the concept. In fiscal year 2021 the Committee requested a report from HUD and SAMHSA on the feasibility of such a program and received agency feedback for its creation. The Committee directs SAMHSA to work with HUD to establish a pilot program for PATH grantees to partner with public housing agencies to provide mental health, SUD and other supportive services for people experiencing homelessness, at imminent risk of becoming homeless, or in HUD-assisted housing. The Committee directs SAMHSA to use no less than \$5,000,000 of the funds made available for the PATH program for this pilot.

Protection and Advocacy for Individuals with Mental Illness.—The Committee includes an increase of \$3,854,000, for the Protection and Advocacy for Individuals with Mental Illness program, which ensures that the rights of mentally ill individuals are protected while they are patients in all public and private facilities or while they are living in the community. Funds are allocated to States according to a formula based on population and relative per capita incomes.

Addressing Access to Firearms and Suicide Prevention Programs.—The Committee encourages SAMHSA to focus on suicide prevention policies that limit access to firearms and other lethal means when an individual is in crisis. The Committee urges SAMHSA to develop, adapt, and disseminate training on lethal

means safety counseling for health care providers; to collaborate with the Department of Veterans Affairs (VA) and the National Suicide Prevention Lifeline to develop gun storage maps, accessible by both VA health care providers and Crisis Center counselors, to facilitate temporary out-of-home firearm storage; and to encourage the incorporation of tools such as extreme risk laws into risk mitigation and response plans.

Behavioral Health Intervention Training.—The Committee encourages the Secretary, acting through the Assistant Secretary for Mental Health and Substance Use, to develop school-based evidence-based best practices addressing behavioral health intervention training to support practices that assist children and youth with behavioral health needs. One potential best practice is behavioral intervention teams—a team of qualified individuals who are responsible for identifying and assessing behaviors of concern and facilitating the implementation of evidence-based interventions.

Impact of COVID-19 on the Mental Health of Older Americans.—The Committee recognizes the exacerbated impact of COVID-19 on older adults, who, being more susceptible to the virus, have experienced heightened isolation since the onset of the pandemic, which is linked to higher rates of loneliness, depression, suicidal ideation, and other mental health issues. Research shows that rates of anxiety and depression among older adults during the pandemic are higher among female, Hispanic, and low-income seniors. In disbursing MHBG funds, the Committee encourages SAMHSA to work with States to address the impact of increased isolation of seniors.

Mental Health Centers of Excellence.—The Committee recognizes the need for more effective mental health programs and a need to better provide treatment recommendations to meet the needs of those experiencing mental illness. The Committee encourages SAMHSA to establish a center of excellence program focused on comprehensive mental health treatments. The Centers will focus on the development, evaluation, and distribution of evidence-based resources regarding comprehensive treatment recommendations for mental health patients that include supportive services, wrap-around services, and social determinants of health where applicable. The Centers will also work to disseminate treatment recommendations to the broader network of mental health clinicians. Preference should be given to entities that can demonstrate existing behavioral health medical home model services, CCBHC implementation, work with HUD's Housing for Persons with Disabilities (Section 811) program, collaborative care agreements with primary care practices, and/or programs for supported living and supported employment. One grantee should be designated as the National Coordinating Center across the selected centers and provide technical expertise across all recipients.

Perinatal Suicide Prevention.—Perinatal suicides, which occur during pregnancy or up to one year postpartum, are a leading cause of maternal mortality in the United States. The prevalence of suicidal ideation among pregnant and postpartum individuals was five times higher in 2017 than in 2006, and during that period, Black pregnant and postpartum individuals experienced larger increases in suicidality than other racial and ethnic groups. Given these trends, the Committee urges SAMHSA to develop and implement perinatal suicide prevention programs, including culturally

appropriate resources and programs for Black and other at-risk pregnant and postpartum individuals.

SUBSTANCE ABUSE TREATMENT

Appropriation, fiscal year 2021	\$3,854,756,000
Budget request, fiscal year 2022	6,408,943,000
Committee Recommendation	5,511,943,000
Change from enacted level	+1,657,187,000
Change from budget request	-897,000,000

Within the total provided for Programs of Regional and National Significance, the Committee recommends the following amounts:

Budget Activity	FY 2022 Committee
Capacity:	
Opioid Treatment Programs and Regulatory Activities	\$13,086,000
Screening, Brief Intervention, Referral to Treatment	30,510,000
<i>PHS Evaluation Funds</i>	2,000,000
Targeted Capacity Expansion-General	147,916,000
<i>Medication-Assisted Treatment</i>	136,500,000
<i>Tribal Set-aside</i>	16,500,000
Grants to Prevent Prescription Drug/Opioid Overdose	18,000,000
First Responder Training	63,000,000
<i>Rural Focus</i>	36,000,000
Pregnant and Postpartum Women	49,397,000
Recovery Community Services Program	5,151,000
Children and Families	30,197,000
Treatment Systems for Homeless	40,114,000
Minority AIDS	66,881,000
Criminal Justice Activities	124,380,000
<i>Drug Courts</i>	105,000,000
Improving Access to Overdose Treatment	1,500,000
Building Communities of Recovery	20,000,000
Peer Support Technical Assistance Center	1,500,000
Comprehensive Opioid Recovery Centers	6,000,000
Emergency Department Alternatives to Opioids	9,000,000
Treatment, Recovery, and Workforce Support	9,000,000
Science and Service:	
Addiction Technology Transfer Centers	9,046,000
Minority Fellowship Program	7,186,000

Building Communities of Recovery.—The Committee includes an increase of \$10,000,000 to support the development, enhancement, expansion and delivery of recovery support services.

Children and Families.—The Committee includes an increase of \$592,000 for the Children and Families program, which makes appropriate treatment available to youth and their families or caregivers to reduce the impact of SUD and/or co-occurring mental and substance use disorders on communities in the U.S.

Comprehensive Opioid Recovery Centers.—The Committee includes an increase of \$2,000,000 for Comprehensive Opioid Recovery Centers, as authorized by section 7121 of the SUPPORT Act (P.L. 115–271), to help ensure that people with SUD can access proper treatment.

Criminal Justice Activities and Drug Courts.—The Committee includes an increase of \$35,380,000 for Criminal Justice activities. Of this amount, \$35,000,000 is directed to Drug Court activities. The Committee continues to direct SAMHSA to ensure that all funding appropriated for drug treatment courts is allocated to serve people diagnosed with a substance use disorder as their primary condition. The Committee directs SAMHSA to ensure that all drug treatment

court grant recipients work directly with the corresponding State substance abuse agency in the planning, implementation, and evaluation of the grant. The Committee further directs SAMHSA to expand training and technical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented.

Emergency Department Alternatives to Opioids.—The Committee includes an increase of \$3,000,000 for Emergency Department Alternatives to Opioids, as authorized by section 7091 of the SUPPORT Act (P.L. 115–271). This program provides funding to hospitals and emergency departments to develop and implement alternative pain management protocols and treatments that limit the prescribing of opioids in emergency departments.

Grants to Prevent Prescription Drug/Opioid Overdose and First Responder Training.—The Committee includes an increase of \$6,000,000 for Grants to Prevent Prescription Drug/Opioid Overdose Deaths, and an increase of \$21,000,000, for First Responder Training for Opioid Overdose Reversal Drugs, which includes an increase of \$12,000,000 for a rural set-aside. The Committee directs that \$6,500,000 of funds for First Responder Training be made available to SIREN grants. The Committee notes strong concerns about the increasing number of unintentional overdose deaths attributable to prescription and nonprescription opioids. The Committee urges SAMHSA to take steps to encourage and support the use of funds for opioid safety education and training, including initiatives that improve access for licensed health care professionals, including paramedics, to emergency devices used to rapidly reverse the effects of opioid overdoses. Such initiatives should incorporate robust evidence-based intervention training and facilitate linkage to treatment and recovery services.

Improving Access to Overdose Treatment.—The Committee includes an increase of \$500,000 to train and support health care providers and pharmacists on the prescribing of FDA approved drugs or devices for the emergency treatment of opioid overdose.

Minority AIDS Initiative.—The Committee includes a total of \$119,275,000, an increase of \$3,276,000, to expand access to effective, culturally competent, HIV/AIDS-related mental health services in racial and ethnic minority communities, for people living with an SMI and who are living with or are at high risk for HIV/AIDS.

Peer Support Technical Assistance Center.—The Committee includes an increase of \$500,000 to provide technical assistance to recovery community organizations and peer support networks.

Pregnant and Postpartum Women SUD Treatment.—The Committee includes an increase of \$16,466,000 for the Pregnant and Postpartum Women program and recognizes SAMSHA for its work managing this program, which utilizes a family-centered approach to provide comprehensive residential SUD treatment services for pregnant and postpartum women, their minor children and other family members. A provision in the Comprehensive Addiction and Recovery Act (CARA) authorizes SAMSHA to allocate a portion of these resources for a pilot program to State alcohol and drug agencies to support outpatient, intensive outpatient and related services in a family centered approach. The Committee again encourages

SAMHSA to fund an additional cohort of States above and beyond those pilots already funded.

Recovery Community Services.—The Committee includes an increase of \$2,717,000 to help recovery communities strengthen their infrastructure and provide peer recovery support services to those in or seeking recovery from SUD. The intent of the Recovery Community Services Program Statewide Network (RSCP–SN) program is to strengthen the relationships between RCOs and their statewide networks of recovery stakeholders as key partners in the delivery of state and local treatment and recovery support services (RSS), as well as allied health systems through collaboration, systems improvement, public health messaging, and training conducted for (or with) key recovery stakeholder organizations. RSCP–SN grantees collaborate with traditional SUD treatment providers and other purchasers of PRSS to strengthen and embed these critical service elements as fixtures on the Recovery Oriented Systems of Care (ROSC) landscape.

Screening, Brief Intervention, and Referral to Treatment (SBIRT).—The Committee includes an increase of \$2,510,000, for SBIRT. The Committee recognizes that SBIRT is still not widely adopted by broader health care or social service networks, particularly in underserved communities. Failure to routinely screen youth and adults for early misuse of opioids and other substances is a missed opportunity to stem the substance misuse crisis. The Committee urges SAMHSA to continue working to ensure SBIRT screening is more widely adopted by health providers, and directs this increase be used for implementing grants to pediatric health care providers in accordance with the specifications outlined in Section 9016 of P.L. 114–255, Sober Truth in Preventing Underage Drinking Reauthorization. Training grants should focus on screening for underage drinking, opioid use, and other drug use, and be managed by CSAT within the existing SBIRT program.

Targeted Capacity Expansion-Medication Assisted Treatment.—The Committee includes an increase of \$56,500,000 for Medication Assisted Treatment (MAT) for Prescription Drug and Opioid Addiction; an increase of \$5,500,000, for grants to Indian tribes, tribal organizations, or consortia; and an increase of \$224,000 for general Targeted Capacity Expansion activities.

Treatment Systems for Homeless.—The Committee includes an increase of \$3,728,000 to support services for people with alcohol or another SUD and who are experiencing homelessness, including youth, veterans, and families.

Treatment, Recovery, and Workforce Support.—The Committee includes an increase of \$3,000,000 for Treatment, Recovery, and Workforce Support, as authorized by section 7183 of the SUPPORT Act (P.L. 115–271). This program will help implement evidence-based programs to support individuals in substance use disorder treatment and recovery to live independently and participate in the workforce.

State Opioid Response (SOR) Grants

The Committee includes \$2,000,000,000 for SOR grants, an increase of \$500,000,000. The Committee directs SAMHSA to continue supplemental grants in fiscal year 2022 to States whose award from the SOR formula grant declines by more than 40 per-

cent in fiscal year 2022 compared to fiscal year 2019. The Committee further directs SAMHSA to ensure that these resources continue to be managed by State alcohol and drug agencies defined as the agency that manages the Substance Abuse Prevention and Treatment Block Grant under part B of title X of the Public Health Service Act. This approach will ensure continuity of funding, effective coordination of efforts, and decrease fragmentation within each State system.

SOR Funding Cliff.—The Committee continues to include a 15 percent set-aside for States with the highest age-adjusted mortality rate related to opioid use disorders. The Committee remains concerned longstanding guidance to the Department to avoid a significant cliff between States with similar mortality rates was overlooked in the award for fiscal year 2020 funds. When the determination of new award amounts is made in fiscal year 2022, the Committee directs the Assistant Secretary to award funds to avoid funding cliffs between States with similar mortality rates. The Committee notes that funding cliffs between grant cycles can pose a significant challenge for States seeking to maintain programs that were instrumental in reducing drug overdose fatalities. The Committee requests a report within 180 days of enactment of this Act on the extent to which such reductions to States in previous grant cycles affected outreach and provision of services, as well as treatment and recovery outcomes.

Substance Abuse Prevention and Treatment Block Grant

The Committee includes a program level of \$2,858,079,000 for the Substance Abuse Prevention and Treatment Block Grant (SABG), an increase of \$1,000,000,000. In addition, the American Rescue Plan (P.L. 117–2) included \$1,500,000,000 for the SABG. SABG provides funding to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. The Committee recognizes the critical role the block grant plays in State systems across the country, giving States the flexibility to direct resources to address the most pressing needs of localities across the State. The Committee also recognizes that the 20 percent prevention set-aside within the SABG is a vital source of funding for primary prevention. The prevention set-aside represents an average of 62 percent of all State alcohol and drug agency’s budget for primary prevention and is essential to ending the substance misuse crisis.

SABG Recovery Set-Aside.—The Committee establishes a ten percent set-aside within total SABG funding for the provision of evidence-informed SUD non-clinical recovery supports and services. The Committee directs SAMHSA to ensure that this set-aside shall support programs that: (1) develop local recovery community support institutions including but not limited to recovery community centers, recovery homes, and recovery schools or programs to mobilize resources within and outside of the recovery community, to increase the prevalence and quality of long-term recovery from SUD; (2) provide peer-based recovery coaching, individual or group supports, to individuals and families led by those with lived experience with SUD, delivered in person or using technology; (3) provide ancillary community-based supports necessary to sustain recovery, including access to transportation, job training, and educational services; (4) provide activities to reduce SUD recovery-related stigma

and discrimination at the local level; (5) provide technical assistance to organizations principally governed by people in recovery from SUD through facilitating financing, business functions and cross-training on evidence informed practices within the recovery community. The Committee directs SAMHSA to prioritize programs for underserved populations, to promote health equity, and to support community-based strategies to increase recovery capital and support individuals to sustain long-term recovery, as identified at the local, regional and/or state level by the recovery community. Funds from the recovery set-aside will support operating costs for organizations that provide above services, prioritizing those with leadership, staffing and governance structures that include representation from those identified as in long-term recovery and impacted family members who reflect the community served.

Block Grant Reporting Requirements.—The Committee acknowledges the important role of the Mental Health and Substance Abuse Prevention and Treatment Block Grants in supporting States' efforts to provide resources for expanded mental health and substance use disorder treatment and prevention services. The Committee is concerned with the lack of transparency and information that is provided to Congress and the public about how States are distributing those funds and what programs or services they are going toward. The Committee encourages SAMHSA to begin implementing public reporting on their existing block grants. The Committee directs SAMHSA to submit a report, 180 days after the enactment of this Act, to identify any staffing, IT infrastructure, legislative policies, or funding barriers that would prevent grantees and SAMHSA from collecting and providing outcome data on their block grant programs.

Data Collection for SUD Grants to States.—A December 2020 GAO report examining SUD grants to States found that SAMHSA does not have consistent, relevant, and timely data on the number of individuals provided treatment and recovery support through the SABG, State Targeted Response to the Opioid Crisis Grant (STR), and SOR programs. The Committee recognizes the challenges the lack of data poses in evaluating the effectiveness of these grants and encourages SAMHSA to adopt GAO's recommendation to identify and implement changes to their data collection efforts to improve the consistency, relevance, and timeliness of data collected on the number of individuals who receive substance use disorder treatment and recovery support services with funding from the SABG and SOR programs.

Evidence-Based Practices to Combat the Opioid Crisis.—The CDC projects that more than 88,000 drug overdose deaths occurred in the United States in the 12 months ending in August 2020, the highest number of overdose deaths ever recorded in a 12-month period. Given the acceleration of the drug overdose epidemic, due in part to the COVID-19 pandemic, the Committee directs SAMHSA to encourage States to use grant funds provided to combat this substance use disorder crisis to prioritize evidence-based best practices exemplified by the states, including but not limited to: Overdose Education and Naloxone Distribution (OEND), Medication Assisted Treatment (MAT), Warm Handoff Protocols for Overdose Survivors Discharged from Emergency Rooms, and peer recovery support groups. The Committee directs that SAMHSA-funded SUD treat-

ment and recovery activities shall include evidence-based, self-empowering, mutual aid recovery support programs that expressly support MAT.

Evidence-Based Programs for People Experiencing Homelessness.—The Committee recognizes the importance of access to SUD treatment for individuals experiencing homelessness. The Committee encourages SAMHSA to prioritize the development of evidence-based programs and treatments specifically tailored for those with alcohol and substance use disorder and who are at a high risk of becoming homeless, and to consider grant applications that include targeting resources to address SUD within the homeless population.

National Recovery Month.—The Committee recognizes that National Recovery Month is a meaningful observation to recognize individuals in recovery from substance use disorders and mental illness. Between September 2019 and August 2020, more than 85,000 people nationwide died from drug overdoses and 47,000 nationwide died from suicide in 2019. Promoting awareness of treatment for substance use and mental health disorders and combating stigma, both goals of National Recovery Month, are important steps to help prevent overdoses and suicide. The Committee recognizes SAMHSA as an important leader in National Recovery Month and encourages SAMHSA to maintain a leadership role in these efforts.

Opioid Use Disorder Relapse.—The Committee recognizes that relapse might occur after opioid use disorder treatment. The Committee appreciates SAMHSA's efforts to address this by emphasizing the importance of adherence to evidence-based practices that have been demonstrated to reduce the risk of relapse to opioid dependence, and encourages SAMHSA to disseminate and emphasize implementation of these practices in all settings where treatment is offered, including rehabilitation and criminal justice settings.

Substance Use Disorder Response in Rural America.—The Committee is aware that response to the SUD crisis continues to pose unique challenges for rural America, which suffers from problems related to limited access to both appropriate care and health professionals critical to diagnosing and treating patients along with supporting recovery. Rural America's unique challenges require a comprehensive approach, including training to provide care in a culturally responsive manner with an understanding of diverse populations; the use of technologies to ensure improved access to medically underserved areas through the use of telehealth; and workforce and skills development to advance data capture and analytics. The Committee encourages SAMHSA to support initiatives to advance SUD objectives in rural areas, specifically focusing on addressing the needs of individuals with SUD in rural and medically-underserved areas, and programs that stress a comprehensive community-based approach involving academic institutions, health care providers, and local criminal justice systems.

Recovery Housing.—The Committee recognizes the importance of recovery housing, in which individuals abstain from use of non-prescribed substances in a supportive environment. Research shows that individuals with SUD who live in recovery housing are more likely to maintain recovery, have higher rates of employment, and are less likely to become incarcerated. In order to increase the availability of high-quality recovery housing, the Committee en-

courages SAMHSA to collaborate with other Federal agencies, including HUD, the Department of Labor, the Department of Justice, and the Bureau of Indian Affairs, to coordinate activities across the Federal government and develop recommendations to improve policies on recovery housing.

SUBSTANCE ABUSE PREVENTION

Appropriation, fiscal year 2021	\$208,219,000
Budget request, fiscal year 2022	216,667,000
Committee Recommendation	243,503,000
Change from enacted level	+35,284,000
Change from budget request	+26,836,000

Within the total provided for Programs of Regional and National Significance, the Committee provides the following amounts:

Budget Activity	FY 2022 Committee
Capacity:	
Strategic Prevention Framework	\$139,484,000
Strategic Prevention Framework Rx	15,000,000
Federal Drug-Free Workplace	4,894,000
Minority AIDS Initiative	43,170,000
Sober Truth on Preventing Underage Drinking	15,000,000
National Adult-Oriented Media Public Service Campaign	2,500,000
Community Based Coalition Enhancement Grants	11,500,000
Interagency Coordinating Committee to Prevent Underage Drinking	1,000,000
Tribal Behavioral Health Grants	25,000,000
At-Home Prescription Drug Disposal Demonstration	3,000,000
Science and Service:	
Center for the Application of Prevention Technologies	7,493,000
Science and Service Program Coordination	4,072,000
Minority Fellowship Program	1,390,000

At-Home Prescription Drug Disposal Demonstration and Evaluation.—The Committee is aware that many unused and unwanted prescription opioids and other powerful medications remain in homes and are subject to diversion. This is too often the beginning of a pathway to dependence, substance use disorder, and overdose. Furthermore, medication take-back programs are difficult to access for many Americans and inadequate to broadly impact disposal behavior. Newer technologies to deactivate and safely dispose of prescription drugs in the home have been shown through independent research to lead to improved outcomes. The Committee includes \$3,000,000 for an at-home drug deactivation and disposal demonstration and evaluation initiative and urges SAMHSA to make a diverse selection of grantees including urban, rural, and tribal government partners. The initiative will assess the effectiveness of drug disposal technologies that meet the standard in Section 3032 of the SUPPORT for Patients and Communities Act (21 U.S.C. 355–1(e)(4)(B)).

Center for the Application of Prevention Technologies.—The Committee encourages SAMHSA to ensure eligibility for private, non-profit, and regional organizations, including faith-based organizations, for the Center for the Application of Prevention Technologies. The broad coalitions orchestrated by these regional organizations are uniquely positioned to supplement the work already being done by the state, tribal, and community organizations currently authorized for such grants.

Sober Truth on Preventing Underage Drinking (STOP) Act.—The Committee includes \$15,000,000, an increase of \$5,000,000, for the STOP Act. Of this amount, \$11,500,000 is for the Community Based Enhancement Grant Program to help community coalitions address underage drinking; \$2,500,000 is for an annual public service campaign on underage drinking; and \$1,000,000 is for the ICCPUD to carry out its reporting and coordination responsibilities. The Committee is disappointed that SAMHSA has not released a new Funding Opportunity Announcement (FOA) for the STOP Act Community Based Enhancement Grant program since 2019 and directs SAMHSA to ensure a new FOA for this program is released in fiscal year 2022.

Strategic Prevention Framework.—The Committee provides \$139,484,000, an increase of \$20,000,000, for the Strategic Prevention Framework (SPF). Of the total provided, \$124,484,000 is for SPF–Partnerships for Success (SPF–PFS) and \$15,000,000 is for SPF–Rx. The Committee strongly believes that investing in prevention is essential to ending the substance misuse crisis, and supports the SPF–PFS program, which is designed to prevent the onset of substance misuse, while strengthening prevention capacity and infrastructure. The Committee intends that this program support comprehensive, multi-sector substance use prevention strategies to stop or delay the age of initiation of each State or local applicant’s most pressing substance use issues, as determined by the State and/or local epidemiological data. The Committee directs SAMHSA to issue a report, within 120 days of enactment of this Act, assessing the extent to which the work of local grantees complements and align with the primary prevention efforts led by the corresponding State alcohol and drug agency.

SUD Prevention Workforce.—The Committee recognizes that the nation’s work on SUD prevention relies on an adequate supply of educated prevention professionals. The Committee is aware that more data and information is needed about the SUD prevention workforce. Therefore, the Committee directs SAMHSA to conduct a comprehensive national study regarding the substance use prevention workforce. The study should include an environmental scan of the existing workforce, salaries, current challenges in maintaining support for an adequate workforce, a plan to address these challenges and potential federal programming to help implement the plan. The Committee directs SAMHSA to develop the study in consultation with relevant stakeholders, including the association representing State alcohol and drug agencies, researchers, and others.

Tribal Behavioral Grants.—The Committee includes an increase of \$4,250,000 to expand efforts to address the high incidence of substance misuse and suicide among American Indian/Alaska Native populations.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

Appropriation, fiscal year 2021	\$160,258,000
Budget request, fiscal year 2022	170,373,000
Committee Recommendation	243,536,000
Change from enacted level	+83,278,000
Change from budget request	+73,163,000

The Committee provides the following amounts for Health Surveillance and Program Support:

Budget Activity	FY 2022 Committee
Health Surveillance	\$47,595,000
<i>PHS Evaluation Funds</i>	<i>30,428,000</i>
Program Support	84,316,000
Public Awareness and Support	13,260,000
Performance and Quality Information Systems	10,200,000
Drug Abuse Warning Network	16,500,000
Behavioral Health Workforce	1,000,000
<i>PHS Evaluation Funds</i>	<i>1,000,000</i>

Within the funds included in this account, \$70,665,000 shall be used for the following projects in the following amounts:

Project	Amount
Access Community Health Network, Chicago, IL for behavioral health and supportive services	\$140,000
Adult & Teen Challenge USA, Ozark, MO for recovery support services, equipment, and technology	475,000
AdventHealth, Sanford, FL for substance use treatment and support services	400,000
All Star Children's Foundation, Sarasota, FL for child welfare and trauma services program and associated support services	1,500,000
Arlington County Government, Arlington, VA for a mobile mental health crisis reponse team	390,000
Ashley, Inc., Havre de Grace, MD for a substance use treatment program partnership to identify, implement, and broadly disseminate new forms of SUD treatment targeted to underserved populations	525,000
Assisted Recovery Centers of America, St. Louis, MO for mental health and substance use treatment and other wraparound services	1,300,000
Baltimore City Health Department, Baltimore, MD for a mobile unit providing clinical SUD treatment and other services	475,000
Behavioral Health Network of Vermont Inc., Montpelier, VT for Wheels and Waves opiate use disorder treatment program	1,150,000
BJC Healthcare, St. Louis, MO for behavioral health services for people experiencing homelessness	800,000
Capital Clubhouse Inc., Washington, DC for mental health and other support services	210,000
Cascade AIDS Project, Portland, OR for behavioral health services, including medication assisted treatment	850,000
Champions In Service, Pacoima, CA for mental health and substance use disorder treatment and services	200,000
Change the Outcome, Chanhassen, MN for substance use prevention and treatment services for youth and young adults	375,000
Children's Fund, Inc., San Bernardino, CA for trauma-informed mental health care for children	100,000
Children's Health System of Texas, Dallas, TX for children's mental health services	900,000
Children's Hospital of Orange County, Orange, CA for mental health treatment services and programs for children and families	325,000
Chinese-American Planning Council, New York, NY for mental health services, including outreach, education and other support services	500,000
City of Augusta, ME for Project Recovery, to increase access to substance use treatment and recovery services	265,000
City of Azusa, CA for mental health and support services through the Azusa Teen and Family Center	560,000
City of Dublin, CA for a Mental Health Urgent Care Center to provide access to mental health crisis care	450,000
City of Indianapolis, IN for mental health and substance use treatment services for people in need of permanent supportive housing	500,000
City of Laredo, TX for a substance use treatment center	2,000,000
City of Murrieta, CA for homeless services	500,000
City of Oakland, CA for the Oakland Mental Health Resilience project	1,230,000
City of Palo Alto, CA for a mental health crisis response team	2,000,000
City of Round Rock, TX for behavioral health services mobile outreach and associated information technology	1,000,000
City of Seattle, WA for behavioral health crisis response through the Health One program	775,000
City of St. Louis Mental Health Board of Trustees, St. Louis, MO for behavioral health and trauma prevention services for people impacted by gun violence	600,000
Clearfield Educational Foundation Inc., Clearfield, PA for mental health and substance abuse services	1,020,000
Columbia University Irving Medical Center, New York, NY for community-based mental health services, including training and service delivery	750,000
CommuniCare Health Centers, Davis, CA for mental health and substance use disorder services, including wraparound services	985,000
Community Action of Greater Indianapolis Inc, Indianapolis, IN for behavioral health treatment and services, including supportive services	75,000

Project	Amount
Contra Costa County Health Services Department—Behavioral Health Division, Martinez, CA for mobile behavioral health crisis response teams	1,100,000
County of Burlington, Mount Holly, NJ for substance use disorder treatment and recovery services through the Hope One initiative	300,000
Covenant House Georgia, Atlanta, GA for mental health and supportive services for families experiencing homelessness	190,000
Delaware County Department of Human Services, Upper Darby, PA for mobile crisis teams to respond to behavioral health emergencies	650,000
Erie County Department of Health, Buffalo, NY for peer support workers to improve access to substance use treatment and recovery services	1,000,000
Essex County Community Foundation, Danvers, MA for mental health services targeted to populations disproportionately affected by COVID-19	700,000
Fifth Ward Community Redevelopment Corporation, Houston, TX for community mental health treatment and support services	1,000,000
First Behavioral Health Care Center, Turlock, CA to expand access to mental health services, including a public awareness campaign	310,000
Franciscan Health Olympia Fields, Olympia Fields, IL for behavioral health telemedicine	625,000
Franklin County Opioid Task Force, Greenfield, MA to support individuals in recovery from alcohol and other substance use disorder to re-enter the workforce	200,000
Frederick County Government, Frederick, MD for a behavioral health Crisis Stabilization Center	850,000
Friends of the Children, Portland, OR for mentoring services for children	750,000
Gads Hill Center, Chicago, IL for trauma-informed mental and behavioral health services	350,000
Garden State Equality, Asbury Park, NJ to address the impacts of trauma on mental health for LGBTQ and BIPOC youth	175,000
Georgia Council on Substance Abuse, Atlanta, GA for recovery services, including education, training and peer recovery support services	30,000
Georgia State University, Atlanta, GA for mental health services and other supports for children who have experienced trauma	200,000
Great Lakes Dryhooch, Inc., Milwaukee, WI for the Dryhooch Quick Reaction Force program to provide mental health services for veterans	155,000
Greater Flint Health Coalition, Flint, MI for a Community Information Exchange, for mental health prevention and treatment activities, including equipment and technology	750,000
Hartford Communities that Care, Hartford, CT for the Hartford Care Response Team, a hospital linked violence intervention program	630,000
Healthier Kids Foundation, San Jose, CA for a preventive mental health program for students	400,000
Hedwig House, Inc, Lansdale, PA for mental health services, including treatment and other supportive services	270,000
Holy Redeemer Hospital, Huntingdon Valley, PA for a Neonatal Abstinence Syndrome program, including equipment and wraparound services	250,000
Hope of the Valley Rescue Mission, Pacoima, CA for mental health and substance use treatment and services for people experiencing homelessness, and training for the mental health workforce	2,000,000
Hope Services, San Jose, CA for mental health services for people with developmental disabilities	160,000
John Morroni Legacy Foundation, Clearwater, FL for mental health treatment and services for first responders	500,000
Kane County State's Attorney's Office, St. Charles, IL for a pre-arrest diversion initiative based on the Law Enforcement Assisted Diversion model	350,000
Latino Organization of the Southwest, Chicago, IL for a teen support program, including equipment and technology	500,000
Lesbian and Gay Community Services Center, Inc., New York, NY for mental health counseling and substance use treatment services	350,000
Lexington-Fayette Urban County Government, Lexington, KY for the purchase of equipment and recovery support services	620,000
Lifeline Connections, Vancouver, WA for a mentor program	50,000
Long Island Crisis Center, Inc., Bellmore, NY for behavioral health services	150,000
LOVE Program, Rialto, CA to provide mental health and substance use disorder treatment services and diversion programs for juveniles in the criminal justice system	380,000
Maimonides Medical Center, Brooklyn, NY for mental health and supportive services for parents and infants	700,000
Massachusetts Executive Office for Health and Human Services, Boston, MA to establish the Middlesex County Restoration Center to provide behavioral health crisis and urgent care services, and other supportive services	1,650,000
Maui Economic Opportunity, Inc., Wailuku, HI for alcohol and tobacco prevention activities for youth	100,000
MedCura Health, Stone Mountain, GA for mental health services for people experiencing homelessness	300,000
Mental Health Association of Essex and Morris, Inc., Parsippany, NJ for suicide prevention services	300,000
Mental Health Partners, Lafayette, CO to provide community mental health and well-being services to mitigate the long term impacts of trauma	275,000

Project	Amount
Mile High United Way, Denver, CO for behavioral health services for young adults experiencing homelessness	100,000
Milestone Recovery, Portland, ME for a substance use disorder outpatient treatment and support program	690,000
Monroe County Office of Mental Health, Rochester, NY for peer advocate training	265,000
Mount Vernon Neighborhood Health Center, Mount Vernon, NY for behavioral health services for homebound elderly and disabled adults	100,000
New Hampshire Chapter of the National Alliance on Mental Illness, Concord, NH for the Connect Suicide Prevention Program	380,000
NYC Health + Hospitals/Jacobi, Bronx, NY for the Stand Up to Violence program to provide youth mental health and substance use treatment services and other support services	400,000
Oakland County Health Network, Troy, MI for mental health and law enforcement co-response for behavioral health crises, including Crisis Intervention Team and Mental Health First Aid training	260,000
Office of the Mayor-President, City of Baton Rouge, LA for a resource and service center for recovery from trauma	1,000,000
Oklahoma Children's Hospital, Oklahoma City, OK for facilities, equipment, and children's behavioral health services	1,000,000
Orange County Government, Orlando, FL for behavioral health services for students	300,000
Oswego County Department of Social Services, Oswego, NY for transportation	250,000
Para Los Ninos, Los Angeles, CA for early childhood mental health services and family supports, including technology to provide telehealth services	350,000
Parents Anonymous, Claremont, CA for mental health services for Asian, Latinx and Black/African American families	1,000,000
Parkview Legacy Foundation, Riverside, CA for behavioral health focused programs for students returning to school after COVID-19	625,000
Path with Art, Seattle, WA for mental health and trauma recovery programming	210,000
Penny Lane Centers, North Hills, CA to provide mental health care and supportive services to people experiencing homelessness	400,000
Polk County Board of Commissioners, Bartow, FL for a behavioral health outreach mobile crisis team ...	850,000
PRC, San Francisco, CA for behavioral health services for people experiencing homelessness	525,000
Rales Jewish Family Services, Boca Raton, FL for telemental health services to address mental illness and substance use, including equipment and technology	400,000
Reliance Health, Inc., Norwich, CT for a recovery support program	125,000
Rick's Place, Wilbraham, MA for grief support services	100,000
Rosecrance, Inc, Freeport, IL for a behavioral health outpatient clinic	300,000
San Francisco AIDS Foundation, San Francisco, CA for mental health and substance use treatment and services, including case management services, for long term survivors of HIV/AIDS	600,000
Sankofa Safe Child Initiative, Chicago, IL for mental health services for teens who have experienced trauma	275,000
Santa Clara County Office of Education, San Jose, CA for prevention and early intervention services to address student mental health and trauma	300,000
Selfhelp Community Services, New York, NY for mental health and emotional wellness activities for seniors	15,000
Sociedad de Educación y Rehabilitación (SER) de Puerto Rico, Inc., San Juan, PR for behavioral intervention services	180,000
Sonoma County, Santa Rosa, CA for the Accessing Coordinated Care and Empowering Self Sufficiency program to provide mental health and substance use screening, treatment and other services, including equipment and technology	1,600,000
Stanislaus County Behavioral Health and Recovery Services, Modesto, CA for mental health services through the Promotores/Community Health Outreach Worker program and Community-Based Mental Health Clinicians	1,810,000
Starr Commonwealth, Albion, MI for facilities, equipment, and mental and behavioral health services ...	850,000
Swords to Plowshares, San Francisco, CA for mental health and substance use treatment services, case management and other support services for veterans	975,000
Texas State University, San Marcos, TX for a Community Mental Health Surveillance Collaborative to strengthen mental health infrastructure, including training, equipment, and technology	2,000,000
The Community Rehabilitation Center, Inc., Jacksonville, FL to increase access to and improve quality of mental health, health care, and substance use disorder treatment services	500,000
The Greater Scranton YMCA, Dunmore, PA for mental health and substance use disorder treatment services, including wraparound services	1,850,000
The Greater Washington Jewish Coalition Against Domestic Abuse, Rockville, MD to provide mental health and other support services for domestic violence survivors and their families	300,000
The University Corporation dba Strength United, Northridge, CA to address the long-term mental health needs of children following the COVID-19 pandemic, including suicide prevention activities, equipment and technology	1,000,000
TriCounty Community Network, Pottstown, PA for mental health screening and treatment services, and other support services	450,000

Project	Amount
UCHealth Trauma Services, Aurora, CO for an at-risk intervention and mentoring violence prevention program, including mental health treatment and other services	450,000
United Way of Broward County, Ft. Lauderdale, FL for a suicide prevention program	650,000
Unlawful Narcotics Investigations, Treatment, and Education, Inc., London, KY for substance abuse prevention and the purchase of equipment and information technology	500,000
UPMC Western Behavioral Health at Twin Lakes, Somerset, PA for recovery support services	100,000
Valley Youth House, Bethlehem, PA for mental health services for at-risk children and families	400,000
Veterans Inc., Worcester, MA for behavioral health services for veterans and their families	430,000
Village of Schaumburg, Schaumburg, IL for a mobile response unit for mental health and substance misuse	340,000
Vinland National Center, Loretto, MN for mental health and substance use treatment services, and other support services, for people with brain injuries	140,000
Washington County Health Department, Hagerstown, MD for behavioral health crisis treatment services	475,000
Woods Services, Inc., Langhorne, PA for mental health services	500,000
YWCA NH, Manchester, NH for mental health care and support services for children and families exposed to trauma	750,000

Drug Abuse Warning Network (DAWN).—The Committee includes an increase of \$6,500,000 for DAWN, a nationwide public health surveillance system to monitor emergency department visits related to substance use.

Health Surveillance.—The Committee includes an increase of \$337,000 to support activities of the Center for Behavioral Health Statistics and Quality and an increase of \$200,000 for Performance and Quality Information Systems.

Program Support.—The Committee includes an increase of \$5,316,000 for SAMHSA personnel costs, the first increase in four years, to ensure SAMHSA has the resources to respond to the growing mental health and substance use crises.

Public Awareness and Support.—The Committee includes an increase of \$260,000 to raise awareness and understanding of mental and substance use disorders.

Data on Substance Misuse in the U.S. Territories.—The Committee has serious concerns about the limited availability of data regarding drug and substance misuse in Puerto Rico and the rest of the U.S. territories. The Committee is particularly concerned that the National Survey on Drug Use and Health (NSDUH) does not include statistics from these jurisdictions. The Committee therefore encourages SAMHSA to take all reasonable steps to include Puerto Rico and the rest of the territories in the NSDUH, in the same manner that data is collected and published for the 50 States and the District of Columbia, and to submit a report detailing its efforts not later than 180 days after the enactment of this Act.

PTSD in First Responders.—The Committee is aware of research indicating that individuals working in the civilian first responder disciplines of law enforcement, fire services, and emergency medical services are at greater risk for full or partial post-traumatic stress disorder (PTSD) than most other occupations because their responsibilities routinely entail confrontation with traumatic stressors. Within the funds provided for Health Surveillance and Program Support, the Committee directs SAMHSA to sponsor a report that examines what is known and where there are gaps regarding trauma and stressor-related disorders among this population, including prevalence rate, risk factors, symptom presentation, course, comorbidities, and rates of suicidal thoughts and actions, barriers to accessing and seeking care. This report would

serve as a foundation for future surveillance and program opportunities.

State Opioid Response Network-Technical Assistance.—The Committee directs SAMHSA to continue funding the State Opioid Response Network-Technical Assistance grant that funds the Opioid Response Network to provide locally based technical assistance teams within the Administrative portion of the appropriated amounts for SOR grants. The Committee recognizes the essential work currently being done by the Opioid Response Network in delivering technical assistance to SOR grantees, sub-recipients and others addressing opioid use disorder and stimulant use disorder in their communities.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY
HEALTHCARE RESEARCH AND QUALITY

Appropriation, fiscal year 2021	\$338,000,000
budget request, fiscal year 2022	353,000,000
Committee Recommendation	380,000,000
Change from enacted level	+34,650,000
Change from budget request	-- --

The Committee includes \$380,000,000 in program level funding for the Agency for Healthcare Research and Quality (AHRQ), \$34,650,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. The total includes \$250,792,000 in discretionary budget authority and \$129,208,000 in PHS Act section 241 evaluation set-aside transfers.

AHRQ’s mission is to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to work within HHS and with other partners to make sure that the evidence is understood and used. AHRQ conducts, supports, and disseminates scientific and policy-relevant research on topics such as promoting high-quality care, eliminating health care disparities, using information technology, and evaluating the effectiveness of clinical services.

Within the total for AHRQ, the House includes the following amounts:

Budget Activity	FY 2022 Committee
Scientific Support for the US Preventive Services Task Force	11,542,000
Digital Health Care Research	16,349,000
Patient Safety Research	72,615,000
Health Services Research, Data, and Dissemination	127,053,000
Medical Expenditure Panel Survey	71,791,000
Program Management	73,300,000

Antimicrobial Resistance.—The Committee continues to provide no less than \$10,000,000 for activities related to combating antibiotic-resistant bacteria.

Accessibility of Online Telehealth Platforms.—The Committee recognizes that the COVID–19 pandemic led to the increased use of online portals and web services for patients seeking information, scheduling, and accessing remote services. However, the Committee is concerned that many online platforms are not user-friendly, especially for less digitally literate communities, including seniors. The Committee urges AHRQ to coordinate with ONC, CMS, and

OCR on any Federal efforts that could be made to evaluate the accessibility of digital health platforms for Federally-supported providers, including any assessments of how seniors and persons with disabilities are included in the design and testing of the platforms. Further, the Committee urges AHRQ to work with ONC, CMS and OCR to establish best practices for health care providers to improve their online telehealth platforms for seniors, individuals with disabilities, and individuals with limited English proficiency.

Cardiovascular Clinical Outcomes.—The Committee looks forward to receiving the study requested in the Consolidated Appropriations Act, 2021 that assesses the current evidence for lipid control and cardiovascular event reduction and quality measures for the improvement of clinical outcomes (e.g. coronary heart disease death, myocardial infarction, ischemic stroke, or urgent coronary revascularization procedure). The Committee also encourages AHRQ to develop and disseminate education resources and materials about improving cardiovascular clinical outcomes.

Center for Primary Care Research.—The Committee includes \$5,000,000 to establish the Center for Primary Care Research authorized at 42 USC 299b–4(b). AHRQ is uniquely positioned to support primary care clinical and practice research and to help disseminate the research nationwide. The 2021 NASEM report on High Quality Primary Care supported the importance of targeted funding for Primary Care Research (PCR) and recommended prioritization of funding for AHRQ’s Center for Excellence in Primary Care Research. In 2020, the RAND Corporation published a report requested by Congress that emphasized the significant role AHRQ plays in PCR and recommended providing targeted funds to create a proper hub for Federal PCR. The areas of focus could include strategies to improve primary care delivery, including through the use of clinical pharmacists and inter-professional; team-based care; advancing the development of primary care researchers; expanding research on persons with multiple co-morbid conditions; and improving primary care in rural and underserved areas, especially in remote and non-contiguous States.

Research on Health Equity.—The Committee includes an increase of \$3,000,000 for AHRQ to support investigator-initiated research grants related to health equity and an additional \$1,000,000 to support research supplements related to health equity, the same as the fiscal year 2022 budget request.

Health System Innovations Responding to COVID–19.—The Committee includes an additional \$5,000,000, the same as the fiscal year 2022 budget request, to support new investigator-initiated research grants related to COVID–19, including grants focused on improving the quality of care and patient outcomes; improving patient safety; understanding the pandemic’s impact on socially vulnerable populations and people with multiple chronic conditions; and understanding how digital health innovations such as telehealth contributed to the health system response to COVID–19.

Improving Maternal Morbidity and Mortality State and Local Data.—The Committee includes \$7,350,000, the same as the fiscal year 2022 budget request, to improve the provision of timely and accurate data about maternal health and the health care system to policymakers, health care providers, and the public.

Kratom.—The Committee directs the Secretary to maintain current Agency policy to not recommend that the substances mitragynine and 7-hydroxymitragynine, known as kratom, be permanently controlled in Schedule I of the Controlled Substances Act, either temporarily or permanently, until scientific research can sufficiently support such an action. The Committee encourages AHRQ to continue to fund research on natural products that are used by many to treat pain in place of opioids, including kratom. Given the wide availability and increased use of these substances, it is imperative to know more about potential risks or benefits, and whether they can have a role in finding new and effective non-opioid methods to treat pain. The Committee recommends an additional \$3,000,000 for this research and directs AHRQ to make center-based grants to address research which will lead to clinical trials in geographic regions which are among the hardest hit by the opioid crisis.

Lyme and Other Tick-Borne Diseases (TBD).—The Committee is concerned about the experiences of low-income, minority, and migrant populations with Lyme and other TBD and believes that better data should be developed on the incidence of TBD in these populations and the experiences of those populations in accessing care for suspected TBD, including provider awareness of TBD, diagnostic tools, treatment protocols, and health outcomes. The Committee directs AHRQ to coordinate with HRSA and its Bureau of Primary Health Care and the Office of Rural Health Policy, other HRSA Bureaus and Offices as appropriate, and the Indian Health Service to develop a plan for exploratory research to assess the extent of the problem of TBD in the low income, minority, and migrant populations and in the national network of clinics and health centers which provide health care, and which in turn receive a large portion of payments from CMS.

Opioids Research.—The Committee includes \$5,000,000, an increase of \$2,000,000 above the fiscal year 2021 enacted level and \$5,000,000 below the fiscal year 2022 budget request, to support expanded research related to opioid use and misuse, including research focused on increasing equity in treatment access and outcomes, accelerating implementation of effective evidence-based care in primary and ambulatory care, and developing whole person models of care that address the social factors which shape treatment and adherence and long-term recovery.

Patient Safety Risks and Harms.—The Committee recognizes the seriousness of diagnostic errors in the health care system. Diagnostic error has been under-recognized and leads to a quarter-million inpatients experiencing serious hardship each year, including approximately 100,000 deaths. The Committee provides an increase of \$1,000,000 for researching diagnostic error and associated risk to patient safety.

Prenatal Care for Pregnant Individuals.—The Committee recognizes the Department's ongoing efforts to address the pressing public health issue of rising maternal mortality. Research shows prenatal care is a critical component of preventative care for pregnant individuals. The Committee includes no less than \$500,000, the same as the fiscal year 2021 enacted level, for research that examines the potential cost savings to the public health system of providing a special enrollment period for pregnant individuals, as well

as the impact of a special enrollment period on the private insurance market.

Statewide Surgical Quality Initiatives.—The Committee is aware that several States have moved aggressively to combine the knowledge, skills, and resources of diverse hospitals across the State with the expertise of foundations, hospitals associations, and other outside stakeholders to identify and disseminate best practices in surgical care. The goals of the collaborative are to improve surgical outcomes, improve the value of surgical care, and decrease disparities in care. The Committee urges ARHQ to prioritize grants to States that have developed such collaborations and intend to expand by adding more hospitals and incorporate telehealth and mobile solutions into higher-value care.

Trafficking Awareness Training for Health Care.—The Committee provides total funding of \$2,000,000 for the purposes authorized under the Trafficking Awareness Training for Health Care Act to establish a pilot program for the creation, distribution, and evaluation of best practices for medical professionals to identify and respond to victims of human trafficking. Medical professionals are in a unique position to identify abuse and help victims of trafficking. Funding this program will ensure they are adequately trained to do so.

USPSTF Clinical Data.—The Committee is concerned about significant deficiencies in the process and structure of the United States Preventive Services Task Force (USPSTF), as illustrated by its recommendations concerning screening mammography and cervical cancer screening. Comprehensive USPSTF reform is necessary to ensure that its recommendations further public health for all Americans and address health inequities. USPSTF's process needs to be revised to provide timely recommendations, be fully transparent, afford ample opportunity for public comment at each stage, make such comments publicly available, and provide meaningful responses to such comments. The comment process for USPSTF must provide a more robust and transparent opportunity for and public disclosure of expert and patient input, as well as an external advisory board of clinical experts that serves as a check, throughout the process. Moreover, USPSTF's methodologies should be firmly grounded in evidence that most accurately represents the Nation's racial and ethnic subpopulations; this evidence must include high quality real-world data sets and longitudinal or observational studies and not just randomized controlled trials. Specifically, the Committee calls for action on the established lack of data specific to health equity and racial diversity to more clearly inform the USPSTF decision-making. Furthermore, USPSTF should review a recommendation upon a showing of new evidence. In addition, USPSTF's composition should reflect an appropriate breadth of practicing physician expertise, including specialist expertise, as well as public input reflecting diverse patient populations. The Committee encourages the USPSTF to adopt these reforms to its process for developing recommendations.

CENTERS FOR MEDICARE & MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

Appropriation, fiscal year 2021	\$313,904,098,000
Budget request, fiscal year 2022	368,666,106,000
Committee Recommendation	368,666,106,000
Change from enacted level	+54,762,007,000
Change from budget request	---

Medicaid provides health coverage to eligible populations, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. Medicaid is administered by States, according to Federal requirements. The program is funded jointly by States and the Federal government.

This amount does not include \$148,732,315,000, which was provided as advance funding for the first quarter of fiscal year 2022. In addition, the Committee recommends an advance appropriation of \$165,722,018,000 for program costs in the first quarter of fiscal year 2023, to remain available until expended.

The Committee continues bill language providing indefinite budget authority for unanticipated costs in fiscal year 2022. Federal Medicaid grants reimburse States for a portion of their expenditures in providing health care for individuals whose income and resources fall below specified levels. Subject to certain minimum requirements, States are provided certain limited authority within the law to set eligibility, coverage, and payment levels.

PAYMENTS TO THE HEALTH CARE TRUST FUNDS

Appropriation, fiscal year 2021	439,514,000,000
Budget request, fiscal year 2022	487,862,000,000
Committee Recommendation	487,862,000,000
Change from enacted level	+48,348,000,000
Change from budget request	---

This account includes the general fund subsidy to the Federal Supplementary Medical Insurance Trust Fund for Medicare Part B benefits, and Medicare drug benefits and administration, as well as other reimbursements to the Federal Hospital Insurance Trust Fund for benefits and related to administrative costs, which have not been financed by payroll taxes or premium contributions. The Committee continues bill language providing indefinite authority to pay the general revenue portion of the Medicare Part B premium match and providing resources for the Medicare Part D drug benefit program in the event that the annual appropriation is insufficient.

PROGRAM MANAGEMENT

Appropriation, fiscal year 2021	\$3,669,744,000
Budget request, fiscal year 2022	4,315,843,000
Committee Recommendation	4,315,843,000
Change from enacted level	+646,099,000
Change from budget request	---

Program Operations

The Committee includes \$4,315,843,000 for Program Operations, which is \$646,099,000 more than the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. This appropriation includes \$25,400,000 for Research, Demonstration and Evalua-

tion, which was previously funded on its own line. This office administers the programs under the Centers for Medicare & Medicaid Services (CMS), funds beneficiary outreach and education, maintains information technology infrastructure needed to support various claims processing systems, and supports other programmatic improvements.

In addition, the American Rescue Plan (P.L. 117–2) included \$500,000,000 for the survey and certification program, for strike teams to provide onsite technical assistance and education to nursing homes to reduce transmission and spread of COVID–19.

Addressing Domestic Violence and Homelessness.—The Committee recognizes that the COVID–19 pandemic has increased both domestic violence and homelessness, as the pandemic has placed great stress on families. CMS has recognized both homelessness and domestic violence as social determinants of health impacting Medicaid and Medicare beneficiaries. Model interventions such as Domestic Violence Housing First programs can address this challenge. The Committee requests, within 120 days of enactment of this Act, a report outlining the actions the agency is taking to address the combination of homelessness and domestic violence, including how the Center for Medicare & Medicaid Innovation (CMMI) and other parts of CMS are considering the feasibility of creating demonstration programs, in collaboration with the Administration for Children and Families and the Department of Housing and Urban Development, that will engage Medicare and Medicaid providers to address this dual problem.

Adverse Childhood Experiences.—The Committee is aware that childhood trauma and toxic stress have been linked to negative health outcomes through adulthood, including higher rates of diabetes, stroke, depression, lapses in cognitive abilities, developmental delays, suicide, and substance misuse, among others. Low-income children are particularly vulnerable to the impacts of adverse childhood experiences (ACEs). The Committee directs CMS to comply with the language included in H. Rept. 116–450 which requires the agency to work with the National Child Traumatic Stress Network and the CDC to provide a report, no later than 180 days after enactment of this Act, that evaluates how Medicaid could be further leveraged to screen, diagnose, and provide evidence-based interventions to children ages 0–21 suffering from adverse childhood experiences.

Ambulatory Surgical Centers.—The Committee looks forward to receiving the report on ambulatory surgical centers, as requested in H. Rept. 116–450.

Antimicrobial Resistance.—The Committee recognizes antimicrobial resistance is a serious threat to seniors. Medicare beneficiaries are more likely than the general population to become acutely ill with a multi-drug resistant bacterial infection and are potentially more susceptible to adverse events associated with older antibiotics used in the current standard of care. The Committee supports the ability of seniors to receive access to the most clinically appropriate antibiotic therapies available.

Blue Button.—The Committee believes that the Blue Button program can play an important patient safety and care coordination role for Medicare beneficiaries and their health care providers, particularly in relation to COVID–19 vaccination efforts and the in-

creasing use of telehealth. Unfortunately, Blue Button has had a low participation rate. The Committee urges the Secretary to examine barriers to participation, including health and technology related inequities, and widely educate beneficiaries about Blue Button.

CMS Contact Center Operations (CCO).—The Committee understands that the CCO is one of the largest federal service contracts, and that CMS is anticipating awarding another 10-year contract for these critical services. The Committee is concerned that there has been insufficient competition for the CCO contract, and the Beneficiary Contact Center contract that preceded it, over the past 15 years. The Committee includes a provision to prevent fiscal year 2022 funds from being used for a new CCO contract or to issue any solicitation for a contract with a performance period of more than 24 months. In addition, the Committee directs CMS to conduct a review of the acquisition strategy for the CCO services to ensure genuine full and open competition for the award of a new definitive CCO contract, and to ensure this contract is structured to guarantee that taxpayer dollars are spent responsibly and with accountability. The Committee requests a report on the results of this review within 180 days of enactment of this Act.

Community Health Workers.—The Committee recognizes the importance of community health workers, who are trusted members of their communities and comprise a vital frontline health workforce that help to address social, economic, behavioral and preventive health needs, and appreciates CMS highlighting their role in a January 7, 2021 letter to State Health Officials. The Committee further recognizes the ongoing role of community health workers in an equitable, resilient recovery from the COVID-19 pandemic and in achieving long-term, sustainable health equity. Given their proven effectiveness in improving health outcomes, reducing costs in underserved communities, and advancing health equity, the Committee urges CMS to continue to work with States, in partnership with community health workers and their professional organizations, to incorporate community health workers into coverage in a way that aligns with scientific evidence and fully leverages their expertise and skills.

Complex Rehabilitation Technology.—The Committee is aware that provisions in P.L. 116-94 were intended to empower Medicare beneficiaries with severe disabilities through improved access to specialized Complex Rehabilitation Technology (CRT) manual wheelchairs and accessories. The Committee encourages CMS to provide adequate and equal access to users of CRT manual wheelchairs and accessories and to consider making that protection permanent.

Compounded Medications.—The Committee requests a report, within 120 days of enactment of this Act, assessing Medicare's current policy for reimbursement to Part D plans for medications compounded using bulk drug ingredients.

Consensus on Assessing Mobility.—The Committee encourages CMS and other stakeholders to promote development of consensus around a mobility assessment that is validated and clinically meaningful to providers and patients. In addition, CMS should evaluate feasibility of a mobility quality measure to incentivize providers to

actively intervene to prevent mobility loss among hospitalized older adults.

Consumer Assistance Program.—The Committee encourages the Secretary to allocate up to \$400,000,000 derived from Affordable Care Act (ACA) user fees to restore Consumer Assistance Program (CAP) grants under section 1002 of the ACA.

Cost-Sharing for Vaccines.—The Committee notes that minimizing cost sharing with Medicare Part D is critical to ensuring that Medicare beneficiaries have access to vaccines that can prevent serious disease. Studies have shown a direct correlation between cost sharing and increased abandonment rates of vaccines. To help reduce these barriers, the Committee encourages CMS to update the Medicare plan finder to clearly designate to consumers the plans that cover vaccines at no cost.

Critical Access Hospitals and Sole Community Hospitals.—The Committee looks forward to receiving the GAO study requested in H. Rept. 116–450, which will examine the cost of emergency mental and behavioral health services provided at Critical Access Hospitals (CAH). Behavioral health providers are scarcer in rural areas, but more patients are suffering from mental health concerns due to the COVID–19 pandemic. However, new treatment pathways (such as tele-mental health care) are not always accessible in rural areas. The Committee requests HHS provide a briefing on behavioral health services furnished at CAHs, sole community and other rural hospitals, whether the mix of services furnished at these hospitals changed during the COVID–19 pandemic, and identify opportunities to improve mental health care in these settings.

Diabetes Self-Management Training Benefit.—The Committee is aware that one in four health care dollars in the U.S. is spent on people living with diabetes, totaling more than \$300 billion a year. Nearly 70 percent of that cost is provided by federal health care programs (e.g., Medicare, Medicaid, TRICARE). The Committee is also aware that 13 percent of all adults and nearly one-third of individuals aged 65 years or older are living with diabetes. Given the prevalence and cost of diabetes, particularly among communities of color, the Committee is concerned that barriers to accessing the Medicare diabetes self-management training benefit have resulted in utilization by only 5 percent of newly diagnosed Medicare beneficiaries. The Committee encourages CMS to explore the barriers to accessing the diabetes self-management training benefit and to provide a report, within 120 days of enactment, on efforts to address these barriers.

Disproportionate Share Hospitals.—The Committee again encourages CMS to compile publicly available information on hospitals that receive payments under Medicaid as disproportionate share hospitals. Such information shall include the Medicaid inpatient utilization rate and low-income utilization rate. Within each category, CMS should further identify such hospitals by rural or urban status; number of beds; and status as a major teaching hospital.

Drug Quality.—The Committee is deeply concerned about the discovery of dangerous levels of carcinogens in frequently prescribed medications, including angiotensin II receptor blockers (ARBs) like losartan and valsartan, ranitidine, and metformin. As two of the country's largest payers for prescription medication,

Medicare and Medicaid have a responsibility to help ensure the safety and quality of prescribed therapies. The Committee requests a report, within 180 days of enactment, on the amount that the Medicare and Medicaid programs spent on medication in the previous three fiscal years that was subsequently recalled by manufacturers. The Committee also requests that CMS consider the potential value of increased chemical testing of medication in the U.S. supply chain and quality rating systems for drug manufacturers.

Evidence-Based Home Visiting Programs.—The Committee recognizes the wide range of improved outcomes and cost-savings that evidence-based home visiting programs provide to first-time mothers and their children. Additionally, in light of the impact of the COVID-19 pandemic on care and the rising rates of maternal and infant health disparities among families of color, the need for quality supports in the home is even greater, especially for mothers and babies. The Committee is pleased that CMS is assisting States that choose to design a Medicaid benefit package to provide home visiting services for pregnant and postpartum women, and for families with young children. The Committee urges CMS to continue 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.

Fraud and Abuse in Electrodiagnostic (EDX) Medicine.—The Committee notes the ongoing investment in activities to address health care fraud and abuse along with enhanced interagency coordination. The Committee encourages HHS and the Department of Justice to continue working with the stakeholder community, as they do through the Healthcare Fraud Prevention Partnership, on innovative strategies to address persistent forms of fraud and abuse that exploit gaps in the current oversight framework and undermine quality patient care throughout the health care system, including systemic efforts by criminal actors and mobile labs in EDX testing.

Finding Alternatives to Use of Quality-Adjusted Life Years for Drug Price Indexing.—The Committee encourages CMS to study appropriate alternatives for using Quality-Adjusted Life Years in determining indexes for prices and coverage for medications, treatments, and other services. The Committee supports the National Council on Disability's analysis in its 2019 report, "Quality-Adjusted Life Years and the Devaluation of Life with Disability," and recognizes the significance of determining alternative methodologies for establishing pricing mechanisms that are not discriminatory to individuals with disabilities. The Committee requests a report within 180 days of enactment of this Act on alternative methodologies, including analysis as to whether or not these alternatives themselves may be discriminatory if used incorrectly, as well as if there are different best practices which can and should be used separately for the pricing of medications and treatments versus decisions related to benefits and coverage.

Geographic Practice Cost Index.—The Committee encourages CMS to publish its work on a rationale for current methodology for the Geographic Practice Cost Index so that the various inputs can be better understood.

Hospitals in the U.S. Virgin Islands.—The Committee remains concerned that Medicare payments for hospitals in the U.S. Virgin Islands are calculated using out-of-date payment data and formulas under the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA). The two hospitals in the U.S. Virgin Islands are reimbursed based on 1982 and 1996 costs. As a result, patients are forced to travel outside the territory for necessary services, including total joint replacements and chemotherapy, often at great expense and personal hardship. The Committee encourages CMS to update the TEFRA base period for these hospitals to more accurately reflect current conditions and costs.

IMD Exclusion Pilot Program.—The Committee is aware that although HHS allows waivers to States allowing short-term stays in Institutions for Mental Disease (IMD) for mental health treatment, there are IMDs that provide care to thousands of individuals in acute psychiatric distress located in States without waivers. Congress urges CMS to pursue a pilot program allowing select IMDs that provide the majority of their care to those suffering from acute psychiatric distress to receive Medicaid funding. CMS should focus on the institutions that receive the largest volumes of cases in States that do not currently have the mental health treatment waiver and which offer longstanding, effective treatment regimens.

IMD Exclusion Report.—The Committee requests a report, within 2 years of enactment of this Act, examining how repealing Medicaid's IMD exclusion could affect access to and quality of mental health services, including mental health services for nonelderly, Medicaid-eligible adults. The report should include a cost estimate for repealing the exclusion.

Implementation of Medicaid PDMP Expansion.—Data show that prescription drug monitoring programs (PDMPs) integrated into state Medicaid systems can reduce over-prescribing and misuse of opiates and other prescription drugs. The Committee requests a report, within one year of enactment of this Act, on the interoperability of existing state PDMP infrastructure, the status of implementation of Sec. 5042 of the SUPPORT for Patients and Communities Act, the actions being taken to further improve interoperability, and how CMS intends build on existing interoperability infrastructure to avoid duplication and waste of allocated funding.

Kidney Transplant Availability, Recovery, Long-Term Outcomes.—The Committee recognizes the significant costs to the Medicare program resulting from care for end-stage renal disease and kidney dialysis and supports the goal of significantly reducing dialysis use. The Committee supports efforts to identify ways to increase kidney transplant availability and to improve recovery and long-term outcomes. The Committee requests a report within 180 days of enactment of this Act on recommendations for quality measures to be implemented for improved studying and tracking long-term kidney transplant outcomes, including for patients transitioning between Medicare and commercial coverage, as well as means of improving data interoperability in order to facilitate long-term tracking of long-term transplant patient data.

Limited Wraparound Coverage.—The Committee remains concerned that the previous Administration allowed the limited wrap-around coverage pilot program to expire. This failure has caused significant uncertainty for patients who depended on this program

for several years. The Committee requests a report, within 90 days of enactment of this Act, outlining a plan to ensure that participants impacted by the expiration of the pilot program will receive benefits equivalent to those of the limited wraparound coverage program. This report should include an analysis of the outcomes of the pilot program and an explanation for CMS' decision not to extend it. The Committee continues to recommend this pilot program be made permanent and encourages CMS to restore the program.

Long Term Care Facility Licensing.—The Committee is aware that certain facilities that are owned or operated by individuals who have been denied by their respective state licensing body can still receive CMS funds. The Committee directs CMS to provide a publicly available report, no later than 180 days after enactment of this Act, on the number of long term care facilities that receive CMS funds that are owned and or operated by individuals who have been denied licenses to do so by their respective state licensing body.

Lung Cancer Screening.—The Committee is concerned with the persistently low rate of lung cancer screening across the United States. Lung cancer remains the deadliest form of cancer, with significant racial disparities in outcomes. People of color are more likely to be diagnosed with and die from lung cancer, but they are also less likely to undergo screening. In March 2021, the United States Preventive Services Task Force (USPSTF) revised its recommendations on lung cancer screening eligibility, significantly increasing the number of individuals who should be screened. The Committee encourages CMS to evaluate what steps it can take to improve access to lung cancer screening, including decreasing the cost to participate in registries, expanding the number of CMS-approved lung cancer screening registries, and promoting the development of quality measures in lung cancer screening and care to focus on reducing racial disparities in lung cancer screening. The Committee requests CMS provide a report within 120 days of enactment of this Act on its findings from this evaluation.

Medicaid Dental Audits.—The Committee has previously raised concerns that failure to use professional guidelines or established state Medicaid manual parameters in the auditing process can result in inaccurate Medicaid dental audits, negatively impacting dentist participation in the program and impeding patient access to care. While State Medicaid agencies (SMA) have significant responsibility in managing provider audits, the Committee believes that as part of CMS oversight of the Medicaid program it is appropriate to issue guidance to SMAs concerning best practices in dental audits and offer training in such practices. The Committee again urges CMS to develop such guidance for SMAs and report within 90 days of enactment of this Act on steps taken to develop such guidance.

Medicare Advantage and Long-Term Acute Care Hospitals (LTCHs).—The Committee is aware there is concern that there are more barriers to LTCHs and Inpatient Rehabilitation Facilities (IRFs) in Medicare Advantage (MA) plans as compared to traditional Medicare. The Committee requests CMS review whether MA plan pre-authorization requirements and their use of proprietary or home-grown algorithms or admission criteria are consistent with current Medicare Part A coverage policy to protect MA enrollees'

statutory right to comparable benefits. The review should also determine the validity of Medicare Advantage Plans denials of admissions to LTCH and IRF based on not offering the benefit of a Medicare approved level of care; verify that personnel being utilized by MA plans for pre-authorizations and denials have the necessary specialized rehabilitation education and training when requests from LTCHs and IRFs are being reviewed; review MA plans' process to provide pre-authorization review and appeals for denials within reasonable amount of time of planned discharge, including weekends, to allow for accelerated transfer to LTCHs and IRFs when necessary; review transparency of MA plans on how they determine medical necessity, as well as the specific standards and guidelines that lead to a denial; review transparency of MA Plans with regard to medical necessity, the number of initial pre-authorization denials, the number of initial denials overturned, and the number of second level appeals for pre-authorization for LTCHs and IRFs.

Medicare Appropriate Use Criteria Program.—The Committee is aware that the Protecting Access to Medicare Act established the Medicare Appropriate Use Criteria (AUC) Program for advanced diagnostic imaging. While the Committee recognizes the value of encouraging physicians and other health care professionals to consult AUC and clinical guidelines to support medical decision making, more than seven years have passed since Congress created the AUC program, which has not advanced beyond educational and operations testing. The Committee requests a report within 180 days of enactment of this Act on implementation of this program, including challenges and successes. In this report, CMS shall consider existing quality improvement programs and relevant models authorized under Sec.1115A of the Social Security Act and their influence on encouraging appropriate use of advanced diagnostic imaging. The Committee directs CMS to consult with stakeholders, including medical professional societies and developers of AUC and clinical guidelines, when formulating its report.

Medicare Promotion.—The Committee reiterates its direction that CMS avoid taking any action that actively promotes one form of Medicare coverage over another, particularly with respect to the choice between traditional Medicare and Medicare Advantage. The Committee further directs CMS to design and maintain its online coverage options tool in a manner that provides complete and unbiased information, particularly as CMS works to replace the Medicare Plan Finder with the new Medicare Coverage Tools platform. CMS should remain objective and neutral in its education and outreach materials concerning options that beneficiaries have during the open enrollment period and at any other time.

Molecular Diagnostics.—More than 550,000 Americans are diagnosed with a rare form of cancer every year. Rare cancers account for 380 of 400 distinct forms of cancer and almost one-third of all diagnoses and include all pediatric-specific cancers. Molecular diagnostics are an important part of determining the form of cancer and which treatment is the best option. Each subtype of cancer requires a targeted therapy in order to save a life or to significantly improve life span, and data is required for each cancer to inform where targeted therapies can be used. However, this data is frequently lacking for rare cancers, leading to the use of older and

less effective therapies. The Committee understands that CMS has established Medicare national coverage policies for molecular diagnostics at the time of diagnosis for only certain cancers. The Committee encourages CMS to issue guidance to their plans on how to determine if molecular diagnostics are reasonable and necessary, and update the Medicare coverage guidelines for molecular diagnostics for all cancers where it is determined to be reasonable and necessary at the time of diagnosis.

Navigators.—The Committee strongly supports the Navigators program, which helps consumers understand their health coverage options and sign up for health insurance coverage during enrollment periods. The Committee urges CMS to return to providing robust funding for Navigator activities.

Nuclear Medicine Quality Improvement.—The Committee is aware of evidence demonstrating the occurrence and consequence of extravasations in nuclear medicine procedures. These events can harm patients through compromised imaging that negatively affects care, repeated or additional procedures, increased costs, and unintended irradiation to patient tissue. The Committee supports CMS engagement with outside stakeholders on the issue and encourages CMS to explore the development of a MIPS quality improvement activity related to nuclear medicine injection quality as well as the feasibility of a MIPS quality measure to allow for the meaningful evaluation and improvement of nuclear medicine injection quality.

Nutrition Education.—The Committee encourages CMS to coordinate with the HRSA to develop recommendations for expanded nutrition education in medical school and graduate medical education curricula.

Nursing and Allied Health Workforce Shortages.—The Committee notes that in a March 2021 survey conducted by the HHS Office of the Inspector General, hospitals reported that nursing shortages during the COVID-19 pandemic significantly strained health care delivery and were a significant obstacle to addressing the public health emergency. The survey found that these shortages exacerbated longstanding challenges in health care delivery, access to care, and health outcomes. The Committee requests a report within 180 days of enactment of this Act addressing the role of Medicare funding in supporting the training of nursing and allied health professionals. Such report should also include an assessment of how CMS can exercise its discretion under existing payment rules to further address shortfalls in the nursing and allied health workforce.

Oral Health Services.—The Committee is pleased that CMS is moving forward to fill the Chief Dental Officer position, which has been vacant since October 2017. This left a significant gap of clinical oral health expertise within CMS. Medicaid provides oral health services to millions of people, including vulnerable populations such as children (including those with special health care needs), pregnant women, and disabled adults. The Committee notes that States have flexibility to determine dental benefits for adult Medicaid enrollees and while most States provide at least emergency dental services for adults, less than half currently provide comprehensive dental care. The Committee urges the Chief Dental Officer to examine opportunities within existing statutory authority

to expand Medicare coverage of dental services. The Committee also urges CMS to provide recommendations no later than one year after enactment of this Act regarding policies to increase coverage of, and access to, comprehensive dental benefits for adults in State Medicaid programs.

Patient Access to Home Health Care.—The Committee supports the intent of the network adequacy rules of CMS for Medicare Advantage organizations under 42 C.F.R. 417 and 422 and for Medicaid managed care organizations under 42 C.F.R. 438 and 457 as maintaining a network of qualified providers sufficient to provide adequate access for covered services to meet the health care needs of the patient population served.

Payment Structures Impact on ESRD Patients.—The Committee is concerned that patient outcomes may be negatively impacted by dialysis provider behaviors resulting from the 2021 bundled payment change affecting calcimimetics. Absent calcimimetic therapies, patients being treated for End Stage Renal Disease (ESRD) are at greater risk of requiring parathyroid surgeries, exposing them to further health care risk while shifting dialysis providers' financial burden to the federal government. Like ESRD, such outcomes are likely to impact marginalized and communities of color disproportionately. The Committee requests CMS monitor utilization and certain beneficiary health outcomes under the ESRD PPS resulting from the 2021 bundled payment change. The Committee encourages CMS to consider issuing a report highlighting statistical changes in the clinical administration of calcimimetic therapies (including on marginalized and communities of color sub-populations), any instances of incentive payment structures from dialysis providers, and any recommendations on treatment protocols or policy changes.

Peripheral Artery Disease.—The Committee is aware that an estimated 20 million Americans have peripheral artery disease and about 200,000 of them, disproportionately people of color, suffer avoidable amputations every year as a result. The Committee urges CMS to raise public awareness in Medicare beneficiaries and providers of racial disparities in amputations due to peripheral artery disease, diabetes, and related comorbidities through a nationwide awareness and education campaign. Further, the Committee encourages the Secretary to establish an interagency working group in coordination with CMS, the Indian Health Service (IHS), and the Department of Veterans Affairs (VA) and to study the implementation of a comprehensive amputation reduction program within CMS and IHS based on the VA Preventing Amputations in Veterans Everywhere Program. The Committee directs the Secretary to provide recommendations on how to reduce amputations no later than one year after enactment of this Act.

Pharmacists and COVID-19 Authorities.—The Committee is pleased with CMS' clarification that medication management services provided by pharmacists services incident to physicians and other qualified health care professionals (QHPs) are covered under Medicare Part B. This clarification was designed to encourage team-based care during the COVID-19 public health emergency (PHE) and increase access of individuals with substance use disorder to services. The Committee appreciates CMS' recognition of the expanding roles of pharmacists with broadened scopes of prac-

tice. The Committee requests CMS hear from physicians, pharmacists, and other qualified health professionals on their efforts to work with the American Medical Association (AMA) CPT Editorial Panel to develop mechanisms to attribute, report, and sustain pharmacists' medication management and other patient care contributions to beneficiaries in the Medicare Part B program. In addition, the Committee is aware of the Secretary's request for information to determine whether regulatory actions taken by HHS to expand clinician's authorities to mitigate and prevent COVID-19 during the PHE should be made permanent. The Committee requests the Secretary report within 180 days of enactment of this Act on the outcomes that pharmacists and pharmacies provided during the COVID-19 pandemic.

Pharmacists and Patient Care Services.—The Committee is aware that certain Medicare Part B services and care frameworks have provisions to include pharmacists and their patient care services. However, CMS has few mechanisms to identify and evaluate the contributions of pharmacists to patient care and outcomes or to identify barriers within current service requirements that prevent scalable involvement of pharmacists. The Committee encourages CMS to create a mechanism to provide greater visibility into the scope and outcomes of the Medicare services currently provided by pharmacists.

Programs of All-Inclusive Care for the Elderly.—The Committee notes during the COVID-19 pandemic, Programs of All-Inclusive Care for the Elderly (PACE) have been effective in keeping their medically complex, nursing home eligible population safe at home. PACE organizations furnish all Medicare and Medicaid covered services, long term care and supports, meals and other services as needed by participants, principally in participants homes. PACE participants have had one-third the COVID-19 cases and deaths as compared to the rates of nursing home residents. The Committee urges CMS to consider moving forward on PACE-specific pilots in fiscal year 2022, so this community-based model of care may be evaluated as to whether it increases access and affordability for Medicare or Medicaid beneficiaries.

Radiation Oncology (RO) Model.—Despite the delay in implementation, the Committee is concerned that the RO model as currently proposed could potentially reduce access to certain types of radiation therapy and negatively affect patient outcomes. The Committee looks forward to the report on the RO model requested in H. Rpt. 116-450.

Regulatory and Payment Reforms.—The Committee urges CMS to work with hospitals, community-based organizations, and other stakeholders to identify substantive regulatory delivery and payment reforms that integrate behavioral health in primary care; create new and evaluate existing delivery models to improve efficiency and value-based care; and incentivize the health care workforce to meet the unmet care needs of Medicare beneficiaries in underserved areas.

Robotic Stereotactic Radiosurgery.—The Committee continues to support robotic stereotactic radiosurgery (SRS) and robotic stereotactic body radiation therapy (SBRT). The Committee urges CMS to maintain sufficient payment for SRS and SBRT to ensure viability in both the freestanding and hospital outpatient setting.

Screening and Diagnostic Testing in Cancer Treatment.—The Committee understands that the use of pre-treatment interventions, such as screening for signs of cancer or testing with a companion diagnostic to determine a specific cancer type, can help health care providers select treatment options with a greater probability of success, leading to better outcomes for patients. The Committee also recognizes that the use of these interventions can reduce unnecessary health care costs by avoiding ineffective treatments and that awareness of genetic risk factors can encourage preventive care and early diagnosis. This is particularly important now, as the Committee recognizes that during the COVID-19 pandemic, providers and hospitals have reported a decrease in non-COVID related patient visits, including vital cancer screenings and follow-up appointments. The Committee urges CMS to identify ways to expand access to screening and testing, especially among the most at-risk patient populations, eligibility criteria for testing and screenings recommended by USPSTF and relevant medical societies, and increase public and health care provider awareness of the importance of appropriate testing and diagnostics.

Sepsis.—The Committee requests that CMS task their contracted Quality Improvement Organizations (QIOs) to engage with hospitals to provide technical assistance that reflects recent advances in sepsis treatment to help them comply and report SEP-1 standards of care. The Committee further requests that CMS report to the Committee within one year of enactment of this Act with an assessment of the impact of the QIO engagement on SEP-1 rates and with feedback on any revisions to the SEP-1 standards of care that will improve treatment of sepsis by U.S. hospitals.

Site Neutral Reimbursement.—The Committee encourages CMS to evaluate the financial impacts on rural hospitals and Critical Access Hospitals in all rulemaking relating to payment rates, including all pending rules relating to CMS outpatient prospective payment system and the Medicare ambulatory surgical center payment system.

Social Determinants of Health.—The Committee is aware that social determinants of health are critical drivers of health outcomes and health care costs and that early childhood development is affected by social factors. The Committee commends CMS for the guidance on social determinants issued to States in January 2021 and encourages CMS to continue to clarify and disseminate strategies that States can implement under current Medicaid and CHIP authority, or through waivers, to address social determinants of health in the provision of health care, including strategies specifically targeting the pediatric population. This should include guidance on how States can encourage and incentivize managed care organizations to address social determinants of health through contracts.

Specimen Collection and Counseling Services for Pharmacist-Delivered COVID-19 Testing.—The Committee is aware that CMS made it easier for pharmacies to enroll in Medicare as independent clinical laboratories and permitted any health care professional authorized under state law to order COVID-19 tests (and influenza and RSV tests when conducted concurrently with COVID-19 tests) during the COVID-19 public health emergency. The Committee is aware that CMS clarified coding for symptom assessment, speci-

men collection, and patient counseling, all standard components of COVID-19 testing services conducted by other health care professionals. However, CMS' only option for symptom assessment, specimen collection, and patient counseling by pharmacists is to enter into an incident to arrangement with a physician or non-physician practitioner (NPP). The Committee is concerned that most community pharmacists do not have incident to arrangements with physician practices or NPPs, which inhibits the goal of widely accessible COVID-19 testing in community pharmacies. The Committee requests CMS hear from physicians and other qualified health care professionals on their efforts to work with the AMA CPT Editorial Panel to develop coding options for pharmacists provision of symptom assessment, specimen collection, and patient counseling, when ordering and administering COVID-19 point of care tests at community pharmacies equivalent to all other health care professionals.

Step-Down Care for Psychiatric Patients.—The Committee is aware of the potential health benefits and cost savings of step-down care options for inpatient psychiatric care as it relates to an overall consumption of health services and costs without increased hospital admissions while also freeing up much needed inpatient beds. The lack of step-down care and housing options for psychiatric patients being discharged from local hospitals has led to long and expensive waits in hospitals that burden patients, families and hospital staff. The Committee requests CMS to, within 180 days of enactment of this Act, conduct an assessment of the benefits of step-down care options for patient care and consideration of payment policy.

STI Screening and Treatment Initiative.—The Committee continues to be concerned with the high rates of sexually transmitted infections (STIs) among young adults and pregnant women. As STIs continue to rise, reaching this vulnerable population is critical to curb the spread of these diseases. The Committee urges CMS to collaborate with the CDC's Division of STD Prevention to develop a screening, treatment, and education initiative under the Medicaid program.

Telehealth and Homelessness.—The Committee recognizes the role that behavioral and mental illnesses play in the homeless population and that telehealth offers a unique possibility to meet these individuals where they are in providing all health services, but particularly for mental health. The Committee encourages CMS to identify and share with States best practices regarding ways in which telehealth and remote patient monitoring can be leveraged through the Medicaid and Medicare programs for the homeless population. This should include identification of barriers to mental health services via telehealth coverage, as well as strategies to address those barriers.

Telehealth for Pediatric ESRD.—The Committee understands that due to the scarcity of pediatric nephrologists and precautions following the COVID-19 pandemic, more children are successfully receiving care for end stage renal disease at home through telehealth technology. However, persistent inequalities in access to broadband and information technology prevent many children from accessing this technology. The Committee requests that, within 120 days of enactment of this Act, the Secretary provide a report on the

usage of telehealth technology for pediatric end stage renal disease patients covered by Medicare and Medicaid during the COVID–19 pandemic, including an analysis of use in HRSA-designated rural counties and designated eligible census tracts in metropolitan counties and HRSA-designated medically underserved areas.

State Survey and Certification

The Committee provides \$472,163,000 for State Survey and Certification activities, which is \$74,829,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. State Survey and Certification supports certifications of Medicare and Medicaid certified health care facilities to ensure that beneficiaries receive care at facilities that meet health, safety, and quality standards required by CMS.

Federal Administration

The Committee provides \$864,000,000 for Federal Administration activities related to the Medicare and Medicaid programs, which is \$91,467,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. Federal Administration funding supports CMS staff, along with operating and administrative expenses for information technology, communication, utilities, rent and space requirements, as well as administrative contracts.

Quality Improvement Organizations.—The Committee does not support the Administration’s proposal to shift personnel costs to the Federal Administration account that have previously been funded by a mandatory appropriation.

HEALTH CARE FRAUD AND ABUSE CONTROL ACCOUNT

Appropriation, fiscal year 2021	\$807,000,000
Budget request, fiscal year 2022	872,793,000
Committee Recommendation	872,793,000
Change from enacted level	+65,793,000
Change from budget request	— — —

The Health Care Fraud and Abuse Control Account (HCFAC) supports activities conducted by CMS, the HHS Office of Inspector General, and the Department of Justice (DOJ). This appropriation includes a base amount of \$317,000,000 and an additional \$555,793,000 through a discretionary budget cap adjustment provided to meet the terms of H. Res. 467. This is \$65,793,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request.

This funding is in addition to other mandatory funding provided through authorizing legislation. The funding will provide resources to continue efforts for Medicaid program integrity activities, for safeguarding the Medicare prescription drug benefit and the Medicare Advantage program, and for program integrity efforts related to these programs carried out by the DOJ.

Senior Medicare Patrol.—The Committee includes \$30,000,000, an increase of \$10,000,000, for the Senior Medicare Patrol program. The Committee continues to include modified bill language to enable the Secretary to fund the Senior Medicare Patrol, which is administered by the Administration for Community Living, from either discretionary or mandatory funds provided to this account.

Health Care Fraud Unit.—These units prosecute health care fraud-related cases involving patient harm or large financial loss to the public fisc. Protecting vulnerable populations and ensuring program integrity lie at the core of their work. The strike force model involves a cross-agency collaborative approach, bringing together both investigative and analytical resources of several Federal agencies, along with the prosecutorial resources of U.S. Attorney’s Offices and state and local law enforcement partners. The Committee includes an increase to expand offices into more areas in the western United States.

ADMINISTRATION FOR CHILDREN AND FAMILIES
PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND
FAMILY SUPPORT PROGRAMS

Appropriation, fiscal year 2021	\$3,039,000,000
Budget request, fiscal year 2022	2,795,000,000
Committee Recommendation	2,795,000,000
Change from enacted level	-245,000,000
Change from budget request	---

The Committee also recommends \$1,300,000,000 in advance funding, as requested, for the first quarter of fiscal year 2023 to ensure timely payments for Child Support Enforcement programs. These programs support State-administered programs of financial assistance and services for low-income families to promote their economic security and self-sufficiency.

LOW INCOME HOME ENERGY ASSISTANCE

Appropriation, fiscal year 2021	\$3,750,304,000
Budget request, fiscal year 2022	3,850,304,000
Committee Recommendation	3,900,304,000
Change from enacted level	+150,000,000
Change from budget request	+50,000,000

The Committee recommends \$3,900,304,000 for the Low Income Home Energy Assistance program, which is \$150,000,000 above the fiscal year 2021 enacted level and \$50,000,000 above the fiscal year 2022 budget request. The Low Income Home Energy Assistance Program (LIHEAP) supports eligible families and households through programs providing assistance with energy costs.

In addition, the Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116–136) included \$900,000,000 and the American Rescue Plan (P.L. 117–2) included \$4,500,000,000 in funding to support eligible families with home energy costs.

Hold Harmless.—While the Committee recognizes that progress has been made in recent years to limit annual decreases in State allocations to no more than three percent of what a State received in the previous year, the Committee continues to believe that all States have unmet needs and that all States benefit from the consistency of annual appropriations when the overall account is unchanged or increased. To correct this volatility and hold States, territories, and Tribes (funded through the States) harmless from annual reductions, the bill includes language directing the Administration for Children and Families (ACF) to distribute, at a minimum, the same amount of funding to each State, territory, and Tribe as was appropriated in the Consolidated Appropriations Act, 2021.

Formula and Allocations Report.—The Committee continues to express strong support for LIHEAP, but remains concerned about the complexities of the LIHEAP formulation process. The Committee strongly urges ACF to explore ways to simplify and automate its funding formula calculations to increase the ability of staff to complete calculations quickly, and administer funding more readily. Given the significant amount of spending dedicated to LIHEAP in fiscal years 2020 and 2021, including emergency funding from the CARES Act (P.L. 116–136) and the American Rescue Plan (P.L. 117–2), the Committee directs ACF to submit, and make publicly available on its website, a report detailing the program’s formula and State allocations for each source of funding from fiscal years 2020 and 2021. ACF is encouraged to include any additional information that may provide context for funding allocations.

REFUGEE AND ENTRANT ASSISTANCE

Appropriation, fiscal year 2021	\$1,910,201,000
Budget request, fiscal year 2022	4,404,947,000
Committee Recommendation	4,504,947,000
Change from enacted level	+2,594,746,000
Change from budget request	+100,000,000

The Office of Refugee Resettlement (ORR) programs are designed to help refugees, asylees, Cuban and Haitian entrants, and trafficking victims become employed and self-sufficient. These programs also provide for care of unaccompanied children in Federal custody and survivors of torture.

Funding for several of the programs within this account is highly dependent on estimates and as such, it is critical that ORR communicate changes to estimated numbers of arrivals and costs as they become available. The Committee directs ORR to provide monthly updates of arrivals each month by category, including refugees, asylees, Cuban and Haitian entrants, Special Immigrant Visas, and unaccompanied children, and to include any updates in estimated funding needs as a result of changes in trends in those categories.

In times of sudden reductions in refugee arrivals, the Committee encourages HHS, to the extent practicable, to ensure that resettlement agencies are able to maintain their infrastructure and capacity at a level to continue to serve new refugees, previously arrived refugees, and other populations of concern who remain statutorily eligible for integration services, and to ensure that there is capacity for future arrivals to be adequately served.

Within the total, the Committee includes the following:

Budget Activity	FY 2022 Committee
Transitional and Medical Services	\$605,000,000
Victims of Trafficking	39,480,000
Refugee Support Services	450,000,000
Unaccompanied Children	3,383,467,000
Survivors of Torture	27,000,000

Transitional and Medical Services

The Committee includes \$605,000,000, which is \$251,000,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. The Transitional and Medical Services (TAMS) program provides grants to States and nonprofit organiza-

tions to provide refugees and other eligible populations with up to eight months of cash and medical assistance.

Victims of Trafficking

The Committee includes \$39,480,000 for the Victims of Trafficking program, which is \$10,725,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. The recommendation includes \$4,500,000 for the National Human Trafficking Hotline.

The Committee encourages ACF to use a portion of increased funding for legal services for victims, increasing funds equally for services for both foreign national victims and U.S. citizen and legal permanent resident victims, consistent with demonstrated need.

Refugee Support Services

The recommendation includes \$450,000,000, which is \$242,799,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. The Refugee Support Services (RSS) program provides formula and competitive grants to States and nonprofit organizations to address barriers to employment and help refugees become self-sufficient.

Unaccompanied Children

The Committee includes \$3,383,467,000 for the Unaccompanied Children (UC) Program, which is \$2,080,222,000 above the fiscal year 2021 enacted level and \$100,000,000 above the fiscal year 2022 budget request. The Committee urges ORR to redesign the UC program with an increased focus on compassionately caring for unaccompanied children in State-licensed, small-scale, and community-based settings, and safely and expeditiously discharging children to vetted sponsors. The Committee is extremely concerned about reliance on expensive, unlicensed facilities when capacity is strained. The Committee appreciates that the increase requested in the budget is intended to avoid continued reliance on unlicensed facilities, but is concerned that budget estimates may not adequately reflect the impact that the COVID-19 pandemic continues to have on State-licensed capacity. The Committee expects HHS to continue to refine estimates as it recovers from the pandemic. The Committee recommends additional funding above the fiscal year 2022 budget request and includes directives in this report for ORR to raise standards of care; expand services for children; rebuild, support and train staff on trauma-informed care; establish an independent office to better serve children in ORR's care; and increase planning for future humanitarian responses at the border.

The Committee recognizes the critical importance of post-release legal and social services and child advocates, and notes that the Congressional Budget Justification did not include sufficient details of ORR's plans for providing such priority services to children in fiscal year 2022. The Committee directs ORR to significantly increase services for children, and includes not less than \$300,000,000, an increase of \$88,000,000 over the fiscal year 2021 enacted level, for legal services, post-release services, and child advocates. The Committee recognizes that increased referrals of children during fiscal year 2021 may require ORR to expend greater sums in fiscal year 2022, and the Committee encourages the pro-

gram to spend additional funds on such services, as necessary, commensurate with referrals from U.S. Customs and Border Patrol (CBP) and the needs of the children, including the need for legal services for children after their release from ORR custody. It is critical that ORR report regularly to the Committee and include in its required spend plans, the number of referrals from CBP, the number of children receiving services from legal service providers, the number receiving post-release legal and social services, and the number who are appointed child advocates, including the number of children on the waitlist for any of these services. The Committee expects ORR to set targets for the number and percentage of children that will be provided such services, and to regularly communicate with the Committee to ensure that the number of children with access to such services significantly increases over fiscal year 2021.

Age-Outs.—The Committee directs ORR to develop tangible post-18 plans for every 17-year-old unaccompanied child in ORR care at least two weeks in advance of their 18th birthday to ensure that an appropriate non-secure placement has been identified for the child, along with any necessary social support services, prior to discharge from ORR.

Bond Hearings and Placement Reviews.—The Committee believes it is incumbent upon HHS to ensure that children’s rights to placement in the least restrictive setting are protected, and strongly supports an unaccompanied child’s right to challenge their placement in restrictive settings in front of the HHS Departmental Appeals Board (DAB) with representation of legal counsel and with an ORR-appointed child advocate. The Committee expects the HHS DAB to ensure that administrative law judges (ALJs) for UC hearings operate separate and apart from all ORR staff who take part in, review, or adjudicate placement of unaccompanied children, and that they will have training and expertise on the Flores Settlement Agreement, the Trafficking Victims Protection Reauthorization Act, and the particular vulnerabilities of unaccompanied children.

In addition, the Committee understands that ORR recently launched a Placement Review Panel (PRP) pilot, with the intent of providing unaccompanied children who are placed in secure and residential treatment center programs a venue by which to request a review of their ORR placement in such facilities. The Committee does not expect this PRP to replace or in any way limit a child’s right to appeal their placement before any U.S. District Court with jurisdiction over the child. However, if the PRP can serve as an additional venue for children to challenge their placement, the Committee expects the participants on the panel to operate separate and apart from ORR staff who take part in, review, or adjudicate placement of unaccompanied children, and requests that ORR brief the Committee within 60 days of enactment of this Act on the role of the PRP, and the distinction between the PRP and the DAB.

Case Management and Community Support Services.—To expand the scope of case management programs and to increase participation in these services, the Committee directs HHS to coordinate with DHS to provide an analysis of existing programs, including existing case management services funded through U.S. Immigration and Customs Enforcement, as well as the recently funded Alternatives to Detention Case Management Pilot Program to provide

these services through FEMA-administered grants to community-based organizations, which will be overseen by the DHS Office for Civil Rights and Civil Liberties. Further, the Committee directs HHS and DHS to explore the feasibility of funding and managing case management services currently offered by DHS through agencies or offices within HHS that serve similar populations and to provide the Committee a briefing within 180 days of enactment of this Act on the results of the analysis and their evaluation, which shall also include a recommendation for the appropriate organizational placement for case management services to serve additional populations through community-based organizations seeking to provide case management and social services focused on fair and equitable outcomes for individuals and families. The briefing shall outline the risks and opportunities associated with existing and proposed programs, and mitigation strategies that could be deployed to address those, along with any funding and staffing impacts.

Child Advocates.—The recommendation includes funding for ORR to expand Child Advocate services and to ensure that child advocates are appointed to particularly vulnerable children, including victims of abuse or trafficking, children 12 years old and younger, children in residential treatment centers, children seeking review of their release or placement, and to children who are expected to remain in ORR custody for prolonged periods of time. The Committee directs ORR to ensure the continued independence of the Child Advocate program from other contracted service providers to avoid any conflicts of interest.

To ensure that child advocates have the visibility and capacity to be appointed to the most pressing cases in ORR custody, the Committee strongly urges ORR to proactively share census data from each facility with child advocates on a consistent basis. Such census should list the names, ages, countries of origins, languages, and lengths of stay of each child in the program, which will help child advocates identify the children in greatest need.

Children in Prolonged Detention.—The Committee continues to direct ORR to submit a report every six months on the number of children who have been in ORR custody longer than a year. Such report should include how long each child has been in ORR custody and a status update on their case, including whether the child has any family or other potential sponsor(s) in the United States and a summary of ORR's efforts to place the child with a sponsor or in a long-term foster care setting. The Committee directs ORR to ensure that a care provider is taking all steps necessary to place every child in a home as expeditiously as possible and that no child is unaccounted for, resulting in prolonged detention.

Communicating with Congress.—The Committee expects HHS to notify the Committee 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.

Community-Based Facilities.—The Committee directs ORR to prioritize new grant or contract funding to small-scale, community-based residential care placements. As ORR adds State-licensed capacity to its network, the Committee expects that no less than 50 percent of beds added to the network be in small-scale shelters, transitional foster care, small group homes, or long-term foster

care. The Committee further directs ORR to ensure there is an adequate supply of long-term foster care beds in the network to minimize the time it takes for a child to be moved to this least restrictive placement. Finally, ORR is directed to notify the Committee prior to all new funding opportunity announcements, grant or contract awards, or plans to release or acquire property.

Facility Oversight.—The Committee expects ORR to maintain strict oversight of all ORR-funded care provider facilities and to correct violations of Federal, State or local codes related to the standards of childcare or the well-being of children, as well as violations of ORR policies and procedures, or any requirements as listed in the Flores Settlement Agreement, regardless of the status of the underlying agreement. The Committee directs ORR to submit, within 60 days of enactment of this Act, an updated version of the report submitted to the Committee pursuant to House Report 115–862. The updated report should include new or updated information on facility violations, and any systemic trends in noncompliance, along with efforts to remedy noncompliance across the provider facility network.

Humanitarian Response Operating Plan.—The Committee recognizes the challenges that ORR has with quickly adding personnel and building capacity to meet demands during significant increases of unaccompanied children at the border. The Committee directs HHS and ORR to coordinate with DHS, FEMA, CBP, USCIS, and relevant stakeholders to develop a Humanitarian Response Operating Plan for how priority personnel from across the government, in coordination with national and local non-government organizations, can be rapidly deployed to the southern border as necessary during migration surges. The plan should assess the existing capabilities and capacity of HHS, DHS, and relevant stakeholders to provide the specialized services necessary to prioritize the welfare of children while they are in government custody, and to avoid unnecessary delays in releasing children safely to vetted sponsors. The plan should identify mechanisms for participating Federal agencies to identify and quickly deploy, in coordination with affected State and local jurisdictions and national and local non-government humanitarian organizations, priority personnel licensed in case management, social work, and child welfare, along with an estimate of the funding requirements associated with such deployments. The Committee expects any groups identified as potential deployment resources to be trained in providing trauma-informed care.

In developing the plan, HHS and DHS should consult with experienced caseworkers, social workers, and child welfare experts to incorporate best practices into the plan. The Committee directs HHS to submit the plan to the Committee within 180 days of enactment of this Act, and to update it annually to reflect new information and lessons learned. As part of the plan, the Committee requests a cost estimate for the resources necessary to keep identified personnel sufficiently trained, to fund rapid deployments to the border, and to have emergency case management contracts or grants available to deploy additional case managers or other priority services.

In-Kind Donations.—The Committee continues to request ORR include information on the use of this provision in future Congress-

sional Budget Justifications, including examples of donations that are offered, donations that are accepted, and donations that care providers believe they cannot accept.

Legal Services.—The Committee supports the continued expansion of independent legal services for unaccompanied children and notes that services provided by qualified and independent legal counsel to unaccompanied children can increase the efficiency and effectiveness of immigration proceedings, significantly reduce the failure-to-appear rate of children who are released from HHS custody, and help relieve the immigration court backlog. The recommendation includes funding and direction for ORR to ensure in-person “Know Your Rights” and legal screenings for every child in custody, and for the continued expansion of direct representation for released unaccompanied children. Post-release direct representation shall be made available to children up to funded capacity, without restrictions related to age while in ORR care; release date; estimated time to conclude a case; or other characteristics, provided the representation is initiated while the individual is still a minor.

In addition, the Committee strongly encourages ORR to work with legal service providers to develop a strategy to minimize the risks of any child having to go to immigration court without independent legal counsel. Within the amount for services for children, the recommendation includes \$5,500,000 for legal service providers to recruit and train additional attorneys for the purposes of building the capacity necessary to provide independent representation to unaccompanied children with pending immigration cases.

Mental Health Services.—The Committee appreciates the steps that ORR has taken to improve mental health services for children in its custody, and urges expansion of such services, including contracting with governmental and non-governmental entities, while instituting policies that prevent disclosure of this information to immigration enforcement officials. These services shall include mental health services which are developmentally appropriate for children and which assist staff to respond to trauma based on age and the nature of the trauma given the diversity of children in custody.

In response to the growing number of children with specialized needs in ORR custody, including children under 12, children with disabilities, and children with mental health needs, the Committee expects ORR to further expand mental health services and the use of other interventions, in consultation with context-focused specialists and experts in early childhood development, the needs of children with disabilities, mental health, child trauma and immigration trauma, and to provide in-person and continuous training to ORR-contracted staff on these specialized needs. Further, the Committee directs ORR to work with residential care service providers, child welfare experts, and other stakeholders with relevant expertise to ensure compliance with Federal, State and local codes related to the standards of care or the well-being of young children and children with disabilities, and to develop policy guidelines regarding residential care and specialized, trauma-informed practices for the groups of children listed in this paragraph, including regarding appropriateness of residential treatment centers as a form of residential care. The Committee directs ORR to include in its fiscal year 2023 Congressional Budget Justification information on

these efforts, including details and metrics on the types of training offered to staff to ensure appropriate care is available for young children, children with disabilities, and children with mental health needs.

Non-Parental Relatives.—The Committee recognizes that a number of children referred to ORR from CBP as unaccompanied were traveling with a non-parental relative, and believes there may be opportunities to collaborate with DHS in order to significantly reduce the amount of time a child may be separated from a family member. The Committee directs HHS, in coordination with DHS, to develop a mechanism for reporting the number of children who were processed by CBP with adults claiming a relationship as non-parental relatives but referred to ORR as unaccompanied. The Committee directs ORR to submit a report within 120 days of enactment of this Act proposing any process changes, IT modifications, or authorities that would be necessary for ORR to regularly report the number of children referred from CBP who were processed with Category 2a or 2b relatives, and for HHS and ORR case managers to have the visibility necessary to locate, with DHS cooperation, a non-parental relative that arrived with a child at the border so that HHS can begin the process of verifying the relationship and assessing that adult for sponsor suitability.

Office of the Ombudsperson.—The Committee directs ORR to establish an Office of the Ombudsperson within HHS to act as an advocate for upholding the rights of immigrant children in custody, and to independently advise the Secretary on the challenges of, and ways to systemically evaluate, refocus and rebuild, the UC program. The Office shall be headed by an Ombudsperson, who should have demonstrated experience in immigration law and child advocacy or child welfare, and shall be appointed by, and report directly to the Secretary of HHS. The Committee requests a briefing within 120 days of enactment of this Act on a strategy for establishment of such an Office, including any actions the Secretary will take to position the Ombudsperson within ORR in such a way that does not duplicate existing functions of other independent offices, including the Office of Inspector General and the Office of Civil Rights.

The Ombudsperson shall have access to information on unaccompanied children in HHS's care in order to identify trends or to further investigate cases that may need additional resources in order to shorten a child's length of stay. Additionally, the Ombudsperson shall have access to facilities data, reviews, and recommendations of the HHS Office of Inspector General, in order to investigate systemic issues or improvements of facilities or grantees. The Committee urges the Ombudsperson to regularly meet with stakeholders, to ensure they are aware of stakeholder concerns and priorities, and to provide feedback on stakeholder requests.

The Committee directs the Ombudsperson to submit a report to Congress no less than once each fiscal year on the accomplishments and challenges of the UC program, highlighting trends and recommendations for future actions and improvements, and outlining the activities of the Ombudsperson for the next fiscal year.

Operational Directives and Field Guidance for Safe, Expeditious Discharge.—The Committee believes the operational directives issued in response to the previous Administration's misguided Memorandum of Agreement (MOA) on Information Sharing re-

duced the damage that had been done to the sponsor suitability determination process and appropriately reduced the length of time children spent in ORR's care. The Committee expects ORR to retain and improve on such policies to place children safely and expeditiously with vetted sponsors. The Committee recognizes that ORR has issued a series of field guidance documents to its care provider network to further expedite safe discharge to sponsors. The Committee directs ORR to continue to review any policies that may be prolonging a child's stay in custody, including those related to the sponsorship review process, and to work with child welfare experts as it continues to evaluate ways to safely reduce a child's time in care.

Policies for Engaging with Law Enforcement.—The Committee believes that it is critical for ORR to have policies in place for staff to use for when it is appropriate to contact local law enforcement, as well as policies that stipulate how local law enforcement should engage with children in ORR's care to ensure that those interactions account for the trauma a child might be facing. The Committee urges ORR to create and make publicly available the policies and procedures for staff and children's interactions with local law enforcement.

Post-Release Services.—The Committee includes an increase in funding for post-releases services to enhance and extend case management services to more children to assist them with school enrollment; access to legal services, health care, mental health and community services; and to provide counseling to the child and families in the initial period after release. The Committee urges ORR to engage with current family reunification service providers, post-release service providers, and recently released children and sponsors to discuss needed services, the length of services, and how to improve coordination between shelters, providers and other community services providers, to help evaluate the current program, and to identify new risks and opportunities for improvement.

In addition to children already designated under law or policy to receive such services, the Committee encourages ORR to ensure that all pregnant or parenting teens, children whose primary language is neither English nor Spanish, as well as children who faced separation from a parent or legal guardian at the U.S.-Mexico border, are referred for post-release services. ORR should arrange for such services to be provided by non-governmental organizations with experience and expertise in working with these children. The Committee requests ORR develop and make public on its website the criteria for how children are prioritized for post-release services, and the number of children receiving services in each fiscal year.

Protection of Genetic Information.—The Committee continues to prohibit any governmental agency or private entity from accessing, using, or storing any genetic material, data, or information collected in this reunification effort, including for the purpose of criminal or immigration enforcement. Any genetic material, data, or information obtained by a government agency or private entity should be destroyed after testing and the probability of a genetic relationship is calculated. The entities conducting DNA testing shall obtain the consent of any individual over age 18 prior to testing, and shall make every effort to obtain the consent of a guardian

prior to testing anyone under age 18. The Committee requests ORR continue to include in its annual Congressional Budget Justification the steps it is taking to protect the privacy and genetic material and data of individuals who are being tested as part of reunification efforts.

Separated Families Services Fund.—The Committee strongly supports the mission and efforts of the Interagency Task Force on the Reunification of Families and includes \$30,000,000, as requested, to support ongoing mental health and other supportive services for children, parents, and legal guardians who were separated at the U.S.-Mexico border under the previous administration.

Spend Plan.—The bill includes a general provision requiring the Secretary of HHS to continue to submit a comprehensive spend plan to the Committee every 60 days. The plan should continue to include a report on facilities, by facility type, including facility-specific data including number of licensed beds; operating status (open or not yet open); whether a facility is operated by a for-profit or non-profit company; and the availability of such facilities to legal, medical and social service resources.

Tender Age Children.—The Committee directs ORR to include in the fiscal year 2023 Congressional Budget Justification information on efforts to ensure developmentally appropriate care is available for tender age children. The justification should detail how placement options, services, and staff training are tailored for tender age children, as well as an assessment of the circumstances under which very young children are referred to ORR.

Unlicensed Facilities.—The Committee notes that HHS has significantly expanded its unlicensed shelter capacity as high numbers of children have sought protection at the Southern border and amid ongoing challenges posed by the COVID-19 pandemic. The Committee recognizes and shares HHS's commitment to ensuring that unaccompanied children are not subject to prolonged detention in U.S. Customs and Border Protection (CBP) facilities—however, the Committee continues to have serious concerns about HHS's continued reliance on unlicensed facilities, including “emergency intake sites”, that lack critical services and safeguards. The Committee strongly supports the medical, psychological, and child welfare advocacy communities in their compelling arguments against, and well-founded reasons to limit, the use of any unlicensed facilities, especially large capacity shelters where a substantial number of children reside in the same room. The Committee directs ORR to submit, within 30 days of enactment of this Act, its plan for discontinuing use of any open unlicensed facilities, including the anticipated closure dates for each unlicensed facility, and the target dates by which each such facility will comply with required standards while in use.

The Committee expects ORR to adopt systemic changes to eliminate future reliance on unlicensed facilities and directs ORR to ensure sufficient bed capacity for unaccompanied children in permanent, small, State-licensed shelters, group homes, and transitional and long-term foster care. The Committee directs ORR to submit a report within 180 days of enactment of this Act on strategies ORR can pursue to ensure that ORR maintains access to, and can expeditiously activate as necessary, sufficient licensed bed capacity to serve unaccompanied children during periods of higher referrals

or emergencies. The report should also assess ORR’s ability to address any staffing issues, or add case management and other priority services for children placed in reactivated licensed settings.

Survivors of Torture

The Committee includes \$27,000,000 for the Survivors of Torture program, which is \$10,000,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. The program funds non-profit organizations providing healing and support services to refugees, asylees and asylum seekers, who need help overcoming the effects of torture.

PAYMENTS TO STATES FOR THE CHILD CARE AND DEVELOPMENT
BLOCK GRANT

Appropriation, fiscal year 2021	\$5,911,000,000
Budget request, fiscal year 2022	7,377,000,000
Committee Recommendation	7,377,000,000
Change from enacted level	+1,466,000,000
Change from budget request	---

The Committee recommends \$7,377,000,000 for the Child Care and Development Block Grant (CCDBG) program, which is \$1,466,000,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. The Committee strongly supports the commitment in the budget to allot three percent for Indian Tribes, in addition to the \$177,330,000 set-aside included in the accompanying bill. The CCDBG provides funds according to a formula to States, territories, and Tribes to provide financial assistance to help low-income working families and families engaged in training or education activities access child care and to improve the quality of child care for all children.

In addition, the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act (P.L. 116–260) included \$10,000,000,000 and the American Rescue Plan (P.L. 117–2) included \$39,000,000,000 in CCDBG funding to support children, families, and child care providers during the pandemic, and to stabilize the child care industry with flexible funding that could be used for personnel costs, rent, cleaning supplies, and mental health support for children and staff.

Assistant Secretary for Planning and Evaluation/CCDBG Eligibility and Receipt.—The Committee expects HHS ASPE to provide and make publicly accessible updated annual estimates and factsheets of Child Care Eligibility and Receipt under Federal and State rules as promptly as practicable. Within six months of enactment of this Act, the Committee directs ASPE to post on its website estimates and factsheets for fiscal year 2018, along with a timeline for when the agency intends to provide updates for 2019 and subsequent years.

Child Care Facilities Needs Assessment.—The Committee appreciates that ACF is in the process of conducting a feasibility study to determine how States could conduct needs assessments of their child care and early education facilities. The Committee directs ACF to continue to dedicate a portion of Federal CCDBG research funding (42 U.S.C. 9858m) as it evaluates possible methodologies for conducting facilities needs assessments and prepares cost estimates for the funding that would be necessary for experts to con-

duct Statewide needs assessments. As part of that evaluation, the Committee expects the Office of Child Care (OCC) to engage with key experts and stakeholders who have worked on recent facilities standards reports, conducted Statewide facilities needs assessments, and who have experience in conducting Statewide needs assessments or working on child care and early childhood education facilities issues. OCC shall brief the Committee on its findings as soon as practicable, and include the recommended methodology, along with the resources that would be necessary to fund such Statewide needs assessments in the fiscal year 2023 Congressional Budget Justification.

The Committee encourages HHS to coordinate with the Department of Housing and Urban Development and the Bureau of Indian Affairs as it assesses the child care infrastructure and early learning needs in underserved rural and tribal communities, including for Head Start and early Head Start facilities. Further, the Committee encourages HHS to consult with the Department of Agriculture Rural Development, Small Business Administration, and the Department of Treasury Community Development Financial Institutions Fund, on potential opportunities to leverage resources available to bolster early childhood learning and development in rural America.

Child Care Relief and Recovery GAO Study.—The Committee directs GAO to study the State implementation of the various coronavirus relief and recovery packages to identify long-term strategies for improving the child care industry and supporting child care businesses including the use of grants and/or contracts, improving payment practices, and strategies to recruit and retain the workforce.

Homelessness Data.—The Committee encourages OCC to provide technical assistance to States to improve the quality and completeness of the data States are required to collect on the homelessness status of children receiving childcare subsidies. The Committee expects OCC to annually publish on its website data gathered regarding homelessness status and related demographic data.

SOCIAL SERVICES BLOCK GRANT

Appropriation, fiscal year 2021	\$1,700,000,000
Budget request, fiscal year 2022	\$1,700,000,000
Committee Recommendation	1,900,000,000
Change from enacted level	+200,000,000
Change from budget request	+200,000,000

The Social Services Block Grants provides grants to States by formula. States have the flexibility to determine what services and activities are supported, provided they are targeted at a broad set of goals, including reducing or eliminating poverty, achieving or maintaining self-sufficiency, and preventing neglect, abuse, or exploitation of children and adults.

In addition, the bill includes \$200,000,000 for the purposes of creating a diaper distribution grant program, to provide much-needed resources to social service agencies or other non-profit organizations specifically for diaper and diapering supply needs.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Appropriation, fiscal year 2021	\$13,040,511,000
Budget request, fiscal year 2022	14,902,760,000
Committee Recommendation	15,232,981,000
Change from enacted level	+2,192,470,000
Change from budget request	+330,221,000

The Children and Families Services programs fund activities serving children, youth, families, the developmentally disabled, Native Americans, victims of child abuse and neglect and domestic violence, and other vulnerable populations.

The Committee recommends the following amounts:

Budget Activity	FY 2022 Committee
Programs for Children, Youth, and Families:	
Head Start	\$12,182,095,000
Preschool Development Grants	450,000,000
Runaway/Homeless Youth	126,787,000
Abuse of Runaway Youth Prevention	23,000,000
State Child Abuse Prevention	125,000,000
Discretionary Child Abuse Prevention	42,000,000
Community-based Child Abuse Prevention	90,000,000
Child Welfare Services	275,000,000
Child Welfare Training	121,000,000
Adoption Opportunities	46,100,000
Adoption Incentives	75,000,000
Social Services/Income Maintenance Research	9,512,000
Native American Programs	65,000,000
Community Services:	
Community Services Block Grant	800,000,000
Community Economic Development	23,000,000
Rural Community Facilities	11,000,000
Domestic Violence Hotline	25,780,000
Family Violence/Battered Women's Shelters	463,450,000
Independent Living Training Vouchers	48,257,000
Disaster Human Services Case Management	4,000,000
Program Direction	227,000,000

Head Start

The Committee recommends \$12,182,095,000 for the Head Start program, which is \$1,434,000,000 above the fiscal year 2021 enacted level and \$250,000,000 above the fiscal year 2022 budget request. Head Start and Early Head Start promote school readiness of children under 5 from low-income families through education, health, social and other services.

Cost of Living Adjustment.—The Committee recommends \$234,000,000 for a cost-of-living adjustment.

Early Head Start (EHS) Expansion and Early Head Start-Child Care (EHS-CC) Partnerships.—The Committee provides \$750,000,000 to expand Head Start and Early Head Start programs for eligible children and families. The Committee understands that the EHS-CC Partnership grant program was designed to enhance the quality of child care to better meet the needs of working families, and supports the program's appreciation for how Head Start can be critically helpful to meeting those needs. However, the Committee is aware of certain communities for which there are significant barriers to establishing the EHS-CCP model and expects grants for EHS expansion or EHS-CC partnerships to be awarded based on the unique needs of each community with due consideration of local feasibility. The Committee requests a briefing within

45 days of enactment of this Act on how the Office of Head Start intends to award EHS expansion funding, including EHS–CCP funds, without making awards based on a predetermined spending level, and in a way that does not disadvantage communities where EHS–CCP is infeasible. The Committee urges OHS to ensure that the program is not expanded in a way that excludes children and babies whose parents do not qualify for child care, or pregnant women.

The Committee continues to direct ACF to include in the fiscal year 2023 Congressional Budget Justification and each Congressional Budget Justification thereafter, the actual and estimated number of funded slots for each of the following: Head Start, EHS, and EHS–CC Partnerships.

Extended Duration.—The Committee understands the need for Head Start programs to offer longer hours of service to better align with K–12 schedules and support working parents, and includes \$200,000,000 for programs to expand program hours of service consistent with the 2016 Head Start Program Performance Standards.

Migrant and Seasonal Head Start (MSHS) Eligibility Requirements.—The Committee remains concerned about how enrollment and eligibility requirements for the MSHS program may act as barriers for low-income farmworker families seeking MSHS services. The Committee reiterates the need for the report on the Impact of the Federal Poverty Guideline, as requested in House Report 116–450, including the section examining how such requirements may be affecting MSHS. The Committee expects the OHS to brief the Committees on the findings and recommendations of that report as soon as practicable, but not later than 30 days after enactment of this Act, so that it can continue to discuss possible solutions to expand access to such families.

In addition, the Committee is concerned that families applying for MSHS services may be deemed ineligible based on the disruption to the lives of agricultural workers as a result of the COVID–19 pandemic. The Committee understands that several flexibilities exist with regard to how a farmworker can demonstrate eligibility for MSHS programs, and directs OHS to issue guidance within 30 days of enactment of this Act on the flexibilities MSHS programs can offer farmworker families with regard to demonstrating income eligibility, or residency, if they were unable to migrate as a result of the pandemic.

Most Vulnerable Communities GAO Study.—The Committee directs GAO to conduct a study identifying whether Head Start meets the needs of the most vulnerable children and communities around the country, or whether flexibility could be given in order to allocate funds to communities, age groups, or families that are in greatest need around the country.

Quality Improvement Funding for Trauma-Informed Care.—The Committee continues to recognize that children affected by trauma face significant challenges that require specialized care. The Committee provides \$250,000,000 in quality improvement funding for programs to increase services for mental health professionals to provide expert care and counseling to families and the Head Start workforce; provide staff training on trauma-informed approaches to service delivery; and add staff to Head Start classrooms.

Supporting Families.—The Committee strongly supports Head Start’s efforts to support families’ well-being and economic security by partnering with parents on employment, education, and career goals. The Committee encourages programs to invest in parents through parent-to-teacher training programs, partnerships with local community colleges, apprenticeship programs, and local employers committed to helping Head Start and Early Head Start families find meaningful employment and career tracks.

Tribal Colleges and Universities–Head Start Partnership Program.—The Committee recommends \$8,000,000 for the Tribal Colleges and Universities (TCU)-Head Start Partnership Program.

Preschool Development Grants

The Committee recommends \$450,000,000 for Preschool Development Grants, which is \$175,000,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. This program provides grants to States to build State and local capacity to provide preschool for 4-year-olds from low- and moderate-income families.

Runaway and Homeless Youth

The Committee recommends \$149,787,000 for the Runaway and Homeless Youth (RHY) program, which is \$13,007,000 above the fiscal year 2021 enacted level and \$4,800,000 above the fiscal year 2022 budget request.

The Committee supports the ability of grantees to provide prevention services regardless of enrollment in residential services, and urges the program to remind grantees that they are not required to enroll a young person in shelter or residential services, nor require the young person to physically travel to the grantee’s location, in order for the young person who is deemed at risk of running away or becoming homeless to be eligible to receive prevention and supportive services, including counseling and case management.

The program is encouraged to notify applicants if grant applications were successful at least 30 days before the grant is to begin, or no less than 30 days before an existing grant is set to end.

The Committee strongly urges the program to ensure that service delivery and staff training comprehensively address the individual strengths and needs of youth, as well as be language appropriate, gender appropriate (interventions that are sensitive to the diverse experiences of male, female, and transgender youth and consistent with the gender identity of participating youth), and culturally sensitive and respectful of the complex social identities of youth (i.e., race, ethnicity, nationality, age, religion/spirituality, gender identity/expression, sexual orientation, socioeconomic status, physical or cognitive ability, language, beliefs, values, behavior patterns, or customs). The Committee strongly believes that no runaway youth or homeless youth should be excluded from participation in, be denied the benefits of, or be subject to discrimination under, any program or activity funded in whole or in part under the Runaway and Homeless Youth Act, based on any of the conditions outlined in this paragraph.

State Child Abuse Prevention

The Committee recommends \$125,000,000 for Child Abuse Prevention and Treatment Act (CAPTA) State Grants, which is \$34,909,000 above the fiscal year 2021 enacted level and \$5,000,000 above the fiscal year 2022 budget request.

Child Abuse Discretionary Activities

The Committee recommends \$42,000,000 for Child Abuse Discretionary Activities, which is \$7,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request.

Child Abuse Hotline.—The Committee recommends \$2,000,000 to support and expand a national child abuse hotline, to increase outreach efforts and provide additional resources and intervention through multiple modalities, including chat, text, and call, to youth and concerned adults facing child abuse and neglect.

The Committee encourages ACF to continue evaluating and sharing text and chat best practices in appropriate communication, identity verification, privacy protection, and resource sharing with other national hotlines.

National Child Abuse and Neglect Data System (NCANDS).—The Committee continues to encourage HHS to explore the feasibility of including a category of animal abuse to the caregiver characteristics and environmental factors fields in NCANDS as an additional factor that could place a child at risk for maltreatment.

Trauma-Informed Interventions.—The Committee includes \$5,000,000 for a demonstration project related to the implementation of a new and innovative approach to serving children in foster care by providing trauma-informed interventional programming, including evidence-based clinical services, foster parent training and curriculum, volunteer support services for foster parents, positive biological and birth family engagement to enhance family reunification, enrichment activities for the children and trauma-informed systems work. Eligible applicants should be nonprofit organizations with a demonstrated experience working with children in foster care who have experienced severe trauma. Applicants shall include Institutional Review Board-approved research supported by content area and epidemiological experts. The project should report regularly to ACF on findings, outcomes, and recommendations regarding sustainable funding and replicable programmatic models.

Community-Based Child Abuse Prevention

The Committee recommends \$90,000,000 for Community-Based Child Abuse Prevention, which is \$29,340,000 above the fiscal year 2021 enacted level and \$10,000,000 above the fiscal year 2022 budget request. These formula grants support community-based approaches to child abuse and neglect prevention.

The Committee believes that communities can help build strong families and improve their capacity to nurture the healthy development of their children by providing ready access to online information about the full range of public and private resources available to them. The Committee encourages ACF to provide technical assistance to State lead agencies on how they may use funds provided under this account to help local governments and communities to develop (or maintain) websites that provide current and regularly updated information on family, youth, and community resources,

including programs and services provided through nonprofits; community organizations; the Federal Government; and State and local governments.

Child Welfare Research, Training and Demonstration

The Committee recommends \$121,000,000 for the Child Welfare Research, Training and Demonstration program, which is \$102,016,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. This program awards competitive grants to entities that prepare personnel for work in the child welfare field and those engaged in research around child welfare issues.

Addressing Racial Inequity in the Child Welfare System.—The Committee recognizes the need for reforms in the child welfare system, and supports the request to provide \$100,000,000 for a new competitive grant program to address racial inequity in the child welfare field and reorient systems towards a prevention-first model. This funding would allow State, local, and tribal child welfare agencies to partner with other government and community stakeholders across the education, health, human services, and early childhood sectors to advance comprehensive policy and practice reforms focused on advancing racial equity and safely reducing the number of children entering foster care, particularly in communities over-represented in the child welfare system.

Child Advocacy Studies Training.—The Committee continues to support enhancing Statewide multi-disciplinary child advocacy studies training through undergraduate and graduate curricula to improve training in how to prevent, identify, and respond to incidences of child abuse.

Child Protection Simulation Training.—The Committee provides an additional \$2,000,000 to fund partnerships with child protection simulation training laboratories that have established capabilities and State partnerships, and that provide in-person and online, trauma-informed, evidence-based training. Funding may be used to provide logistical and other support for personnel and program development and expansion.

Race Equity in the Child Welfare Workforce.—The Committee supports efforts to increase the hiring, retention, and leadership development of a racially diverse workforce at all levels of public and private child welfare agencies and provides an additional \$2,000,000, as requested.

Adoption Opportunities

The Committee recommends \$46,100,000 for the Adoption Opportunities program, which is \$2,000,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. This program funds competitive grants and contracts to public and private organizations to remove barriers to adoption and to provide permanent homes for children who would benefit from adoption, particularly children with special needs.

The recommendation includes \$1,000,000 for the National Adoption Competency Mental Health Training Initiative and encourages the program to institutionalize its curriculums as the standard for consistent training in all State child welfare agencies.

Social Services Research and Demonstration

The Committee recommends \$9,512,000 for Social Services and Income Maintenance Research, which is \$2,000,000 above the fiscal year 2021 enacted level and \$1,000,000 above the fiscal year 2022 budget request.

Native American Programs

The Committee recommends \$65,000,000 for Native American Programs, which is \$7,950,000 above the fiscal year 2021 enacted level and \$4,527,000 above the fiscal year 2022 budget request. These programs assist tribal and village governments and Native American institutions and organizations in their efforts to support and develop stable, diversified local economies. Tribes and non-profit organizations use funds to develop and implement sustainable community-based social and economic programs and services to improve the well-being of Native people.

Within the total, the recommendation includes no less than \$15,000,000 for Native American language preservation activities, including not less than \$10,000,000 for language immersion programs as 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.

Community Services Programs

Community Services Block Grant.—The Committee recommends \$800,000,000 for the Community Services Block Grant (CSBG), which is \$55,000,000 above the fiscal year 2021 enacted level and \$46,100,000 above the fiscal year 2022 budget request. The CSBG provides funds to alleviate the causes and conditions of poverty in communities.

Community Economic Development.—The Committee recommends \$23,000,000 for Community Economic Development, which is \$2,617,000 above the fiscal year 2021 enacted level and \$1,394,000 above the fiscal year 2022 budget request. Community Economic Development is a grant program which funds Community Development Corporations seeking to address the economic needs of low-income individuals and families through the creation of sustainable business development and employment opportunities.

The Committee understands that the COVID–19 pandemic may have resulted in project delays and that funds previously awarded and available to grantees may have since been cancelled. The Committee encourages the program to prioritize funding to applicants seeking reimbursement for projects for which funding had been obligated but not expended, and has since been returned to the U.S. Treasury.

Rural Community Facilities Development.—The Committee recommends \$11,000,000 for the Rural Community Facilities Development program, which is \$1,000,000 above the fiscal year 2021 enacted level and \$400,000 above the fiscal year 2022 budget request. Rural Community Development is a grant program that works with regional and tribal organizations to manage safe water systems in rural communities.

Domestic Violence Hotline

The Committee recommends \$25,780,000 for the Domestic Violence Hotline, which is \$12,780,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. The Hotline provides 24-hour, toll-free and confidential services immediately connecting callers to local service providers.

The Committee believes The Hotline may be well positioned to support people that reach out and indicate that they have caused harm, and in doing so, may be able to play a critical part of ending the cycle of abuse and ultimately decreasing rates of domestic violence. The recommendation includes \$1,000,000 for a pilot project to explore best practices, intervention, and prevention methods, and establish a hotline to reduce incidents of domestic violence by addressing people that cause harm.

Family Violence Prevention and Battered Women's Shelters

The Committee recommends \$463,450,000 for the Family Violence Prevention and Battered Women's Shelters programs, which is \$280,950,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. The Family Violence Prevention and Services Act programs provide funding to support the prevention of incidents of family violence, domestic violence, and dating violence, and provide the immediate shelter and supportive services for adult and youth victims (and their dependents).

Access to Integrated Health Care Services.—The Committee supports the proposal to partner health care providers with domestic violence service providers to provide families with access to primary health care, vaccinations, and behavioral health services at a local shelter, transitional housing program, or safe home. The recommendation includes \$20,000,000, as requested, for demonstration grants and technical assistance for local domestic violence programs and Tribes to provide access to integrated health care services, including mobile health units for families experiencing domestic violence who are living in shelters or placed in temporary housing within their local communities.

Culturally Specific Services for Domestic Violence and Sexual Assault.—The Committee recognizes that current public health and social pandemics have disproportionately impacted communities of color, leaving women and girls of color more vulnerable to incidents of domestic violence and sexual assault, and yet survivors of color have limited access to services that incorporate culturally specific healing modalities by providers who reflect their cultural community. The Committee believes that the needs of women of color intersect with broader public health and social issues including access to health care, transportation, safe and affordable housing, and economic equity, and includes \$35,000,000 for culturally specific organizations of color to develop or enhance appropriate services that are specific to their community.

National Domestic Violence Prevention Action Plan.—The Committee recognizes that the fiscal year 2022 Congressional Budget Justification invests in efforts to end gender-based violence across multiple Federal agencies, and notes that the United Nations has urged countries to adopt national action plans to combat gender-based violence and violence against women, including domestic violence. The Committee directs ACF to coordinate with CDC to cre-

ate a National Domestic Violence Prevention Action Plan to expand, intensify, and coordinate domestic violence prevention efforts among Federal, State, local, and tribal government agencies and with other relevant stakeholders to ensure a whole-of-government, goal-oriented, community-informed, forward looking approach in addressing domestic violence prevention in the U.S. and report the plan to the Committee no later than one year after enactment of this Act.

Native Hawaiian Resource Center on Domestic Violence.—Within the recommendation, the Committee includes \$1,000,000 for a Native Hawaiian Resource Center on Domestic Violence to support the prevention of incidents of family violence, domestic violence, and dating violence, and provide the immediate shelter and supportive services for adult and youth victims in Native Hawaiian communities.

Program Direction

The Committee recommends \$227,000,000 for Program Direction, which is \$19,500,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request.

PROMOTING SAFE AND STABLE FAMILIES

Appropriation, fiscal year 2021	\$427,515,000
Budget request, fiscal year 2022	451,000,000
Committee Recommendation	451,000,000
Change from enacted level	+23,485,000
Change from budget request	---

The Committee recommends \$345,000,000 in mandatory funds and \$106,000,000 in discretionary funds for the Promoting Safe and Stable Families program. This program enables each State to operate a coordinated program of family preservation services, community-based family support services, time-limited reunification services, and adoption promotion and support services. States receive funds based on their share of children in all States receiving food stamp benefits.

The recommendation includes \$30,000,000 for formula grants to States and tribal agencies operating title IV–E programs to develop, enhance, or evaluate Kinship Navigator programs, and \$7,000,000 for Regional Partnership Grants (RPGs), as requested. In addition, the Committee provides \$9,000,000 for the Prevention Services Clearinghouse and to support evaluation and technical assistance relating to the evaluation of child and family serving programs and services.

PAYMENTS FOR FOSTER CARE AND PERMANENCY

Appropriation, fiscal year 2021	\$7,011,538,000
Budget request, fiscal year 2022	6,963,000,000
Committee Recommendation	6,963,000,000
Change from enacted level	-48,538,000
Change from budget request	---

The Committee also recommends an advance appropriation of \$3,200,000,000 for the first quarter of fiscal year 2023 to ensure timely completion of first quarter grant awards.

Adoption and Foster Care Analysis and Reporting System (AFCARS) Data Elements.—The Committee believes that collecting LGBTQ and Indian Child Welfare Act (ICWA) data would help

HHS track and improve outcomes for foster youth and families living at the intersections of race, sexual orientation, gender, and tribal affiliation and encourages HHS to incorporate LGBTQ and ICWA data elements into AFCARS.

Mental Health Screenings for Foster Youth.—The Committee recognizes that States are required to develop a plan for the ongoing oversight and coordination of health care services for any child in a foster care placement and emphasizes the importance of including mental health as part of these screenings within the first 30 days of entering foster care. The Committee urges HHS to provide technical assistance to States as they incorporate mental health screenings into State oversight plans.

ADMINISTRATION FOR COMMUNITY LIVING

AGING AND DISABILITY SERVICES PROGRAMS

Appropriation, fiscal year 2021	\$2,206,000,000
Budget request, fiscal year 2022	2,953,665,000
Committee Recommendation	3,047,414,000
Change from enacted level	+841,414,000
Change from budget request	+93,749,000

Created in 2012, the Administration for Community Living (ACL) brings together the efforts and achievements of the Administration on Aging, the Administration on Intellectual and Developmental Disabilities, and the HHS Office on Disability to serve as the Federal agency responsible for increasing access to community supports, while focusing attention and resources on the unique needs of older Americans and people with disabilities across the lifespan.

The Committee continues to fund the Senior Medicare Patrol Program through the Health Care Fraud and Abuse Control Account.

Home and Community-Based Supportive Services

The Committee recommends \$550,574,000 for Home and Community-Based Supportive Services, which is \$158,000,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. This program provides formula grants to States and territories to fund a wide range of social services that enable seniors to remain independent in their homes for as long as possible.

Preventive Health Services

The Committee recommends \$31,339,000 for Preventive Health Services, which is \$6,491,000 above the fiscal year 2021 enacted level and \$5,000,000 above the fiscal year 2022 budget request. This program funds activities that help seniors remain healthy and avoid chronic diseases.

Protection of Vulnerable Older Americans

The Committee recommends \$34,944,000 for activities to protect vulnerable older Americans, which is \$11,286,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. These programs provide grants to States for protection of vulnerable older Americans through the Long-Term Care Ombuds-

man and Prevention of Elder Abuse and Neglect programs. The Committee provides an \$11,000,000 increase to the Long-Term Care Ombudsman program, as requested, to build on funding provided in the American Rescue Plan, to safely transition State Long-Term Care Ombudsman programs from virtual back to in person contact and visitation in facilities, and to expand coverage to other residential care facilities.

Family Caregiver Support Services

The Committee recommends \$249,936,000 for the National Caregiver Support program, which is \$61,000,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. This program offers a range of support services to family caregivers, including assistance in accessing services such as respite care, counseling, support groups, and caregiver training.

Youth Caregivers.—The Committee appreciates that ACL has included caregiving youth in its review and activities of the RAISE Family Caregiver Advisory Council and looks forward to reviewing the recommended actions reflecting the unique issues and needs of youth caregivers in the forthcoming National Family Caregiving Strategy.

Native American Caregiver Support Services

The Committee recommends \$15,806,000 for the Native American Caregiver Support program, which is \$5,000,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. This program provides grants to Tribes for the support of American Indian, Alaskan Native, and Native Hawaiian families caring for older relatives with chronic illness or disabilities.

Congregate and Home-Delivered Nutrition Services

The Committee recommends a total of \$1,387,773,000 for senior nutrition. The recommendation includes: \$515,342,000 for Congregate Nutrition Services; \$703,431,000 for Home-Delivered Meal Services; and \$169,000,000 for the Nutrition Services Incentives program. These programs help older Americans remain healthy and independent in their communities by providing meals and related services in a variety of settings (including congregate facilities such as senior centers) and via home-delivery to older adults who are homebound due to illness, disability, or geographic isolation.

Native American Nutrition and Supportive Services

The Committee recommends \$70,208,000 for Native American Nutrition and Supportive Services, which is \$35,000,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. This program provides grants to Tribes to promote the delivery of nutrition and home and community-based supportive services to Native American, Alaskan Native, and Native Hawaiian elders.

Aging Network Support Activities

The Committee recommends \$27,446,000 for Aging Network Support Activities, which is \$10,985,000 above the fiscal year 2021 enacted level and \$8,000,000 above the fiscal year 2022 budget re-

quest. This program supports activities that expand public understanding of aging and the aging process.

Direct Care Workforce Demonstration.—The 2020 Older Americans Act Reauthorization authorized ACL, in coordination with the Secretary of Labor, to implement a Direct Care Workforce Demonstration. The Committee provides \$3,000,000 for a Direct Care Workforce Demonstration project, to reduce barriers to entry for a diverse and high-quality direct care workforce, including providing wages, benefits, and advancement opportunities needed to attract or retain direct care workers.

Holocaust Survivor's Assistance and Person-Centered, Trauma-Informed Care (PCTI).—The Committee provides \$10,000,000 for the Holocaust Survivor's Assistance program, which provides supportive services for aging Holocaust survivors and their families. The Committee recognizes the success of the PCTI-based programs that have been implemented through the Holocaust Survivor Assistance Program, and includes an additional \$5,000,000 in fiscal year 2022 for the program to expand its application to other adults that have been exposed to traumatic events, including aging military veterans, first responders, victims of childhood and domestic violence, and survivors of man-made or natural disasters, including aging survivors of the COVID-19 pandemic.

Alzheimer's Disease Program

The Committee recommends \$34,700,000 for the Alzheimer's disease program, which is \$7,200,000 above the fiscal year 2021 enacted level and \$4,640,000 above the fiscal year 2022 budget request. This program provides competitive matching grants to a limited number of States to encourage program innovation and coordination of public and private services for people with Alzheimer's disease and their families.

The recommendation includes \$3,000,000 for the National Alzheimer's Call Center.

Respite Care

The Committee recommends \$14,220,000 for Respite Care, which is \$7,110,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. The program focuses on easing the burdens of caregiving by providing grants to eligible State organizations to improve the quality of, and access to, respite care for family caregivers.

Falls Prevention

The Committee recommends \$5,000,000 to be transferred from the PPH Fund to ACL for the Falls Prevention program, which is equal to the fiscal year 2021 enacted level and the fiscal year 2022 budget request. Falls prevention grants support the promotion and dissemination of prevention tools delivered in community settings.

Chronic Disease Self-Management Program

The Committee recommends \$8,000,000 to be transferred from the PPH Fund to ACL for the Chronic Disease Self-Management program, which is equal to the fiscal year 2021 enacted level and the fiscal year 2022 budget request. This program supports grants to States for low-cost, evidence-based prevention models that use

state-of-the-art techniques to help those with chronic conditions address issues related to the management of their disease.

Elder Rights Support Activities

The Committee recommends \$19,400,000 for Elder Rights Support Activities, which is \$1,526,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. This program supports efforts that provide information, training, and technical assistance to legal and aging services organizations working to prevent and detect elder abuse and neglect.

Aging and Disability Resource Centers

The Committee recommends \$23,457,000 for Aging and Disability Resource Centers (ADRCs), which is \$15,338,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. These centers provide information, counseling, and access for individuals to learn about the services and support options available to seniors and the disabled so they may retain their independence.

State Health Insurance Assistance Program

The Committee recommends \$57,115,000 for the State Health Insurance Assistance Program, which is \$5,000,000 above the fiscal year 2021 enacted level and \$1,873,000 above the fiscal year 2022 budget request. The State Health Insurance Assistance Program provides Medicare beneficiaries with information, counseling, and enrollment assistance.

Paralysis Resource Center

The Committee recommends \$10,185,000 for the Paralysis Resource Center (PRC), and directs not less than \$9,000,000 to the National PRC. The Paralysis Resource Center offers activities and services aimed at increasing independent living for people with paralysis and related mobility impairments, and supporting integration into the physical and cultural communities in which they live.

Limb Loss Resource Center

The Committee recommends \$4,200,000 for the Limb Loss Resource Center, which is \$200,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. The Limb Loss Resource Center supports a variety of programs and services for those living with limb loss, including a national peer support program, educational events, training for consumers and healthcare professionals, and information and referral services.

Traumatic Brain Injury

The Committee recommends \$15,321,000 for the Traumatic Brain Injury program, which is \$4,000,000 above the fiscal year 2021 enacted level and \$3,434,000 above the fiscal year 2022 budget request. The program provides grants to States for the development of a comprehensive, coordinated family and person-centered service system at the State and community level for individuals who sustain a traumatic brain injury. The Committee provides increased funding for the program to sustain and expand existing programs, and to award funding to additional States.

Developmental Disabilities State Councils

The Committee recommends \$88,480,000 for State Councils on Developmental Disabilities, which is \$9,480,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. The Developmental Disabilities State Councils work to develop, improve, and expand the system of services and supports for people with developmental disabilities. The Committee recommends not less than \$700,000 for technical assistance and training for the State Councils on Developmental Disabilities.

In addition, the Committee encourages ACL to consult with the appropriate Developmental Disabilities Act stakeholders prior to announcing opportunities for new technical assistance projects and to notify the Committee prior to releasing new funding opportunity announcements, grants, or contract awards with technical assistance funding.

Developmental Disabilities Protection and Advocacy

The Committee recommends \$46,798,000 for Developmental Disabilities Protection and Advocacy, which is \$5,014,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. This formula grant program provides funding to States to establish and maintain protection and advocacy systems to protect the legal rights of persons with developmental disabilities.

The Committee notes that the Supreme Court decision in *Olmstead v. L.C.* (1999) held that the Americans with Disabilities Act (ADA) does not require removing individuals from institutional settings when they are unable to handle or benefit from a community-based setting and that the ADA does not require the imposition of community-based treatment on patients who do not desire it. The Committee notes that actions to close intermediate care facilities for individuals with intellectual disabilities may impact some individuals who do not meet the criteria for transfer to a community-based setting. The Committee urges HHS to ensure that programs properly account for the needs and desires of patients, their families, and caregivers and the importance of affording patients the proper setting for their care.

Voting Access for Individuals with Disabilities

The Committee recommends \$12,963,000 for Voting Access for Individuals with Disabilities program, which is \$5,000,000 above the fiscal year 2021 enacted level and \$3,000,000 above the fiscal year 2022 budget request. The Voting Access for Individuals with Disabilities program authorized by the Help America Vote Act provides formula grants to ensure full participation in the electoral process for individuals with disabilities, including registering to vote, accessing polling places, and casting a vote.

Developmental Disabilities Projects of National Significance

The Committee recommends \$13,100,000 for Developmental Disabilities Projects of National Significance, which is \$850,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. This program funds grants and contracts that develop new technologies and demonstrate innovative methods to

support the independence, productivity, and integration of those living with a disability into the community.

University Centers for Excellence in Developmental Disabilities

The Committee recommends \$47,173,000 for University Centers for Excellence in Developmental Disabilities, which is \$5,054,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. The University Centers for Excellence in Developmental Disabilities Education, Research, and Service are a nationwide network of independent but interlinked centers, representing a national resource for addressing issues, finding solutions, and advancing research related to the needs of individuals with developmental disabilities and their families.

Independent Living

The Committee recommends \$148,228,000 for the Independent Living program, of which \$28,423,000 is for the Independent Living State Grants program and \$119,805,000 is for the Centers for Independent Living program. This funding level is \$32,045,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. Independent Living programs maximize the leadership, empowerment, independence, and productivity of individuals with disabilities.

National Institute on Disability, Independent Living, and Rehabilitation Research

The Committee recommends \$124,800,000 for the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), which is \$11,830,000 above the fiscal year 2021 enacted level and \$6,181,000 above the fiscal year 2022 budget request. NIDILRR generates knowledge and promotes its effective use to enhance the abilities of people with disabilities to perform activities of their choice in the community and to expand society's capacity to provide full opportunities for its citizens with disabilities. The recommendation includes funds to increase annual grant funding to competitively funded model systems centers, and a \$100,000 increase for the Traumatic Brain Injury Model Systems National Data and Statistical Center (NDSC).

Spinal Cord Injury Model Systems (SCIMS).—The Committee is concerned with the growing number of people living with a spinal cord injury in the U.S. and recommends \$2,000,000 to increase the number of Federally-funded SCIMS Centers.

Assistive Technology

The Committee recommends \$44,000,000 for Assistive Technology, which is \$6,500,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. Assistive Technology (AT) supports programs providing grants to States for addressing assistive technology needs of individuals with disabilities. The goal is to increase awareness of and access to assistive technology devices and services that may help with education, employment, daily activities, and inclusion of people with disabilities in their communities.

The Committee continues to provide \$2,000,000 for competitive grants to support existing and new alternative financing programs that provide for the purchase of AT devices.

Program Administration

The Committee recommends \$47,063,000 for Program Administration, which is \$6,000,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. This funding supports Federal administrative costs associated with administering ACL’s programs.

Congressional Budget Justification Accessibility.—The Committee appreciates efforts by ACL to make Congressional Budget Justifications compliant with section 508 of the Rehabilitation Act of 1973. However, in recent fiscal years, such justifications have not been made available online at the same time as justifications for the other operating divisions of HHS. The Committee requests ACL post on its website a version of its fiscal year 2023 Congressional Budget Justification at the same time other justifications for other operating divisions of HHS become available, and to post justifications compliant with section 508 as soon as practicable thereafter.

Interagency Committee on Disability Research.—In 2014, Congress enacted bipartisan legislation mandating the design and implementation of a Government-Wide Strategic Plan for Disability, Independent Living, and Rehabilitation Research (“the Plan”) to maximize the Federal return on investment in this crucial area of research. Congress directed the Secretary of Health and Human Services in his capacity as chair of the Interagency Committee on Disability Research to fulfill this mandate. The Committee urges the Secretary to emphasize ICDR’s importance to the field of disability research and to continue to acknowledge role in promoting interagency collaboration to carry out the Administration’s priorities including the Executive Order on Advancing Racial Equity. The Committee also urges the ICDR to promote the work of the Federal Equitable Data Working Group to coordinate the collection of disability-specific data.

Simplifying State Program Reports.—As a result of the COVID–19 pandemic, States and area agencies on aging face an unprecedented reporting challenge during fiscal year 2022. These entities will be responsible for reporting on Federal fiscal year 2020 and fiscal year 2021 regular appropriations spending, as well as spending related to the four COVID–19 emergency funding packages. The Committee urges ACL to explore ways to facilitate and simplify reporting requirements to alleviate burdens that could impact the important work of providing needed services to older adults.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

Appropriation, fiscal year 2021	\$550,622,000
Budget request, fiscal year 2022	661,309,000
Committee Recommendation	657,809,000
Change from enacted level	+107,187,000
Change from budget request	–3,500,000

Of the funds provided, \$74,828,000 shall be derived from evaluation set-aside funds available under section 241 of the Public

Health Service Act, which is \$10,000,000 above the fiscal year 2021 enacted level and \$9,500,000 below the fiscal year 2022 budget request.

This appropriation supports activities that are associated with the Secretary's roles as policy officer and general manager of the Department of Health and Human Services (HHS). The Office of the Secretary also implements administration and Congressional directives, and provides assistance, direction, and coordination to the headquarters, regions, and field organizations of the department. In addition, this funding supports the Office of the Surgeon General and several other health promotion and disease prevention activities that are centrally administered.

Advertising Contracts for Small Business Owners.—The Committee understands that, as the largest advertiser in the United States, the federal government should work to ensure fair access to its advertising contracts, including outdoor advertising, for small disadvantaged businesses and businesses owned by minorities and women. The Committee directs each department and agency to include the following information in its fiscal year 2023 Congressional Budget Justification: expenditures for fiscal year 2021 and expected expenditures for fiscal year 2023 for (1) all contracts for advertising services; and (2) contracts for the advertising services of (I) socially and economically disadvantaged small businesses concerns (as defined in section 8(a)(4) of the Small Business Act (15 U.S.C. 637 (a)(4)); and (II) women- and minority-owned businesses.

Autism Related Programs.—The Committee is aware that treatment regimens and care plans for autism will continue throughout the life of the patient and that clinicians often spend additional time on patient care by providing supportive services or helping caregivers connect with additional specialists and resources. These additional services are not typically reimbursable. The Committee directs the Secretary to identify the supportive services that are most beneficial to improved outcomes for autism patients, review existing coverage policies for these services, and provide a report on its interim findings no later than 180 days after the date of enactment of this Act.

Behavioral Science and the COVID-19 National Strategy.—The Committee applauds the Administration's robust National Strategy for the COVID-19 Response and Pandemic Preparedness and appreciates that the strategy reflects the best advice of scientists and public health experts. As our success in these areas depends on our scientific understanding of human behavior, the Committee urges the Department to include psychological scientists at every level of the Department's response to COVID-19 and future public health emergencies to most effectively meet these common goals.

Cancer Risk Study on Populations Near Commercial Nuclear Power Plants.—The Committee encourages the Department to contract with the National Academy of Sciences (NAS) to carry out a pilot study of cancer risk in populations near nuclear facilities, which was recommended by the NAS in a May 2012 study entitled "Analysis of Cancer Risks in Populations Near Nuclear Facilities."

Children's Interagency Coordinating Council.—The Committee notes that the COVID-19 pandemic has contributed to a further decline in the economic standing, education, and physical and mental health status of low-income children, particularly among chil-

dren in Hispanic, African American, and American Indian/Alaska Native families. Data shows that COVID-19 is causing more children to experience poverty and resulting in additional hardships including educational gaps and negative mental health impacts. The Committee supports collaboration amongst HHS, the Department of Energy, the Department of Justice, the Department of Agriculture (USDA), USAID and other federal agencies to address these pressing problems. To foster greater coordination, collaboration, and transparency on child policy across agency lines, the Committee directs the Secretary to establish a Children's Interagency Coordinating Council. Among other tasks, the Council shall enter into an agreement with the NAS to provide an annual report to Congress analyzing and monitoring how existing and emerging federal policies have affected child poverty using the U.S. Census Bureau Supplemental Poverty Measure. In addition, the Council will examine and periodically report on a broad array of comprehensive and cross-cutting issues affecting child well-being.

COVID-19 Services for Medically Underserved Communities.—The Committee is concerned about the high rate of COVID-19-related cases, hospitalizations, and deaths of historically medically underserved communities. According to HRSA, more than 18 million people reside in medically underserved areas or populations across the United States. The Committee recognizes that targeted resources and services—such as mobile and pop-up clinics and connections to housing, food, and other forms of support—for communities most affected by COVID-19 is essential to enable many low-income individuals to successfully isolate and quarantine. In addition, to deliver on vaccine equity, outreach, and social determinants of health, investment in trusted messengers such as faith leaders, community health workers, direct care workers, social support specialists, and navigators employed by community-based organizations, faith-based organizations, and nonprofit organizations are necessary to reach medically underserved communities. The Committee urges the Secretary develop a strategy to dedicate a specific percentage of COVID-19 funding to community-based organizations proportional to the needs of people living in medically underserved areas.

Data Collection to Measure Disparities.—The Committee recognizes that geographic place is a powerful predictor of social determinants of health. The Committee is concerned that due to residential segregation and subsequent disinvestment, the lack of access to health care, safe recreational facilities, quality education, and other resources, is often magnified in highly segregated communities. To fully assess population health, distribution of disease, and the extent of health disparities, health services data should be collected based on residency as opposed to where services are provided. A similar approach was taken to address the HIV/AIDS epidemic. The Committee recommends that all health services data include racial and ethnic data by subgroup, geographic indicators to the lowest levels (i.e., zip code tabulation area), nationality, sex, age, and primary language. This data should be collected in a standardized, uniform manner and include with it the capacity for linkages to various federal data sets. The Committee requests a report within 120 days of enactment of this Act describing the specific steps taken to ensure that geographic disparities were meas-

ured in COVID–19 data collection, documentation, and reporting from health care providers to public health agencies. The report shall also include recommendations to sustain data harmonization efforts to expand reporting for all infectious diseases and chronic health conditions and to address emergency prevention preparedness and response in the event of additional future pandemics and other catastrophes.

Early Detection of Brain Aneurysms.—The Committee recognizes that although one in 50 Americans has a brain aneurysm, there are typically no warning signs or symptoms unless the aneurysm ruptures. Up to 50 percent of patients will not survive such a hemorrhage. Even when an aneurysm has ruptured, the symptoms are not widely known among health care professionals. The Committee reiterates the language included in H. Rept. 115–862 directing the Secretary, in consultation with appropriate stakeholders—including health care providers, brain aneurysm patient advocacy foundations, brain aneurysm survivors, and caregivers—to facilitate the development of best practices on brain aneurysm detection and rupture for first responders, emergency room physicians, primary care physicians, nurses, and advanced practice providers. The Committee encourages the Secretary to consider incorporating topics including, but not limited to, the symptoms of brain aneurysms, evidence-based risk factors for brain aneurysms, appropriate utilization of medical testing and diagnostic equipment, and screening recommendations. The Secretary shall consult with appropriate stakeholders to develop a strategy for disseminating information about the best practices and begin implementing this strategy within one year after enactment of this Act. The Secretary shall review research on brain aneurysm detection and diagnosis and update the best practices every three years, as appropriate.

Embryo Adoption Awareness Campaign.—The Committee includes \$1,000,000 for the Embryo Adoption Awareness Campaign to educate Americans about the existence of frozen human embryos (resulting from in-vitro fertilization), which may be available for donation/adoption to help other couples build their families. The Committee includes bill language permitting these funds also to be used to provide medical and administrative services to individuals adopting embryos, deemed necessary for such adoptions, consistent with the Code of Federal Regulations.

Fair Access to Science and Technology Research.—The Committee commends the HHS agencies—the Administration for Community Living (ACL), Agency for Healthcare Research and Quality, Assistant Secretary for Preparedness and Response (ASPR), Centers for Disease Control (CDC), Food and Drug Administration (FDA), and National Institutes for Health (NIH)—that have issued plans in response to the White House Office of Science and Technology Policy Directive issued on February 22, 2013. The Committee urges these agencies to continue their efforts toward full implementation of the plan and requests an update in the fiscal year 2023 Congressional Budget Justification.

Global Alzheimer’s Disease and Dementia Action Plan.—The Committee urges the Secretary to enter into negotiations with the World Health Organization to implement a plan for addressing Alzheimer’s Disease and other forms of dementia globally, to be known as the Global Alzheimer’s Disease and Dementia Action Plan, fo-

cused on the following areas: research, including the development of a stable and sustained international commitment to research; regulatory issues; clinical care; supportive services for patients and caregivers, including innovative technologies; prevention and health promotion; public awareness and education, particularly efforts aimed at reducing stigmas, and increasing the inclusion of persons with Alzheimer's disease and dementia within civil society.

Global Health Research.—The Committee requests an update in the fiscal year 2023 Congressional Budget Justification on how CDC, FDA, BARDA, and NIH—including the Fogarty International Center—jointly coordinate global health research activities with specific measurable metrics used to track progress and collaboration toward agreed upon health goals.

Health Benefits of Proper Nutrition.—The Committee continues to recognize the value of proper nutrition and understands that many chronic medical conditions can be managed cost effectively by improved nutrition. The Committee again encourages the Secretary to establish an interagency collaboration with the Department of Education and the USDA to enhance nutritional education in K–12 schools and urges the Secretary to be proactive in promoting disease prevention by providing a plan to expand nutritional education and to increase access to nutritional foods for students. The Committee also requests a strategic plan led by HHS in partnership with the USDA on how culturally appropriate, food-based solutions can improve health outcomes and save money.

Impact of COVID–19 on Health Care Personnel.—The Committee recognizes the incredible sacrifice that health care and direct care workers have made on the frontlines to care for Americans with COVID–19. Investigative journalists have revealed through tracking obituaries that 3,600 U.S. health care workers died from COVID–19. Two-thirds of these casualties are among people of color. Lower paid workers, including nurses, support staff, and nursing home employees, were the most likely to pass away from COVID–19. During the pandemic, the federal government did not comprehensively track the number of lives lost among health care workers and support staff. The Committee directs HHS to undertake a comprehensive count of the total number of lives lost among health care workers and direct service workers at health care facilities, nursing homes, and long-term care facilities and emergency care providers, including paramedics and medical personnel who transport patients to the hospital. The Committee directs HHS, in coordination with OSHA, to develop and submit to the Committee a plan within 90 days of enactment of this Act for how it will collect, record, and report health care worker mortality and morbidity data associated with COVID–19, including suicides connected to the mental health impact of the pandemic. The Committee further directs the Secretary to submit a report within 180 days of enactment of this Act on initial findings of the long-term health impacts of the pandemic on health care workers, including physical health, mental trauma leading to disability, and contraction of COVID–19.

Improving Accuracy of Diagnosis of Rare Diseases.—The Committee is aware that the lack of a precise diagnostic code makes disease surveillance, including understanding the true prevalence of a condition, more difficult and hinders diagnosis, treatment, and access to approved therapies. The Committee encourages HHS to

work with federal agency partners to establish a pathway for rare disease stakeholders to pursue a diagnosis code, including resources to advise stakeholders as to data and other needs and to help facilitate the application process for rare disease codes.

LymeX Innovation Accelerator.—The Committee commends the Office of the Secretary and its Chief Technology Officer for the Lyme Innovation Initiative, launched November 2018, and the LymeX Innovation Accelerator announced in October 2020. LymeX is a \$25,000,000 public-private partnership between HHS and the Steven & Alexandra Cohen Foundation to accelerate innovation in prevention, diagnostics, and treatments for Lyme and other tick-borne diseases. The Committee looks forward to receiving the multi-year plan outlining innovation initiatives for conquering Lyme disease, which is due in December 2021.

Maximizing Syringe Safety.—The Committee is concerned that on COVID-19 vaccine deployment, administrative inconsistencies with procured syringes have resulted in wasted vaccine doses while potentially exposing front line health care workers to bloodborne pathogens; both of which could impede efforts for a thorough, safe, and timely administration of FDA-authorized COVID-19 vaccines. The Committee directs the Secretary, in consultation with relevant agencies within HHS who maintain jurisdiction in the administration of vaccines including FDA, NIH, ASPR, Office of Minority Health, and Office on Women's Health to submit a report within 90 days of enactment of this Act on the specific steps the Department is taking to ensure that procurement of syringes for the deployment and administration of COVID-19 vaccines provide the maximum dose while ensuring our frontline health care workers remain safe from the risk of exposure to bloodborne pathogens.

Mental Health Parity.—The Committee continues to be concerned that 12 years since enactment of the Mental Health Parity and Addiction Equity Act (MHPAEA), there is still a lack of oversight and compliance among insurance companies and health plans not adequately covering mental and behavioral health services and providers. In December 2019, the GAO reported that this lack of compliance extends beyond plans investigated by the Department of Labor (DOL) and includes plans over which HHS has oversight authority. The Committee urges the HHS Secretary, jointly with the Secretary of Labor and the Secretary of the Treasury, to establish a process through which employer-sponsored health plans and health insurance issuers subject to MHPAEA may submit a public report regarding nonquantitative treatment limitations while ensuring that any personal or confidential consumer information is protected. The Secretaries shall also report annually any auditing and enforcement of all plans and issuers within the jurisdiction of the respective Department.

National Center on Antiracism and Health Equity.—The Committee strongly supports efforts to advance health equity and reduce disparities for communities of color. Persistent racial and ethnic health disparities can be largely attributed to poor social and physical determinants of health in these communities. Advancing health equity requires a multifactorial response to address issues such as high unemployment, inadequate housing, lack of quality education, and inability to access health care. Reducing health disparities also requires solutions that are informed by and tailored

to the specific racial, ethnic, socioeconomic, and geographic communities at which they are aimed. The Committee supports the Office of Minority Health (OMH) and its efforts to advance health equity—however, the Committee believes the OMH currently lacks sufficient capacity to lead a broad and bold effort to address health disparities and that HHS should establish a National Center on Antiracism and Health Equity (Center) within the Department to lead efforts to identify and understand the policies and practices that have a disparate impact on the health and well-being of communities of color. The Committee directs the Secretary to submit a report, not later than 180 days after enactment of this Act, that provides detailed proposals to establish a National Center on Antiracism and Health Equity within the Department. The proposals shall include (1) a charter and goals for a National Center on Antiracism and Health Equity; (2) rationale for creating a new entity within the Department or restructuring an existing entity; (3) budgetary resources necessary to establish the Center; (4) the number of full-time equivalent employees needed to effectively carry out the Center’s mission; (5) the resources needed for the Center to establish, through grants or cooperative agreements, at least three regional centers of excellence, located in racial and ethnic minority communities; (6) the resources needed to award grants and cooperative agreements to eligible public and nonprofit private entities, including community-based organizations, to collaborate with underserved communities and for research and collection, analysis, and reporting of data on the public health impacts of health disparities; and (7) the resources needed for the Center to work with eligible public and nonprofit private entities, including community-based organizations, to provide information and education to the public on the public health impacts of health disparities and on health equity interventions, among other details.

National Health Care Workforce Commission.—The Committee includes \$3,000,000 to establish the National Health Care Workforce Commission, as authorized by the Affordable Care Act. The Commission is intended to serve as a resource on health care workforce policy for Congress, the Administration, States, and localities and is tasked with evaluating health care workforce needs, assessing education and training activities, identifying barriers to improved coordination at the Federal, State, and local levels and recommending changes to address those barriers.

National Poverty Center Cooperative Agreement.—The Committee includes sufficient funding for the Office of the Assistant Secretary for Planning and Evaluation to fund a Poverty Research Center cooperative agreement in fiscal year 2022, in an amount not less than the current level of funding.

One Health Federal Interagency Network.—The Committee understands that despite unprecedented efforts to address the COVID–19 pandemic, many questions remain about the prevention of future pandemics, especially those caused by zoonotic disease transmission. The Committee recognizes that current federal efforts regarding a One Health approach to preventing and responding to pandemics stemming from zoonotic disease, vector-borne disease, and antimicrobial-resistant pathogens is inadequate, fragmented, and associated with limited coordination and collaboration within and across Federal agencies. The Committee supports a One

Health approach to pandemic prevention that recognizes that human, animal, and environmental health are fundamentally interconnected. The Committee directs the Secretary or his designee to formalize the One Health Network and to provide a professional judgement within 180 days of enactment of this Act regarding the Network's funding and resource requirements. This report shall also include an assessment of current agency capabilities, as well as current and planned activities related to pandemic preparedness and One Health, particularly regarding the Network's efforts to expand, integrate, and enhance support for global surveillance efforts to effectively and efficiently implement early detection and rapid response measures. The Committee further directs HHS to include a cross-cut budget of current One Health activities being implemented.

Pain Management.—The Committee has previously expressed concern about the public health epidemic of acute and chronic pain, including its inter-relationship with the opioid crisis. The COVID-19 pandemic has exacerbated each of these problems. As recommended in the CARA-mandated HHS Pain Management Best Practices Inter-Agency Task Force report, the Committee urges the Department to coordinate with the Department of Defense (DOD) and the VA to launch a public awareness campaign to educate Americans about the differences between acute and chronic pain and available evidence-based non-opioid treatment options. The Committee again urges the Department to widely disseminate the report's recommendations, including the importance of individualized, multidisciplinary, patient-centered care in the treatment of pain to health care providers and other public health stakeholders, and to update relevant pain management policies and educational tools to reflect Task Force recommended best practices across all relevant HHS agencies, including the CDC, CMS and SAMHSA. The Committee urges the Department to include an update on dissemination of these materials and progress on the public awareness campaign in the fiscal year 2023 Congressional Budget Justification.

Plasma Protein Therapies.—The Committee recognizes that plasma protein therapies are unique and non-interchangeable treatments for individuals afflicted with a variety of rare chronic and life-threatening conditions. The availability of plasma protein therapies is dependent on the collection of donated plasma which is developed into plasma protein therapies. The Committee urges the Department to conduct an education and awareness campaign on the importance of source plasma donation and the safety of the process as part of the larger campaign around the safety of blood donation broadly.

Polycystic Ovary Syndrome.—The Committee requests a report, not later than one year after enactment of this Act, outlining the number of women in America currently suffering from polycystic ovary syndrome (PCOS); the annual cost to patients for treatment of PCOS; the annual cost to patients resulting from misdiagnosis or missed diagnosis of PCOS; the economic burden of PCOS on the United States; the effectiveness of current testing methods for PCOS; recommended ages for testing of PCOS; cost benefits of testing all women at recommended age; and feasibility of testing for PCOS before symptoms are present.

Post-Acute COVID-19 Syndrome Advisory Committee.—The Committee encourages HHS to foster interagency and stakeholder collaboration in addressing the crisis of post-acute COVID-19 syndrome by forming the Post-Acute COVID-19 Syndrome Advisory Committee.

Preventing Mental Health and Substance Use Crises.—The Committee recognizes that the severity of the mental health and substance use crises has worsened during the COVID-19 public health emergency. Research showing increases in anxiety, depression, suicidal ideation, and substance use warrant further examination and the development of a response plan for the next public health emergency. The Committee requests an assessment of the response of the Federal government with respect to mental health and substance use during and after the onset of the COVID-19 public health emergency, as well as recommendations for a national strategy for preventing mental health and substance use crises during a future public health emergency.

Repatriation.—An April 2021 GAO report on HHS's COVID-19 emergency repatriation efforts found that HHS experienced coordination and safety issues that put repatriates, HHS personnel, and nearby communities at risk. The Committee directs HHS to revise or develop emergency preparedness and response plans to include the U.S. Repatriation Program and other human services programs, and to further clarify agency roles and responsibilities, including safety protocol for an evacuation and quarantine, during a pandemic. The Committee also directs the Department to plan and conduct regular exercises with relevant stakeholders—including federal partners, State, local, territorial, and tribal governments—to test repatriation plans in response to a pandemic and update relevant plans based on lessons learned.

Report on the Effects of Social Media Use.—The Committee continues to support efforts by the Secretary to investigate whether there is a relationship between the use of social media and negative social and individual outcomes, including clinical and undiagnosed depression; self-harm, such as suicide, attempted suicide, and suicidal ideation; harm to others; cyber bullying; chronic anxiety; or social isolation. Such investigation should consider the role of content and presentation in social media that is linked to negative outcomes, as well as the design of algorithms to prioritize user engagement. In addition, the report should include consideration of the following questions: what type of content drives user participation on these platforms; how is that content most frequently presented to users on these platforms; and does that presentation lead to negative physical, mental or emotional health outcomes; what types of emotions characterize social media interactions; how do these companies design their algorithms to engage users; and is that design prioritizing engagement over user well-being. The Committee encourages the Secretary to provide a report within 90 days of enactment of this Act on the continued progress in this research area.

Research on Pregnant and Lactating Women.—The Committee encourages the Secretary to work with the NIH, FDA, the Office of Human Research Protections (OHRP), and other relevant agencies to implement recommendations from the Task Force on Research Specific to Pregnant Women and Lactating Women

(PRGLAC). The Committee encourages the Secretary to direct NIH and FDA to implement guidance and templates surrounding the inclusion of pregnant and lactating individuals within clinical trials in order to require justification for the exclusion of these populations within clinical trials, and to clarify that exclusion of these populations within clinical trials should not be the default practice in the development and evaluation of drugs and therapeutics. The Secretary should work with OHRP and FDA to harmonize FDA regulations with changes to the protected status of pregnant women in federally funded research included in the 2018 revisions to the Federal Policy for the Protection of Human Subjects.

Social Determinants of Health Council.—The Committee directs the Social Determinants Council created by H. Rpt. 116–450 to continue to provide technical assistance to State, local, and tribal jurisdictions seeking to develop Social Determinants Accelerator Plans. The Committee directs a report be submitted, no later than 30 days after enactment of this Act, regarding the status of the selection of all Council members outlined in H. Rpt. 116–450.

Stigmatizing Language.—The Committee recognizes stigma and discrimination against individuals with a substance use disorder is a barrier to accessing treatment and supports removing stigmatizing language from the U.S. Code and federal agency and program names. To support these efforts, the Committee encourages the Secretary to identify names of agencies, institutes, centers, and programs that include stigmatizing language and to develop a strategy to remove language with a negative bias from these names.

Stillbirth Task Force.—Stillbirth affects one in 160 pregnancies, with 24,000 babies stillborn each year. Despite medical advances, the rate of early stillbirth has remained the same over the past 30 years. The Committee provides \$1,000,000 for the Secretary to develop a task force on stillbirth in the United States. The task force should include the CDC, NIH, outside specialty organizations, and maternal and fetal medicine specialists. The task force should focus on the current barriers to collecting data on stillbirths throughout the United States, communities at higher risk of stillbirth, the psychological impact and treatment for mothers following stillbirth, and known risk factors for stillbirth. The task force should provide a report on these issues within one year of enactment of this Act.

Study on Animal Abuse and Future Acts of Violence.—The Committee is concerned about the link between animal abuse and future violence, and recognizes the need for further study into the underlying factors that contribute to acts of violence against animals and animal violence as a predictor of future violence against humans. The Committee directs the Secretary to enter into an agreement with the National Academy of Sciences, Engineering, and Medicine (NASEM), and includes \$1,000,000 for the NASEM to conduct a study on the underlying factors that contribute to one's decision to commit acts of violence against animals; and analyzes acts of violence against animals as a predictor of future violence against humans.

Study on Child Marriages.—The Committee requests a report, within one year of enactment of this Act, on the status of child marriages in the United States, including information on the prevalence of child marriages that have received exceptions through pa-

rental consent, judicial approval, emancipation, or pregnancy. The report should include information on the prevalence of child marriages that take place under force, fraud, or coercion and a study of provisions that States have enacted to help identify and prevent the marriage of minors due to force, fraud, or coercion. Finally, the report shall outline the impact of state-wide legislative reforms on the number of marriage licenses given to minors. The Committee requests a briefing on the report findings within 30 days of its submission.

Study on the Manufacture and Sale of Nitrous Oxide.—The Committee understands that more than one million adolescents and young adults in the United States have used nitrous oxide illicitly for recreational purposes. This can cause headaches, drowsiness, breathing difficulty, or asphyxia, which can lead to a lapse into unconsciousness or death. The FDA's Office of Criminal Investigations has investigated businesses that purport to sell nitrous oxide for car racing applications but knowingly sell it for recreational drug use. The Committee believes that studying the effectiveness of state laws prohibiting the recreational use of nitrous oxide is a necessary first step in examining what role the Federal government should play to protect the public health in regard to recreational use of nitrous oxide. The Committee directs the Department, in consultation with CDC, FDA, SAMHSA, EPA, and CPSC, to submit a report containing (1) the results of a study of State regulatory requirements with respect to nitrous oxide that is manufactured and sold for use in consumer applications and (2) recommendations for Federal requirements with respect to such manufacture and sale that are needed to protect human health and safety.

Supporting Community Violence Intervention Programs.—HHS and its agencies, including CDC and SAMHSA, have a critical role to play in supporting community violence intervention, including by providing grant funding to eligible programs and technical assistance to grant recipients, and through evaluating the implementation of community violence intervention programs. The Committee urges the Department to evaluate its existing grant programs to determine which can be used to support community-based violence intervention programs and ensure that relevant funding opportunity announcements clearly articulate that they can fund community violence interventions. The Committee also urges the Department to conduct outreach to raise awareness about the funding available for community violence intervention programs, provide technical assistance to grant recipients and conduct research into program efficacy and implementation.

Tardive Dyskinesia (TD).—The Committee understands that TD is a persistent, irreversible, and potentially disabling neurological condition that is associated with prolonged exposure to antipsychotics and other dopamine receptor blocking agents. It is characterized by involuntary movements and affects at least 500,000 people in the U.S. TD can significantly disrupt a patient's life, not only due to the symptoms themselves, but also the impact these symptoms have on social and emotional well-being and mental health. The Committee encourages HHS to prioritize the importance of screening, diagnosing, and treating TD as part of one's mental health. The Committee directs the Secretary to submit a report, no later than 180 days after the enactment of this Act, which

(1) outlines the Department's existing resources for patients, providers, and caregivers related to TD, (2) identifies opportunities to update and expand such resources, and (3) lays out the Department's strategy to carry out this paragraph.

Telehealth Standards.—The Committee believes that the flexibility afforded to telehealth providers has played an essential role in ensuring that Americans receive timely and quality care throughout the COVID-19 pandemic; however, quality standards remain important no matter the health care delivery method to ensure quality and safety. The Committee urges the Secretary to establish an advisory group to study issues relating to the provision of telehealth and associated quality of care. Such a study should generate recommendations regarding the applicability of telehealth modalities for various clinical scenarios. The Secretary shall assemble a technical advisory group that includes experts in the delivery of telehealth services. The advisory group shall also evaluate whether equity exists in access to appropriate telehealth modalities throughout the country, including broadband, computers, smartphones, landline telephones, and cell phones that only allow for audio-only communications. The Committee requests the Secretary deliver a report from the advisory group, no later than one year after enactment of this Act, with recommendations as to whether quality of care criteria should be applied to the specific use of any telehealth modality in different clinical scenarios.

Tribal Set-Aside.—The Committee notes that according to the CDC, HIV-positive status among Native Americans is increasing and nearly one-in-five HIV-positive Native Americans is unaware of their status. In addition, only three-in-five receive care and less than half are virally suppressed. To increase access to HIV/AIDS testing, prevention, and treatment, the Committee includes \$3,000,000 as a tribal set-aside within the Minority HIV/AIDS Prevention and Treatment program.

U.S.-Mexico Border Health Commission Vaccine Deployment Strategy.—The Committee recognizes the impact the COVID-19 pandemic has had on communities along the Southern border, which are interconnected with their Mexican sister cities, with thousands of people and billions of dollars in trade crossing daily regardless of border closures. To ensure a full economic recovery both in border communities and nationally, the U.S. must work with Mexico to implement a binational COVID-19 strategy. The Committee encourages the U.S. section of the U.S.-Mexico Border Health Commission to engage with their Mexican counterparts to develop a COVID-19 vaccine deployment strategy for communities on both sides of the border.

U.S.-Mexico Border Health Commission.—The Committee recognizes the important role the U.S.-Mexico Border Health Commission plays in promoting solutions to health issues unique to the Southern border. The Committee includes \$2,000,000 for the Commission, an increase of \$900,000.

USPSTF Clinical Data.—The Committee encourages the United States Preventive Services Task Force (USPSTF) to ensure that its recommendations further public health for all Americans and address health inequities. USPSTF should strive to provide timely recommendations, be fully transparent, and allow for public comment. USPSTF's methodologies should be firmly grounded in evi-

dence and consider data specific to health equity and racial diversity to inform its decision making. Furthermore, USPSTF should review a recommendation upon a showing of new evidence. In addition, USPSTF's composition should reflect an appropriate breadth of practicing physician expertise, including specialist expertise, as well as public input reflecting diverse patient populations.

Viral Hepatitis National Strategic Plan.—The Committee applauds the Department's update of the Viral Hepatitis National Strategic Plan, which was released in January 2021. The Viral Hepatitis Plan sets clear goals on how the United States can prevent, diagnose, treat, and manage viral hepatitis. The Committee urges the Department to implement the strategies laid out in this plan to reverse the rates of viral hepatitis, prevent new infections, improve care and treatment, and ultimately eliminate viral hepatitis as a public health threat.

Zoonotic and Vector-Borne Disease Prevention, Early Detection, and Warning System Strategy.—The Committee directs the Secretary or his designee to work with the One Health Network to establish a 5-year strategy and framework for contributing to the building and implementation of the Zoonotic and Vector-Borne Disease Prevention, Early Detection, and Warning System (System), and to report on the status of such effort within 120 days of enactment of this Act. The strategy should identify the knowledge and information needs that the System will meet; key indicators (including indicators that span human, animal, and ecological determinants of spillover); existing domestic and international data sources (including basic data sources such as wastewater monitoring); knowledge and data gaps; plans for harnessing and strengthening existing domestic and international data sources; plans for building and strengthening new domestic and international data sources, triangulating data, plans for making the System and its data and analyses widely available and easily accessible to policy and programming decision makers and the general public; plans for strengthening the capacity of intergovernmental, nonprofit and other institutions to collect, analyze, and use relevant data and the overall system, especially in low- and middle-income countries; plans for harnessing and contributing to global private and public activities and partnerships; and plans for communicating findings, especially when a spillover event is imminent or detected. The Committee recognizes that some countries are not accessible or open to data collection, and therefore encourages partnerships with other organizations, including intergovernmental organizations, to support data collection and collaboration.

Office of the Assistant Secretary for Health

Commissioned Corps of the U.S. Public Health Service (USPHS).—The Committee urges the Department to ensure that the Commissioned Corps' policies on the inclusion of employees with chronic hepatitis B are consistent with up-to-date medical knowledge and that the USPHS adopt comprehensive, evidence-based HBV policies consistent with CDC recommendations for current and incoming personnel.

Dietary Guidelines for Americans.—The Committee recognizes the importance of communicating the new 2020-2025 Dietary Guidelines for Americans to health care providers in order to

achieve the intended population impact, particularly given the introduction of new nutrition recommendations for children from birth through 24 months and pregnant and lactating women. The Committee encourages the Department to develop materials for a comprehensive public education campaign aimed at educating health care professionals on how to talk with their patients about aligning their dietary choices with the Dietary Guidelines. The campaign should be informed by scientific research on health behavior change, as well as input from key stakeholder groups, including nutrition assistance program participants and administrators, health care providers, community leaders, and health and nutrition advocates. The campaign should incorporate educational materials representing wide diversity of cultural food preferences and should be available in languages that meet the needs of populations at risk for diet-related disease. The Office of Disease Prevention and Health Promotion should work in collaboration with the USDA Center for Nutrition Policy and Promotion to develop this campaign.

Health and Housing Initiatives.—The Committee is aware of promising initiatives developed by non-profit community groups in collaboration with local health systems and housing authorities that are targeted at homeless and precariously housed individuals who are high utilizers of medical care provided at hospital emergency departments. These programs work across different areas of core competency to provide safe, affordable housing together with ancillary medical, behavioral, substance use disorder, nutritional and employment or job training services. Participants demonstrate significant improvements in their health, sustainable incomes, and reduced use of emergency department and other expensive medical services. The Committee encourages the Department to support these types of initiatives through research, innovation models, health workforce and homeless programs, and other appropriate initiatives.

National Strategy for Herpes Simplex Virus (HSV), Types 1 and 2.—The Committee recognizes that an estimated 1 in 3 Americans has Herpes, and that most Americans with HSV do not have symptoms and do not realize they have it. In light of the national prioritization of ending the HIV/AIDS epidemic, maternal health, neonatal health, and the all-time high of STIs, the Committee urges the Assistant Secretary for Health to develop a national strategy and strategic plan for the treatment and prevention of HSV types 1 and 2.

Public Health Service Corps Eligibility Requirements.—The Committee is concerned that the Office of the Surgeon General has not complied with language in the Joint Explanatory Statement for P.L. 116–260 which encouraged the Secretary to update accreditation and eligibility requirements for the Public Health Service Corps to allow access to the best qualified applicants, including those who graduate from Psychological Clinical Science Accreditation System programs. The Committee urges the Department to make the necessary changes to its eligibility requirements.

Teen Pregnancy Prevention.—The Committee strongly supports the Teen Pregnancy Prevention (TPP) Program and provides \$130,000,000, an increase of \$29,000,000 over the enacted level. The TPP Program has been widely cited as a high-quality evidence-

based program, including by the bipartisan Commission on Evidence-Based Policymaking.

Teen Pregnancy Prevention Program Evidence Review.—The Committee includes \$900,000 for the Assistant Secretary for Planning and Evaluation to reactivate the TPP Evidence Review. The Evidence Review is an independent, systematic, rigorous review of evaluation studies that inform grantmaking and provide a clearinghouse of evidence-based programs for other Federal, State, and community initiatives.

Office of Minority Health

The Committee includes \$75,835,000 for the Office of Minority Health (OMH), which is \$14,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request. The OMH works with U.S. Public Health Service agencies and other agencies of the Department to address the health status and quality of life for racial and ethnic minority populations in the United States. OMH develops and implements new policies; partners with States, tribes, and communities through cooperative agreements; supports research, demonstration, and evaluation projects; and disseminates information.

Center for Indigenous Innovation and Health Equity.—The Committee continues to recognize the importance of advancing Indigenous solutions to achieve health equity. The Committee includes \$3,000,000, an increase of \$1,000,000 to support the work of the Center for Indigenous Innovation and Health Equity. The Committee continues to urge 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.

Public Health Pilot Program to Address Structural Racism in Public Health.—The Committee strongly supports OMH grant programs that support public and non-profit entities, including community-based organizations, to build and strengthen coalitions focused on addressing structural racism in public health. The Committee directs the OMH to establish a pilot program to advance these goals and includes \$10,000,000 to fund 20 eligible applicants. The OMH Director shall submit a report to the Committee, not later than 180 days of enactment of this Act, on the progress of this pilot program.

The Committee is concerned that current grants to advance health equity and reduce disparities are not as targeted as necessary to address structural racism in public health and promote policies and practices that counter the disparate impact on the health and well-being of communities of color. Therefore, the Committee directs the Secretary to submit a report, not later than 90 days after enactment of this Act, providing details on entities awarded funding in prior fiscal years for efforts that address structural racism in public health, selection criteria used, and the funding amount for each grant or contract. In addition, the report shall detail steps the OMH plans to take to ensure grant funding is awarded to public and non-profit entities, including community-based organizations, that demonstrate the ability to implement innovative models to address structural racism.

Language Access Services.—The Committee includes \$3,000,000 to research, develop, and test methods of informing limited English proficient (LEP) individuals about their right to and the availability of language access services, including considerations related to literacy levels of LEP populations, the needs of older adults and speakers of indigenous languages, readability, and the usage of symbols, taglines, translated materials and other methodologies. OMH shall consult external experts and organizations with knowledge on or connections to LEP communities and partner with non-profit community-based organizations to test solutions and solicit feedback from LEP populations. The Committee requests a briefing on this initiative within 180 days of enactment of this Act.

Physician Shortage Report.—The Committee directs the Advisory Committee on Minority Health to issue a report advising HHS on the best efforts to create pipeline programs that start with pre-med students in underserved areas and end in more graduate medical education training programs in those underserved areas. The Committee recognizes the need to build and strengthen the pipeline for physicians who practice in medically underserved areas. The COVID-19 pandemic has exposed how fragile the frontline provider workforce is because of the physician shortage crisis, and it is most pronounced in medically underserved areas.

Vaccine and Testing Equity Study.—The Committee recognizes that Hispanic and immigrant communities face unique barriers regarding COVID-19 vaccination and testing, including a lack of reliable information in their languages, misinformation, and fear of deportations. The Committee requests a study by the Advisory Committee on Minority Health, within 120 days of enactment of this Act, on further steps and recommendations that can help HHS address vaccine and testing equity in Hispanic and immigrant communities during the COVID-19 pandemic.

Office on Women's Health

The Committee includes \$42,140,000 for the Office on Women's Health (OWH), which is \$7,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request.

Combating Violence Against Women.—The Committee includes \$10,000,000 to combat violence against women through the State partnership initiative and directs the OWH to work in conjunction with the Family Violence Prevention and Services Program office. This program provides funding to State-level public and private health programs to partner with domestic and sexual violence organizations to improve health care providers ability to help victims of violence and improve prevention programs. In addition, the Committee continues to recommend OWH create a State-level pilot program to incentivize substance use disorder treatment providers to be trained on intimate partner violence.

Interagency Coordinating Committee on the Promotion of Optimal Birth Outcomes.—The Committee includes \$2,000,000 for the OWH to convene an Interagency Coordinating Committee on the Promotion of Optimal Birth Outcomes to oversee and coordinate the HHS Action Plan to Improve Maternal Health in America. The Coordinating Committee shall meet biannually and shall include, but not be limited to, the Administrators of HRSA, CDC, CMS, ACF, ACL, SAMHSA, the Indian Health Service, and the Secretaries of

the VA and DOD. The Coordinating Committee shall produce an annual progress report that reports on activities and outcomes of the HHS programs directed toward improving maternity outcomes.

MEDICARE HEARINGS AND APPEALS

Appropriation, fiscal year 2021	\$191,881,000
Budget request, fiscal year 2022	196,000,000
Committee Recommendation	196,000,000
Change from enacted level	4,119,000
Change from budget request	---

This appropriation supports activities carried out by two Office of the Secretary Staff Divisions. The Office of Medicare Hearings and Appeals supports Medicare appeals at the administrative law judge level, the third level of Medicare claims appeals. The Departmental Appeals Board represents the fourth level of the Medicare appeals process and provides impartial, independent hearings and appellate reviews.

Bond Hearings and Placement Reviews.—The Committee believes it is incumbent upon HHS to ensure that children’s rights to placement in the least restrictive setting are protected, and strongly supports the right of an unaccompanied child (UC) to challenge their placement in restrictive settings in front of the HHS Departmental Appeals Board (DAB) with representation of legal counsel, and with an ORR-appointed child advocate. The Committee expects that the HHS DAB will ensure that the Administrative Law Judges (ALJs) for UC hearings will operate separate and apart from all ORR staff who take part in, review, or adjudicate placement of unaccompanied children and that they will have training and expertise on the Flores Settlement Agreement, the Trafficking Victim Protection Reauthorization Act, and the particular vulnerabilities of unaccompanied children.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH

INFORMATION TECHNOLOGY

Appropriation, fiscal year 2021	\$62,367,000
Budget request, fiscal year 2022	86,614,000
Committee Recommendation	86,614,000
Change from enacted level	+24,247,000
Change from budget request	---

The Office of the National Coordinator (ONC) is the principal Federal entity charged with coordinating efforts to implement and use health information technology and exchange electronically health information.

Accessibility of Online Telehealth Platforms.—The Committee recognizes that the COVID–19 pandemic led to the increased use of online portals and web services for patients seeking information, scheduling, and accessing remote services. However, the Committee is concerned that many online platforms are not user-friendly, especially for less digitally literate communities, including seniors. The Committee urges the Secretary, working through ONC, to coordinate with the Agency for Healthcare Research & Quality (AHRQ), the Centers for Medicare & Medicaid Services (CMS), and Office for Civil Rights (OCR) on any Federal efforts that can be made to evaluate the accessibility of digital health platforms for Federally-supported providers, including any assessments of how

seniors and persons with disabilities are included in the design and testing of the platforms. Further, the Committee directs the Secretary, working through ONC, AHRQ, CMS, and OCR, to establish best practices for healthcare providers to improve their online telehealth platforms for seniors, individuals with disabilities, and individuals with limited English proficiency.

Public Health Data Utility.—The Committee notes the COVID-19 pandemic has exposed serious gaps in our health care system and the challenges of responding to major public health threats. Real-time data is essential for responding to a pandemic and for improving public health outcomes broadly. The Committee acknowledges some States have advanced capacities to collect and share real-time data and effectively respond to public health threats through their Health Information Exchange (HIE). These States can lead the way by maximizing current capabilities and sharing across the Nation. The Committee encourages the Office of the National Coordinator, in coordination with the Assistant Secretary for Preparedness and Response, to coordinate with State-based health data utilities to better plan and prepare for a public health threat.

Recording Vaping in Electronic Health Records.—The Committee understands that despite the prevalence of e-cigarette use among youths and the potential risk of serious side effects, consensus on how to screen adolescents for e-cigarette use is lacking. Providers may not ask about use of these devices, and electronic health records (EHRs) currently do not provide options for recording use of e-cigarettes, water pipes, and other types of smoking in consistent computable ways, potentially resulting in underreporting, and a dearth of data that can be used to understand long-term health outcomes. The Committee urges the Secretary, working through the Centers for Disease Control and Prevention, Food and Drug Administration, and ONC, to consider developing strategies to enhance accurate data collection and timely reporting of e-cigarette use, including consideration of the role of EHRs, as aligned with applicable clinical practice guidelines.

Standards for Interoperability.—The recommendation includes not less than \$5,000,000 to support Fast Healthcare Interoperability Resource standards-related activities needed to successfully achieve interoperability and information sharing for better health and health care.

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2021	\$80,000,000
Budget request, fiscal year 2022	100,000,000
Committee Recommendation	100,000,000
Change from enacted level	+20,000,000
Change from budget request	---

The Committee recommends \$100,000,000 for the Office of Inspector General (OIG), which is \$20,000,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request. The bill includes language making a portion of funding available for two years, as requested in the Congressional Budget Justification, for the investigation and enforcement of information blocking.

In addition, within the Health Care Fraud and Abuse Control (HCFAC) program discretionary appropriations for fiscal year 2022, the Committee provides the OIG with \$109,145,000. Mandatory appropriations for this office also are contained in the HCFAC program and the Health Insurance Portability and Accountability Act of 1996.

OFFICE FOR CIVIL RIGHTS

Appropriation, fiscal year 2021	\$38,000,000
Budget request, fiscal year 2022	47,931,000
Committee Recommendation	47,931,000
Change from enacted level	+9,133,000
Change from budget request	---

The Office for Civil Rights (OCR) is responsible for enforcing civil rights statutes that prohibit discrimination in health and human services programs. OCR implements the civil rights laws through a compliance program designed to generate voluntary compliance among all HHS recipients.

Disability Ombudsperson.—The Committee encourages OCR to recommend that hospitals create a disability ombudsperson position who is authorized to facilitate communication between healthcare providers and patients with disabilities or their proxies and advocate on the patient’s behalf, when required, to ensure that all clinical and long-term services and support options and choices are made available.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

Appropriation, fiscal year 2021	\$653,023,000
Budget request, fiscal year 2022	656,504,000
Committee Recommendation	656,504,000
Change from enacted level	+3,481,000
Change from budget request	---

The Committee provides for retirement pay and medical benefits of Public Health Service Commissioned Officers, for payments under the Retired Serviceman’s Family Protection Plan, and for medical care of dependents and retired personnel.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

Appropriation, fiscal year 2021	\$2,847,458,000
Budget request, fiscal year 2022	3,523,116,000
Committee Recommendation	3,518,036,000
Change from enacted level	+670,578,000
Change from budget request	-5,080,000

This account supports the activities of the Assistant Secretary for Preparedness and Response (ASPR) and other components within the Office of the Secretary to prevent, prepare for, and respond to the health consequences of bioterrorism and other public health emergencies, including pandemic influenza. It also includes funding for the Department’s cybersecurity efforts.

In addition, the Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (P.L. 116–260) provided \$19,695,000,000 for the manufacturing and procurement of vaccines and therapeutics, as well as ancillary supplies necessary for the administration of vaccines and therapeutics. The American Rescue Plan (P.L. 117–2) provided \$6,050,000,000 for research, development, manu-

facturing, production, and the purchase of vaccines, therapeutics, and ancillary medical products and supplies to prevent, prepare, or respond to COVID-19 or any disease with potential for creating a pandemic.

Office of the Assistant Secretary for Preparedness and Response

The Committee provides \$2,997,937,000 for activities administered by ASPR. ASPR is responsible for coordinating national policies and plans for medical and public health preparedness and for administering a variety of public health preparedness programs.

Cold Chain Technologies.—The Committee recognizes the limitations that are presented by cold chain requirements for vaccine distribution and storage. The Committee directs the Secretary to explore opportunities for new technologies such as dry power approaches or thin-film freeze drying that allow for vaccines to be physiochemically stable for an extended period without causing degradation or reduction in immunogenicity. The Committee requests an update on such efforts in the fiscal year 2023 Congressional Budget Justification.

Far-Forward Patient Care.—The Committee recognizes that conducting traditional medical care closer to the point of injury can have many positive effects. ASPR is encouraged to consider establishing a Federally Funded Research and Development Center in partnership with an academic medical center to improve far-forward care, transportation and coordination, and advanced technology that can provide additional solutions to future patient care.

Freeze-Dried Hemostatic Products.—The Committee encourages the further development of freeze-dried hemostatic products, especially platelet-derived products, to include a wide range of indications.

Modeling and Simulation.—The Committee encourages ASPR to support the development and study of *in silico* approaches to accelerate vaccines for emerging infectious diseases including, but not limited to, computational simulation, data analytics, and the digital patient model, with the objective of reducing the time to market for virus vaccines.

Pandemic Preparedness.—The Committee encourages efforts to partner with one or more academic health centers leading regional coordination efforts through the existing Regional Disaster Health Response System. The Committee encourages efforts to expand cooperative agreements for pilots to advance comprehensive regional preparedness built on real time data and convening of relevant stakeholders from local, State, and Federal governments, and civic and corporate leaders to improve pandemic preparedness and response. These pilots would allow for an integrated plan for preparedness and response including recommendations for table-top exercises to assure future systems are in place to respond to pandemics. In addition, the Committee encourages the consideration of improved airborne infectious disease monitoring capabilities.

State Emergency Operations Centers.—The Committee urges ASPR, in coordination with other relevant agencies, to conduct a study to examine the differences in State emergency operation center responses to the COVID-19 pandemic to identify best practices

to inform future public health emergency preparedness and response.

Operations

The Committee includes \$32,176,000, an increase of \$1,238,000, for activities within the Assistant Secretary's Immediate Office; the Office of the Chief Operating Officer; the Office of Acquisitions Management, Contracts, and Grants; and the Office of Financial Planning and Analysis.

Preparedness and Emergency Operations

The Committee includes \$25,640,000, an increase of \$986,000, for Preparedness and Emergency Operations. The Preparedness and Emergency Operations account funds the Office of Emergency Management, which supports a full spectrum of emergency management responsibilities, including planning, coordination, logistics, training, and responding to planned events and unplanned incidents.

National Disaster Medical System

The Committee includes \$91,807,000, an increase of \$28,403,000, for the National Disaster Medical System (NDMS). NDMS deploys trained medical teams to communities impacted by public health and medical emergencies due to natural and man-made incidents.

Mission Zero.—The Committee includes \$5,000,000 for civilian trauma centers to train and incorporate military trauma care providers and teams into care centers.

Pediatric Disaster Care.—The Committee includes \$6,000,000 for the continuation pediatric disaster care program.

Hospital Preparedness Program

The Committee includes \$319,777,000, an increase of \$39,222,000, for the Hospital Preparedness Program (HPP). HPP supports a variety of programs to strengthen the preparedness and response of the health care sector.

Hospital Preparedness Program Cooperative Agreements.—The Committee includes \$240,000,000, an increase of \$8,500,000, for critical support to State, local and regional partners to advance health care system preparedness and response.

Locally-based Health Response.—The Committee recognizes the lack of essential health services is often a significant impediment to economic development and prosperity for low-income communities located in rural areas and regions of persistent poverty. Strategically placed and locally driven health response stations could help these communities overcome barriers. The Committee encourages ASPR to address health disparities in emergency health response.

National Special Pathogen System.—The Committee recognizes that our national health care readiness capacity and capabilities were severely tested by the COVID-19 pandemic. The Committee commends ASPR for establishing the National Special Pathogen System of Care (NSPS), working with the National Emerging Special Pathogens Training and Education Center (NETEC) to set the NSPS strategy and implementation plan. To ensure coordination, the Committee directs NETEC to serve as the coordinating body.

The Committee includes \$8,000,000, an increase of \$3,000,000, for the NETEC. In addition, given the knowledge and expertise generated over the course of the pandemic, now is an opportune time to expand the regional network to include additional centers with a proven track record in combatting emerging infectious diseases. To that end, the Committee includes \$31,000,000, an increase of \$25,000,000, to increase the number of Regional Ebola and Other Special Pathogen Treatment Centers (RESPTCs) to improve preparedness for future pandemic threats. The RESPTC expansion shall be a competitive process and health care entities applying to join the RESPTC system must demonstrate a commitment to health equity and delivery of health care services to diverse and under-served low-income populations; an emphasis on population health; the capacity to serve pediatric patients; and the ability to translate lessons observed and health systems research into actionable health care emergency response implementation plans. The Committee requests both a written report and a briefing, within 90 days of enactment of this Act, on progress in establishing a robust NSPS and integrating NSPS with other health care delivery systems of care for emergencies, such as the trauma system.

Biomedical Advanced Research and Development Authority

The Committee includes \$823,380,000, an increase of \$226,680,000, for the Biomedical Advanced Research and Development Authority (BARDA). BARDA, through the Strategic Investor Program and other efforts, supports the advanced development of vaccines, drugs, and therapeutics for potential serious public health threats, including chemical, biological, radiological, and nuclear threats, pandemic influenza, and emerging and re-emerging infectious diseases. BARDA has played an essential role in the response to COVID-19. The Committee encourages BARDA to expand its portfolio of partnerships for broader success.

Active Pharmaceutical Ingredients.—The Committee is concerned with the national security risk of our increased reliance on foreign-based sources of active pharmaceutical ingredients, their chemical components, and off-shore drug production. The Committee recognizes the importance of domestic drug manufacturing and onshore production of medicine and provided supplemental emergency funding in pandemic relief legislation to support increased U.S.-based manufacturing capabilities. The successful work of BARDA in addressing public health vulnerabilities and securing a national stockpile of drugs has unique potential to consider program expansion to include at-risk drug ingredients. The Committee urges BARDA to engage in public-private partnerships for U.S.-based advanced manufacturing for active pharmaceutical ingredients including their chemical precursors for the Strategic National Stockpile. The Committee directs BARDA to provide a report within 180 days of enactment of this Act detailing their efforts to promote domestic drug manufacturing, including efforts during the COVID-19 public health emergency, and recommendations for Congress to support onshore pharmaceutical production.

Advanced Pharmaceutical Manufacturing Technologies.—The Committee encourages BARDA to support the research, development and facilitation of novel pharmaceutical manufacturing technologies that provide flexible systems for the production of medical

countermeasures at a lower cost than traditional manufacturing processes, including technologies that utilize agricultural cell line development. The Committee urges BARDA to partner with domestic manufacturers to bolster U.S. supply chains to enhance our domestic capacity to respond to a variety of new threats more effectively in the future.

At-Home Rapid COVID Tests.—The Committee urges BARDA to continue efforts on Rapid Acceleration of Diagnostics (RADx) to continue innovation to make at-home rapid COVID tests accessible.

Broad Spectrum Antimicrobials and CARB-X.—The Committee urges the Secretary to update the scope of support for the CARB-X program to include pathogens listed in the 2019 CDC Antibiotic Resistant Threats report, which includes products that target fungal pathogens. BARDA's Broad Spectrum Antimicrobials program is developing medical countermeasures that counter identified biothreats and address healthcare and community-acquired multi-drug resistant pathogens. These programs leverage public/private partnerships to develop products that directly support the government wide National Action Plan for Combating Antibiotic Resistant Bacteria and have a proven track record in developing new FDA approved antibiotics.

Ebola.—The Committee recognizes BARDA's efforts to address the threat of Ebola with an active portfolio of therapeutics, diagnostics, and vaccines.

Pathogen-Reduced Red Blood Cell Technology.—The Committee recognizes BARDA's investments for clinical trial development of nucleic acid targeted pathogen reduction technology to improve red blood cell transfusion safety. Such investments will ensure protection for blood products in the nation's blood supply. The Committee requests an update of these activities in the fiscal year 2023 Congressional Budget Justification.

Strengthening Domestic Medical Manufacturing and Production.—The Committee is concerned about the nation's limited infrastructure to produce essential products such as medical devices, medical equipment, pharmaceuticals, and personal protective equipment. The COVID-19 pandemic demonstrated the weaknesses in the U.S. supply chain and the dependence of the U.S. healthcare system on other countries. The Committee remains concerned that there could be shortages of products and components, including elastomeric components. The Committee is also concerned about the emergence of counterfeit personal protective equipment products. This is a safety and public health risk. The Committee recognizes the importance of domestic manufacturing and raw materials, supported by \$10,000,000,000 in the American Rescue Plan (P.L. 117-2) for the Defense Production Act, and urges HHS to undertake efforts to ensure a long-term sustainable domestic supply chain for medical products.

Use of Funds.—The Committee awaits the results of the HHS internal review of the use of advanced research and development funding, and the external audit of the use of ASPR funds for administrative services. The Committee requests a briefing on the findings, recommendations, and corrective action plan no later than 30 days after enactment of this Act.

Policy and Planning

The Committee includes \$19,917,000, an increase of \$5,040,000, for Policy and Planning. The Office of Policy and Planning leads the Department's emergency preparedness and response strategic direction and policy coordination.

Project BioShield Special Reserve Fund

The Committee includes \$770,000,000 for Project BioShield. These funds support the acquisition of promising medical countermeasures developed through BARDA contracts for the most serious public health threats.

Strategic National Stockpile

The Committee includes \$905,000,000, an increase of \$200,000,000, for the Strategic National Stockpile (SNS). In addition, the CARES Act (P.L. 116–136) included up to \$16,000,000,000 and the Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (P.L. 116–260) included \$3,250,000,000 for the SNS.

CDC Engagement.—The Committee directs ASPR to support the significant role of the Centers for Disease Control and Prevention in the SNS by providing scientific expertise in decision-making related to procurement of countermeasures, and maintaining strong relationships with State and local public health departments to facilitate efficient deployment of countermeasures in public health emergencies.

COVID–19 Variant Therapeutics.—The Committee recognizes that COVID–19 variants present a public health challenge even as more Americans become vaccinated. The Committee encourages the SNS to have a sufficient stockpile of monoclonal antibody therapeutics for the treatment of COVID–19 emerging variants, and strongly encourages the acquisition of therapeutics that will provide effective treatment for the broadest possible range of new variants.

Influenza Antivirals.—The Committee remains concerned about the perennial threat of pandemic influenza. In addition to vaccines, antivirals are a critical medical countermeasure. Currently, the SNS includes only one type of influenza antiviral. The Committee urges ASPR to review this strategy.

Re-Envisioning the Strategic National Stockpile.—The Committee is concerned about the mission and operations of the SNS. Early in the pandemic, there was extensive confusion about the role of the SNS, the content of the SNS inventory, and policies and processes for distribution of SNS inventory. The U.S. must maintain transparent, elastic, and highly available health assets, medical countermeasures framework and associated supply chains to effectively plan and respond as needed. The Committee is aware of current review efforts being conducted by the HHS Office of Inspector General, Government Accountability Office, and non-governmental entities. To benefit from these external reviews and to improve efforts, the Committee directs the Secretary to engage in a re-envisioning process considering a variety of topics including real-time inventory transparency; data and analytics to enhance evidenced-based policy decisions and risk mitigation strategies; elasticity to readily scale responses; modeling and simulation to plan and exercise; supply chain risk management, including the identification

and mitigation of over-reliance on foreign sources of critical supplies; and revolving management of inventory. The Committee requests a report and briefing on these efforts, including a timeline of key activities and an update on activities required by Executive Order 14001 within 60 days of enactment of this Act.

Saline.—The Committee encourages the review of the stockpile quantity of normal IV saline and related medical supplies, and to include an update in the fiscal year 2023 Congressional Budget Justification.

Strategic National Stockpile Supplies.—Not later than 30 days after the date of enactment of this Act, and monthly thereafter until the public health emergency related to COVID–19 is no longer in effect, the Secretary shall report to the Committee on the current inventory of ventilators and personal protective equipment in the SNS, 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 month, reported by State and other jurisdiction. Further, the Committee directs the Assistant Secretary to ensure that the working group under section 319F(a) of the Public Health Service Act and the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) established under section 2811–1 of such Act includes expenditures necessary to maintain the minimum level of relevant supplies in the SNS, including in case of a significant pandemic, in the yearly submission of the PHEMCE multi-year budget.

Medical Reserve Corps

The Committee includes \$6,240,000, an increase of \$240,000, for the Medical Reserve Corps program, which is a network of local volunteers made up of doctors, dentists, nurses, pharmacists, and other community members who work to strengthen the public health infrastructure and preparedness capabilities of their communities.

Preparedness and Response Innovation

The Committee provides \$4,000,000, an increase of \$2,000,000, for a bilateral cooperative program with the Government of Israel for the development of health technologies.

Cybersecurity

The Committee provides \$159,116,000, an increase of \$101,296,000, for information technology cybersecurity in the Office of the Chief Information Officer and HHS-wide to strengthen the Department's cybersecurity posture. The Committee does not include funding to continue HHS Protect, as capabilities shall no longer be duplicated at the Departmental level or shall be delegated to the appropriate operating division.

Office of National Security

The Committee provides \$8,983,000, an increase of \$473,000, for the Office of National Security to maintain the security of the Department's personnel, systems, and critical infrastructure.

Office of the Assistant Secretary for Health

The Committee provides \$17,000,000 for preparedness and readiness.

Interagency COVID-19 Testing Strategy.—The Committee provided significant investments for COVID-19 testing in multiple supplemental appropriations bills, including the American Rescue Plan (P.L. 117-2), and understands a robust COVID-19 testing strategy is necessary for sustained normalcy and to prevent and respond to future outbreaks. Therefore, the Committee urges HHS to develop an interagency testing strategy. Recognizing the importance of partnerships and coordination across agencies, and the vital accomplishments of the Testing and Diagnostics Working Group, including the Industry Engagement and Industrial Base Expansion teams, coordination across HHS and with other departments is necessary to ensure corresponding comprehensive guidance.

Readiness and Training Programs.—The Committee requests an assessment of HHS deployable personnel, including but not limited to Public Health Service Commission Corps Officers and National Disaster Medical System intermittent personnel. The assessment should include the coordination of established forces and identification of remaining gaps. The report is to be submitted with the fiscal year 2023 Congressional Budget Justification.

Pandemic Influenza Preparedness

The Committee includes \$335,000,000, an increase of \$48,000,000, for the pandemic influenza preparedness program. This funding supports efforts to modernize influenza research and development of vaccines and the next-generation influenza medical countermeasures, preparedness testing and evaluation, and stockpiling, as well as critical domestic vaccine manufacturing infrastructure.

GENERAL PROVISIONS

Sec. 201. The Committee continues a provision to limit the amount available for official reception and representation expenses.

Sec. 202. The Committee continues a provision to limit the salary of an individual through an HHS grant or other extramural mechanism to not more than the rate of Executive Level II.

Sec. 203. The Committee continues a provision to prohibit the Secretary from using evaluation set-aside funds until the Committees on Appropriations receive a report detailing the planned use of such funds.

Sec. 204. The Committee continues a provision regarding the enacted level for the PHS evaluation set-aside.

(TRANSFER OF FUNDS)

Sec. 205. The Committee continues a provision permitting the Secretary of HHS to transfer up to one percent of any discretionary funds between appropriations, provided that no appropriation is increased by more than three percent by any such transfer to meet emergency needs. Notification must be provided to the Committees on Appropriations at the program, project, and activity level in advance of any such transfer.

Sec. 206. The Committee continues the 60-day flexibility for National Health Service Corps contract terminations.

Sec. 207. The Committee continues a provision to prohibit the use of Title X funds unless the applicant for the award certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.

Sec. 208. The Committee continues a provision stating that no provider of services under Title X shall be exempt from any law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

Sec. 209. The Committee continues a provision related to the Medicare Advantage program.

Sec. 210. The Committee continues a provision prohibiting funds from being used to advocate or promote gun control.

Sec. 211. The Committee continues a provision to allow funding for HHS international HIV/AIDS and other infectious disease, chronic and environmental disease, and other health activities abroad to be spent under the State Department Basic Authorities Act of 1956.

Sec. 212. The Committee continues a provision authorizing certain international health activities.

(TRANSFER OF FUNDS)

Sec. 213. The Committee continues a provision to provide the Director of NIH, jointly with the Director of the Office of AIDS Research, the authority to transfer up to three percent of human immunodeficiency virus funds.

(TRANSFER OF FUNDS)

Sec. 214. The Committee continues a provision that makes NIH funds for human immunodeficiency virus research available to the Office of AIDS Research.

Sec. 215. The Committee continues a provision granting authority to the Office of the Director of the NIH to enter directly into transactions in order to implement the NIH Common Fund for medical research and permitting the Director to utilize peer review procedures, as appropriate, to obtain assessments of scientific and technical merit.

Sec. 216. The Committee continues a provision clarifying that funds appropriated to NIH institutes and centers may be used for minor repairs or improvements to their buildings, up to \$3,500,000 per project with a total limit for NIH of \$45,000,000.

(TRANSFER OF FUNDS)

Sec. 217. The Committee continues a provision transferring one percent of the funding made available for National Institutes of Health National Research Service Awards to the Health Resources and Services Administration.

Sec. 218. The Committee continues the Biomedical Advanced Research and Development Authority ten year contract authority.

Sec. 219. The Committee continues specific report requirements for CMS’s Health Insurance Exchange activities in the fiscal year 2020 budget request.

Sec. 220. The Committee continues a provision prohibiting the CMS Program Management account from being used to support risk corridor payments.

(TRANSFER OF FUNDS)

Sec. 221. The Committee continues language directing the spending of the Prevention and Public Health fund.

PREVENTION AND PUBLIC HEALTH FUND

The Committee continues a provision that directs the transfer of the Prevention and Public Health Fund. In fiscal year 2022, the level appropriated for the fund is \$943,000,000 after accounting for sequestration. The Committee includes bill language in section 221 of this Act that requires that funds be transferred within 45 days of enactment of this Act to the following accounts, for the following activities, and in the following amounts:

Agency	Budget Activity	FY 2022 Committee
ACL	Alzheimer’s Disease Program	\$14,700,000
ACL	Chronic Disease Self-Management	8,000,000
ACL	Falls Prevention	5,000,000
CDC	Breastfeeding Grants (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 and Stroke Prevention Program	57,075,000
CDC	Million Hearts Program	14,000,000
CDC	Preventive Health and Health Services Block Grant	160,000,000
CDC	Tobacco	117,100,000
CDC	Section 317 Immunization Grants	419,350,000
CDC	Lead Poisoning Prevention	17,000,000
CDC	Early Care Collaboratives	5,000,000
SAMHSA	Garrett Lee Smith—Youth Suicide	12,000,000

Sec. 222. The Committee modifies a provision related to breast cancer screening.

Sec. 223. The Committee continues a provision related to indirect cost negotiated rates.

(TRANSFER OF FUNDS)

Sec. 224. The Committee continues a provision permitting transfer of funds within NIH, if such funds are related to opioid and pain management research.

Sec. 225. The Committee continues certain Congressional notification requirements.

Sec. 226. The Committee continues a provision related to a report on staffing.

Sec. 227. The Committee continues a provision allowing HHS to cover travel expenses when necessary for employees to obtain medical care when they are assigned to duty in a location with a public health emergency.

Sec. 228. The Committee modifies a provision related to donations for unaccompanied alien children.

Sec. 229. The Committee modifies a provision related to the use of funds to house unaccompanied children in facilities that are not State-licensed for the care of unaccompanied children.

Sec. 230. The Committee continues a provision related to the notification requirements regarding the use of facilities that are not State-licensed for the care of unaccompanied children.

Sec. 231. The Committee modifies a provision related to Members of Congress and oversight of facilities responsible for the care of unaccompanied alien children.

Sec. 232. The Committee continues a provision requiring monthly reporting on unaccompanied alien children who were separated from their parents or legal guardians and transferred to the care of the Office of Refugee Resettlement.

Sec. 233. The Committee includes a new provision prohibiting the use of funds for sharing any information pertaining to unaccompanied alien children for use or reference in removal proceedings or immigration enforcement.

Sec. 234. The Committee includes a new provision ensuring that efforts are taken to place unaccompanied alien children who are siblings together.

Sec. 235. The Committee includes a new provision requiring the Secretary to submit a detailed spend plan outlining anticipated uses of funds in the Refugee and Entrant Assistance account.

Sec. 236. The Committee continues a provision related to primary and secondary school costs for eligible dependents of HHS personnel stationed in the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, and the possessions of the United States.

Sec. 237. The Committee modifies a provision related to the Non-recurring Expenses Fund.

Sec. 238. The Committee includes a new provision authorizing the use of funds for a Separated Families Services Fund, for children, parents, and legal guardians who were separated at the United States-Mexico border in connection with the Zero-Tolerance Policy.

Sec. 239. The Committee includes a new provision related to facilities at CDC.

Sec. 240. The Committee includes a new provision related to premium pay authority.

Sec. 241. The Committee includes a new provision prohibiting funds for foster care programs from being awarded to an organization that excludes an individual based on non-merit factors such as age, disability, sex, race, color, national origin, religion, gender identity, or sexual orientation.

Sec. 242. The Committee includes a new provision related to reimbursable agreements.

Sec. 243. The Committee includes a new provision prohibiting funds from being used to award a contract for the CMS Medicare Contact Center Operations with a total period of performance that exceeds 24 months.

Sec. 244. The Committee includes a new provision related to notification requirements in the Social Security Act.

Sec. 245. The Committee includes a new provision to continue NIH transfer authority.

Sec. 246. The Committee includes a new provision to increase flexibility for grantees of the Ryan White HIV/AIDS program.

Sec. 247. The Committee includes a new provision requiring institutions that receive NIH grants to notify NIH if personnel funded by the grant are disciplined due to concerns about harassment.

Sec. 248. The Committee includes a new provision extending the availability of multi-year grant funding for research projects that were delayed due to COVID-19.

TITLE III—DEPARTMENT OF EDUCATION

EDUCATION FOR THE DISADVANTAGED

Appropriation, fiscal year 2021	\$17,226,790,000
Budget request, fiscal year 2022	37,246,790,000
Committee Recommendation	36,756,790,000
Change from enacted level	+19,530,000,000
Change from budget request	-490,000,000

This account provides foundational funding to help ensure all children receive a fair, equitable and high-quality education.

Of the total amount available, \$25,813,490,000 is appropriated for fiscal year 2022 for obligation on or after July 1, 2023 and \$10,841,177,000 is appropriated for fiscal year 2022 for obligation on or after October 1, 2023.

Grants to Local Educational Agencies

For fiscal year 2022, the Committee recommends \$36,036,802,000 for Title I grants to LEAs, an increase of \$19,500,000,000 over the fiscal year 2021 enacted level and \$500,000,000 below the fiscal year 2022 budget request. Title I is the cornerstone of federal K-12 education programs and critical to the nation’s collective efforts to ensure that every child has the opportunity to obtain a high-quality education. The program serves an estimated 25 million students in nearly 90 percent of school districts and nearly 60 percent of all public schools. Providing additional resources so that children can succeed in school and in life is one of the Committee’s highest priorities in the bill.

Of the amounts provided for Title I programs, \$6,459,401,000 is available for Basic Grants to Local Educational Agencies (LEAs or school districts), which is the same as the fiscal year 2021 enacted level. Basic grants are awarded to school districts with at least 10 low-income children who make up more than two percent of the school-age population.

Within the amount for Title I Basic Grants, up to \$5,000,000 is made available to the Secretary of Education (Secretary) on October 1, 2021, to obtain annually-updated LEA-level poverty data from the Bureau of the Census.

The Committee recommends \$1,362,301,000 for Title I Concentration Grants, which is the same as the fiscal year 2021 enacted level. Concentration Grants target funds to school districts in

The Committee recommends \$14,107,550,000 for Title I Targeted Grants, which is \$9,750,000,000 above the fiscal year 2021 enacted level. Targeted Grants provide higher payments to school districts with high numbers or percentages of low-income students.

The Committee recommends \$14,107,550,000 for Title I Education Finance Incentive Grants (EFIGs) which is \$9,750,000,000

above the fiscal year 2021 enacted level. EFIGs provide payments to States and school districts that incorporate equity and effort factors to improve the equity of State funding systems.

Equity.—The Committee is supportive of the fiscal year 2022 budget request’s goals of improving educator compensation, expanding access to high-quality pre-K, and improving the equity and adequacy of State and local school finance systems. In addition, the Committee strongly supports the Department’s efforts to close funding gaps between high- and low-poverty school districts and schools. The Committee agrees there is merit in exploring how State and local funding structures impact school resource equity, which approaches have most effectively decreased inequities, and what reforms could help further address longstanding equity and opportunity gaps experienced by students from low-income backgrounds and students of color in high-poverty districts and schools. The Committee therefore encourages the Department to continue its efforts in this area and to develop further recommendations, including recommendations on effective methods for promoting a more equitable distribution of State and local funds.

Reservation for Homeless Students.—The Committee urges that the Department support LEAs’ development of plans under section 1112(b)(6) of the Elementary and Secondary Education Act (ESEA) that describe the amount of funds for homeless students reserved under section 1113(c)(3)(A) of the ESEA, how such amount was determined, and the amount of the prior year’s reservation that was spent on homeless students. The Committee further urges that the Department support SEAs’ development of plans under section 1111(g)(1)(F) of the ESEA that describe how the SEA will monitor the amount and use of funds reserved for homeless students under section 1113(c)(3)(A) and provide technical assistance to assist LEAs in effectively using such funds to support homeless students.

Diverse Texts in School Libraries.—The Committee believes that all students should be able to access texts that reflect their interests and diverse cultures. Unfortunately, too many Black, Latino, Asian-American, and Native students are unable to access such books and printed materials in their classrooms and school libraries. To address this challenge, the Committee supports classroom and school libraries that seek to include content that reflects the history and diversity of their student populations.

School Names.—The Committee supports efforts by school districts that are home to populations of Latino, Black, Asian-American, and Native students to ensure public schools reflect the diversity of their districts, which may extend to the naming of schools to highlight the achievements of members from Latino, Black, Asian-American, and Native communities.

History and Cultural Contributions of Racial and Ethnic Minorities.—The Committee recognizes the increasing diversity of student populations attending K–12 public schools in the United States, and the value in developing curricula that fully capture the history and cultural contributions of racial and ethnic minorities in the U.S. The Committee supports efforts by the Department to provide technical assistance to K–12 public schools and educators interested in developing such courses and curricula for their students. The Committee also supports efforts by the Department to provide technical assistance around professional development for K–12 edu-

cators to develop, implement, and teach these emerging curricula using research-based, culturally responsive teaching methods and best practices. The Committee recognizes that well-taught and well-designed courses highlighting the history and cultural contributions of diverse populations provide academic benefits to all students and contribute to students' sense of self and belonging in school.

Military Student Identifier.—The Committee notes that the ESEA recognizes military-connected students as a distinct subgroup of students. More than 80 percent of military-connected children attend public schools. Students with parents/guardians who serve full-time in the military move and change schools frequently. In addition, they may experience trauma resulting from separations from a parent/guardian due to their parents' service to the U.S. Military. The Military Student Identifier provides educators, school leaders, and policymakers with critical information to personalize attention and direct resources to better support military dependent children. Current law directs the Military Student Identifier toward the children of active duty families, leaving out the nearly one-half million children of the reserve component, both National Guard and Reserves. The Committee supports efforts to address the unique needs of children whose parents/guardians serve in the National Guard and reserve components.

Transportation and School Improvement.—The Committee recognized a longstanding barrier to the implementation of strategies to increase student diversity as a means of school improvement in the Department of Education Appropriations Act, 2019 when it removed two decades-old prohibitions on the use of Federal funds for transportation costs to carry out school desegregation efforts. Subsequently, in the Department of Education Appropriations Act, 2021, the Committee removed the last of these long-standing prohibitions in the Federal code in the General Education Provisions Act. With the recent removal of these prohibitions, the Committee is concerned many States and districts may be unaware of their ability to use ESEA funding to support voluntary school integration efforts. In response, the Committee directs the Department to provide technical assistance to school districts regarding the use of school improvement funds under Title I, Part A for transportation to support voluntary school integration efforts.

Comprehensive and Targeted Support and Improvement.—The Committee notes that an increase in Title I funding overall also increases aid for the Section 1003 Title I set-aside which provides funding for schools identified for comprehensive and targeted support and improvement. The Committee notes that funds under Section 1003 can be used to support socioeconomic and racial integration in schools as an evidence-based strategy to improve schools identified for improvement under ESEA. The Committee encourages the Department to provide technical assistance to school districts on how Section 1003 funds can be used to make progress on these critical goals.

Increasing Equity in Advanced Coursework.—Research shows that Black, Latino, and Native American students, students with disabilities, and students from low-income families are underrepresented in advanced programs and courses (gifted and talented, advanced placement, international baccalaureate, honors courses,

dual enrollment). A major barrier for these students is the over-reliance on subjective criteria not proven to predict course success. The Committee is encouraged by recent State and district actions to lessen these disparities, including the implementation of open enrollment, automatic enrollment for students who have demonstrated readiness, and/or universal screening for gifted and talented programs. The Committee notes that funds under ESEA may be used to implement open enrollment, automatic enrollment, and/or universal screening practices; as well as use these funds to increase course access and success, provide coaching and training for educators, purchase materials, and/or cover exam fees for under-represented students. To ensure these resources advance student outcomes for historically underserved students, the Committee encourages the Department to resume collecting data on passing rates for all Advanced Placement subject areas.

Comprehensive Literacy Development Grants

The Committee recommends \$192,000,000 for Comprehensive Literacy Development Grants, which is the same as the fiscal year 2021 enacted level and the 2022 budget request. Funds are awarded to States to subgrant to school districts and/or early education programs to improve literacy instruction for disadvantaged students.

Innovative Approaches to Literacy

The Committee recommends \$31,000,000 for Innovative Approaches to Literacy (IAL), which is \$3,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 request. IAL funds support competitive grants to school libraries and national not-for-profit organizations to provide books and literacy activities to children and families in high-need communities.

Underserved Urban School Districts.—The Committee directs the Department in the fiscal year 2022 competition to continue prioritizing underserved communities in urban school districts in which students from low-income families make up at least 50 percent of enrollment.

State Agency Programs: Migrant

The Committee recommends \$382,626,000 for the State Agency Program for Migrant Education, which is \$7,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 request. This program supports special educational and related services for children of migrant agricultural workers and fishermen, including: (1) supplementary academic education; (2) remedial or compensatory instruction; (3) English for limited English proficient students; (4) testing; (5) guidance counseling; and (6) other activities to promote coordination of services across States for migrant children whose education is interrupted by frequent moves.

State Agency Programs: Neglected and Delinquent

For the State Agency Program for Neglected and Delinquent Children, the Committee recommends \$48,864,000, the same as the fiscal year 2021 enacted level and the fiscal year 2022 request proposes to eliminate this program. This formula grant program supports educational services for children and youth under age 21 in

State-run institutions, attending community day programs, and in correctional facilities. A portion of these funds is provided for projects that support the successful re-entry of youth from the criminal justice system into postsecondary and vocational programs.

Special Programs for Migrant Students

The Committee recommends \$66,123,000 for the Special Programs for Migrant Students, which is \$20,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. These programs make grants to colleges, universities, and nonprofit organizations to support educational programs designed for students who are engaged in migrant and other seasonal farm work. The High School Equivalency Program (HEP) recruits migrant students age 16 and over and provides academic and support services to help those students obtain a high school equivalency certificate and subsequently to gain employment or admission to a postsecondary institution or training program. The College Assistance Migrant Program (CAMP) provides tutoring and counseling services to first-year, undergraduate migrant students and assists those students in obtaining student financial aid for their remaining undergraduate years.

IMPACT AID

Appropriation, fiscal year 2021	\$1,501,112,000
Budget request, fiscal year 2022	1,541,112,000
Committee Recommendation	1,552,112,000
Change from enacted level	+51,000,000
Change from budget request	+11,000,000

This account supports payments to school districts affected by Federal activities, such as those that educate children whose families are connected with the military or who live on Indian land.

Basic Support Payments

The Committee recommends \$1,404,242,000 for Basic Support Payments to LEAs, which is \$50,000,000 above the fiscal year 2021 enacted level and \$10,000,000 above the fiscal year 2022 budget request. Basic Support Payments compensate school districts for lost tax revenue and are made on behalf of Federally-connected children, such as children of members of the uniformed services who live on Federal property.

Payments for Children with Disabilities

The Committee recommends \$48,316,000 for Payments for Children with Disabilities, which is the same as both the fiscal year 2021 enacted level and the fiscal year 2022 budget request. These payments compensate school districts for the increased costs of serving Federally-connected children with disabilities.

Facilities Maintenance

The Committee recommends \$4,835,000 for Facilities Maintenance, which is the same as both the fiscal year 2021 enacted level and the fiscal year 2022 budget request. These capital payments are authorized for maintenance of certain facilities owned by the Department.

Construction

The Committee recommends \$17,406,000 for the Construction program, which is the same as both the fiscal year 2021 enacted level and the fiscal year 2022 budget request. Funding is allocated by formula to eligible LEAs for school construction activities under section 7007(b) of ESEA.

Payments for Federal Property

The Committee recommends \$77,313,000 for Payments for Federal Property, which is \$1,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request. Funds are awarded to school districts to compensate for lost tax revenue as the result of Federal acquisition of real property since 1938.

Data for Eligible Communities.—The reporting method used to calculate the amount of Impact Aid a school receives is critical to ensuring accurate data for eligible communities. Correct student counts ensure adequate resources are provided for students. The Committee appreciates the Department’s assessment of Impact Aid surveying flexibilities for the 2020–2021 school year included in the fiscal year 2022 Congressional Budget Justification and requests that the Department assess the merits of such flexibilities in future years, along with other potential process modifications, in the fiscal year 2023 Congressional Budget Justification. In addition, the Committee requests recommendations for helping LEAs plan for discrepancies between estimated and actual award levels.

SCHOOL IMPROVEMENT PROGRAMS

Appropriation, fiscal year 2021	\$5,444,217,000
Budget request, fiscal year 2022	5,532,675,000
Committee Recommendation	5,803,539,000
Change from enacted level	+359,322,000
Change from budget request	+270,864,000

The Committee recommendation includes \$5,803,539,000 for the School Improvement Programs account.

Supporting Effective Instruction State Grants

The Committee recommends \$2,293,080,000 for Supporting Effective Instruction State Grants (Title II–A), which is \$150,000,000 above the fiscal year 2021 enacted level and \$144,500,000 above the fiscal year 2022 budget request. Title II–A grants provide States and school districts with a flexible source of funding to strengthen the skills and knowledge of teachers, principals, and administrators to enable them to improve student achievement.

Whole Child Professional Development.—The Committee notes that Title II, Part A funds can be targeted toward effective preparation and professional development designs that enable teachers and school leaders to expand their knowledge and skills regarding the sciences of child and adolescent learning and development, including teaching challenging content, teaching diverse learners, and supporting social-emotional and academic development in culturally and linguistically responsive ways.

Materials from Teacher Professional Development.—Given the importance of funds under Title II, Part A in helping teachers advance their own professional development and meet the needs of their students, the Committee encourages the Department to issue

guidance clarifying allowable uses of funds. Teachers often take professional development training that, in turn, requires access to additional funding for instructional materials to be able to utilize their training in the classroom. But the funding streams for professional development and associated instructional materials are misaligned, particularly in science, technology, engineering, and math (STEM) fields, which can result in teachers participating in professional development programs that they are unable to share with their students. The Committee supports efforts by the Secretary to offer guidance on how an LEA may use Title II, Part A funds on instructional materials that are directly connected to teacher professional development training. In addition, the Committee notes the benefits of posting guidance online and communicating about guidance with outside stakeholders, particularly district superintendents.

Supplemental Education Grants

The Committee recommends \$23,021,000 for Supplemental Education Grants to the Federated States of Micronesia and the Republic of the Marshall Islands, which is \$6,322,000 more than the fiscal year 2021 enacted level and \$3,364,000 more than the fiscal year 2022 budget request. The Compact of Free Association Amendments Act of 2003 (P.L. 108–188) authorizes these entities to receive funding for general education assistance. The Committee provides sufficient funding to meet authorized funding levels established in P.L. 108–188.

Nita M. Lowey 21st Century Community Learning Centers

The Committee recommends \$1,359,673,000 for Nita M. Lowey 21st Century Community Learning Centers, \$100,000,000 more than the fiscal year 2021 enacted level and \$50,000,000 above the fiscal year 2022 budget request. Funds are awarded by formula to States, which in turn distribute funds on a competitive basis to local school districts, nonprofit organizations, and other public entities.

The Committee notes that only one in three 21st Century Community Learning Centers grant applications is awarded, reflecting substantial unmet demand for these opportunities. The \$100,000,000 increase over fiscal year 2021 will help communities providing afterschool programs serve 120,000 more students than in fiscal year 2021.

State Assessments

The Committee recommends \$378,000,000 for State Assessments, which is the same as the fiscal year 2021 enacted level and the fiscal year 2022 budget request. Funds are available to develop and implement academic standards and assessments. The program includes a set-aside for audits to identify and eliminate low-quality or duplicative assessments.

Education for Homeless Children and Youth

The Committee recommends \$116,500,000 for the Education for Homeless Children and Youth program, which is \$10,000,000 more than the fiscal year 2021 enacted level and the fiscal year 2022

budget request. Grants are allocated to States in proportion to the total each State receives under the Title I program.

Training and Advisory Services

The Committee recommends \$6,575,000 for Training and Advisory Services authorized by Title IV–A of the Civil Rights Act, which is the same as both the fiscal year 2021 enacted level and the fiscal year 2022 budget request. Title IV–A authorizes technical assistance and training services for school districts to address problems associated with desegregation on the basis of race, sex, or national origin. The Department awards three-year grants to regional Equity Assistance Centers (EACs) located in each of the 10 Department of Education regions. The EACs provide services to school districts upon request. Typical activities include disseminating information on successful education practices and legal requirements related to nondiscrimination on the basis of race, sex, and national origin in educational programs.

Countering Anti-Semitism.—The Committee supports efforts by the Department to ensure the services available through EACs include training, developing materials, strategies, and professional development activities to assist schools and communities in preventing and countering anti-Semitic harassment.

Education for Native Hawaiians

The Committee recommends \$40,397,000 for the Education for Native Hawaiian program, which is \$3,000,000 more than the fiscal year 2021 enacted level and the fiscal year 2022 budget request. Funds are used to provide competitive awards for supplemental education services to the Native Hawaiian population.

Alaska Native Education Equity

The Committee recommends \$36,453,000 for the Alaska Native Education Equity program, which is the same as the fiscal year 2021 level and the fiscal year 2022 budget request. Funds are used to provide competitive awards for supplemental education services to the Alaska Native population.

Rural Education

The Committee recommends \$192,840,000 for Rural Education programs, which is \$5,000,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. There are two dedicated programs to assist rural school districts with improving teaching and learning in their schools: the Small, Rural Schools Achievement program, which provides funds to rural districts that serve a small number of students; and the Rural and Low-Income Schools program, which provides funds to rural districts that serve concentrations of poor students, regardless of the number of students served by the district. Funds appropriated for Rural Education shall be divided equally between these two programs.

Comprehensive Centers

The Committee recommends \$52,000,000 for Comprehensive Centers, which is the same as the fiscal year 2021 enacted level and the fiscal year 2022 budget request. The Comprehensive Cen-

ters program includes support for regional centers that provide training, technical assistance, and professional development to build State capacity to provide high-quality education to all students. The Committee notes the critical role Comprehensive Centers play in helping States vet evidence and strategies to implement ESEA and provide children with a high-quality education.

Student Support and Academic Enrichment State Grants

The Committee recommends \$1,305,000,000 for Student Support and Academic Enrichment (SSAE) State Grants, which is \$85,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request. SSAE grants provide SEAs and LEAs with flexible resources that provide students with access to a well-rounded education, including rigorous coursework, and improve school conditions and the use of technology.

Arts and Entertainment Pipeline Programs.—The Committee encourages the Department to work with States and school districts that serve diverse youth to explore using SSAE funding to support and create youth pipeline programs in the arts and entertainment industries. The Committee is aware of programs that focus on closing student opportunity gaps by bringing filmmakers into Title I schools to partner with teachers to expand access to the arts, implement social and emotional learning strategies, and support rigorous academic curricula. A 2019 evaluation by the Stanford Center for Assessment, Learning, and Equity found that such programs create a positive environment and learning community, promote active and social learning, provide in-depth instruction of vocabulary practices, and cultivate social and emotional learning competencies.

Accelerated Learning Programs.—The Committee supports efforts by States and LEAs to increase diversity in accelerated student learning programs, such as advanced placement courses, gifted and talented classes and honors programs. The Committee supports the use of ESEA funding to create State or local equity offices. Equity offices could evaluate current data on the students enrolled in accelerated student learning programs and use such data to inform recommendations to LEAs on how to improve the diversity of those programs. The Committee recognizes that Black, Latino, and Native students, students living in poverty, and English Learners are historically underrepresented in accelerated learning programs. Research shows that developing targeted recruitment and outreach plans, as well as universal screening for talented and gifted programs help address inequitable access that lock students out of opportunities that engage them more meaningfully in school and expand their postsecondary success.

Menstrual Health.—The Committee is concerned about the disruptions to educational opportunities that children living in period poverty experience. Industry reports found that one in five school age children have missed school due to lack of access to safe and affordable menstrual products. The Committee directs the Secretary to provide technical assistance to LEAs and SEAs on effective strategies for offering information about free menstrual product programs, as an option for safe and healthy student programming under SSAE.

Safe and Healthy Learning Environments.—The Committee continues to note that SEAs and LEAs can use SSAE funds for activities that contribute to a well-rounded education, including supports for safe, culturally responsive classroom communities. The Committee also notes that SSAE funds can support implementation of the effective community school model by using funds for designating a site resource coordinator at a school or LEA, expanding school-based mental health services, and providing integrated systems of student and family support. The Committee believes the use of funds on strategies that improve school climate are vital in reducing harmful, disproportionate suspensions, expulsions, and arrests of students of color.

Computer Science and Art.—The Committee notes that States and school districts may use funds available under the SSAE grant program to strengthen instruction in science, technology, engineering, arts, and mathematics (STEAM) fields, including computer science, and improve access to Pre-K 12 computer science and STEAM programming for underserved students, such as minorities, girls, and youth from families living at or below the poverty line. The Committee recognizes that supporting education in the STEAM fields, particularly computer science, is critical to ensuring that our nation continues to lead in innovation. As computer science is a basic skill in the 21st century global economy, the Committee intends for investments in Title IV–A to reduce the computer science enrollment and achievement gaps.

School Diversity.—The Committee strongly encourages the Department to use the two percent set-aside for technical assistance and capacity building under SSAE to award capacity-building grants to LEAs and SEAs to reduce racial and socioeconomic segregation across and within school districts.

INDIAN EDUCATION

Appropriation, fiscal year 2021	\$181,239,000
Budget request, fiscal year 2022	186,239,000
Committee Recommendation	187,739,000
Change from enacted level	+6,500,000
Change from budget request	+1,500,000

This account supports programs authorized by part A of title VI of the ESEA.

Grants to Local Educational Agencies

The Committee recommends \$110,381,000 for Grants to Local Educational Agencies, which is \$5,000,000 above the fiscal year 2021 enacted level and same as the fiscal year 2022 budget request. This program provides assistance through formula grants to school districts and schools supported or operated by the Bureau of Indian Education. The purpose of this program is to improve elementary and secondary school programs that serve American Indian students, including preschool children. Grantees must develop a comprehensive plan and ensure that the programs they carry out will help Indian students reach the same challenging standards that apply to all students. This program supplements the regular school program to help American Indian children sharpen their academic skills, bolster their self-confidence, and participate in enrichment activities that would otherwise be unavailable.

Special Programs for Indian Children

The Committee recommends \$67,993,000 for Special Programs for Indian Children, which is the same as the fiscal year 2021 enacted level and the fiscal year 2022 budget request. These programs make competitive awards to improve the quality of education for American Indian students. The program also funds the American Indian Teacher Corps and the American Indian Administrator Corps to recruit and support American Indians as teachers and school administrators.

National Activities

The Committee recommends \$9,365,000 for National Activities, which is \$1,500,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request. The fiscal year 2022 increase to National Activities is directed to support the Department’s Native American language immersion grant program and to the State-Tribal Education Partnership program.

Within this account, funding is provided for grants to Tribes for education administrative planning, development, and coordination, grants to support Native language immersion schools and programs. Funds under this authority also support research, evaluation and data collection to provide information about the educational status of Indian students and the effectiveness of Indian education programs.

INNOVATION AND IMPROVEMENT

Appropriation, fiscal year 2021	\$1,114,250,000
Budget request, fiscal year 2022	1,284,250,000
Committee Recommendation	1,385,286,000
Change from enacted level	+271,036,000
Change from budget request	+101,036,000

The Committee recommends \$1,385,286,000 for programs within the Innovation and Improvement account.

Education Innovation and Research

The Committee recommends \$254,000,000 for the Education Innovation and Research (EIR) program, which is \$60,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request. This program makes competitive grants to support the replication and scaling-up of evidence-based education innovations.

Social and Emotional Learning.—Within the total for EIR, the agreement includes \$112,000,000, \$45 million above the fiscal year 2021 enacted level, to provide grants for social and emotional learning (SEL) interventions and provide evidence-based, field-initiated innovations that address student social, emotional, and cognitive needs. A 2019 National Commission on Social, Emotional and Academic Development report chronicles decades of research showing “that the social, emotional, and cognitive dimensions of learning are deeply linked” and that educating the whole student involves integrating and sustaining these dimensions throughout the day. In addition, the Collaborative for Academic, Social, and Emotional Learning found that students who received SEL interventions showed lasting positive impacts on variables such as high school graduation rates and college attendance and lower likelihoods of being arrested or being diagnosed with a clinical

mental health disorder. Further, RAND Corporation finds that there are at least 60 SEL interventions that have been evaluated and that meet the Every Student Succeeds Act (ESSA) evidence requirements.

The Committee is encouraged by the robust, growing evidence base behind SEL strategies, trauma-informed services, and whole child approaches to learning, and makes funding for these interventions a top priority. Children across the country have been significantly impacted by disruptions related to COVID-19. The increase to EIR in fiscal year 2022 for SEL is intended to address these concerns and provide additional support for the SEL initiative, which can include trauma-informed practices and services within schools.

To fulfill the SEL set-aside, the Committee urges prioritization of SEL or both the early- and mid-phase evidence tiers.

The Committee requests a briefing within 90 days of enactment of this Act on plans for carrying out the SEL competition. In addition, the Department shall provide notice to the Committees at least seven days before grantees are announced.

STEAM and Computer Science.—In addition, within the total for EIR, the Committee recommendation includes \$82,000,000 for States, school districts, and school-based afterschool programs to provide or strengthen instruction in STEAM fields, including computer science, \$15 million above the fiscal year 2021 enacted level. Within the STEAM 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.

Publicizing Research Findings.—Given the significant Federal investment in the EIR program (and its predecessor program, Investing in Innovation), the Committee encourages the Department to take stronger steps to publicly release and widely publicize the research findings from this critical program. More specifically, the Department is encouraged to post research findings on its own website and issue related press releases and Dear Colleague letters. The Department is also encouraged to provide summaries of the research findings to the Committees on Appropriations. The Committee encourages the Secretary to better showcase those programs that have demonstrated, through rigorous research as required by the ESEA, that their innovations show specific evidence of achievement in educational outcomes. The Department is also encouraged to communicate any research findings that demonstrate successful outcomes to outside stakeholders, particularly chief State school officers and district superintendents. The Committee believes that publicizing these research findings will provide critical information for State governments, State and local education agencies, and others, particularly in unserved and underserved communities.

Educator Preparation.—Within EIR, the Committee is supportive of efforts to provide grants to eligible institutions that will seek to reform educator preparation at institutions of higher education for preservice teachers and leaders or to reform professional development for current educators by applying research about student learning and development to their preparation and professional development. The Committee is supportive of efforts for grantees to

develop partnerships between state education agencies, the Bureau of Indian Education or high-need local education agencies and institutions of higher education with educator preparation programs.

Teacher and School Leader Incentive Grants

The Committee recommends \$200,000,000 for the Teacher and School Leader Incentive Grants program, which is the same as the fiscal year 2021 enacted level and the fiscal year 2022 budget request. This program provides grants to States, school districts, and partnerships to develop, implement, improve, or expand human capital management systems or performance-based compensation systems in schools.

American History and Civics Academies

The Committee recommends \$6,500,000 for American History and Civics Academies, which is \$3,250,000 more than the fiscal year 2021 enacted level and the fiscal year 2022 budget request.

American History and Civics National Activities

The Committee recommends \$4,000,000 for American History and Civics National Activities, which is \$2,000,000 more than the fiscal year 2021 enacted level and the fiscal year 2022 budget request.

Diverse Representations in History.—The Committee recognizes the importance of incorporating diverse stories of American history and leaders that have been absent in history and civics education. Accurate portrayals of history that include diverse representation are essential for combating stereotypes and myths about racial and ethnic groups. Therefore, the Committee encourages the Department to promote diversity in the teaching of American history and civics programs.

Supporting Effective Educator Development

The Committee recommends \$90,000,000 for the Supporting Effective Educator Development (SEED) grant program, which is \$10,000,000 more than the fiscal year 2021 level and the fiscal year 2022 budget request. SEED provides competitive grants to support alternative certification and other professional development and enrichment activities for teachers, principals, and other school leaders. Funds are included to fully support continuation costs for grants made in prior years.

SEL and Whole Child Education.—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. The Committee is supportive of the Department's competitive preference priority for SEL in the fiscal year 2020 SEED competition and directs the Department to include a similar competitive preference priority in any new SEED competition in fiscal year 2022.

The Committee requests a briefing within 90 days of enactment of this Act on plans for carrying out the SEL competitive preference priority in SEED. In addition, the Department shall provide

notice to the Committees at least seven days before grantees are announced.

Diverse Entities.—The Committee encourages the Department to ensure that SEED grants are awarded to a diverse set of eligible entities, including national nonprofit organizations implementing evidence-based activities (as defined in section 8101(21)(A)(i) of the ESEA) across a number of sites which can help bring to scale evidence-based programs of national significance across the country.

Computer Science and Native Students.—The Committee encourages the Department, through the SEED program, to fund projects that increase the number of teachers with computer science certifications with a priority to increase the number of such teachers in rural public schools and public schools serving high percentages of Native students.

Charter Schools Grants

The Committee recommends \$400,000,000 for Charter School Program (CSP) Grants, which is \$40,000,000 below the fiscal year 2021 enacted level and the fiscal year 2022 budget request.

CSP awards grants to SEAs or, if a State's SEA chooses not to participate, to charter school developers to support the development and initial implementation of public charter schools. State Facilities Incentive Grants and Credit Enhancement for Charter School Facilities awards help charter schools obtain adequate school facilities. These programs work in tandem to support the development and operation of charter schools.

For-profit Entities.—The Committee is concerned by a recent report that identified more than 440 charter schools operated by for-profit entities that received CSP grants totaling approximately \$158 million between 2006 and 2017. The Committee believes that Federal funding for K–12 education should strengthen and improve our public systems and should not enrich private entities with a profit motive. In response, the Committee includes new bill language preventing Federal funds from being awarded to charter schools run by for-profit entities.

GAO Mandate from House Report 116–450.—The Committee is supportive of GAO's initial work on the mandate included in House Report 116–450 regarding the Department's oversight over CSP and whether the program is being implemented effectively among grantees and subgrantees. The Committee is particularly interested in the issue of CSP-funded schools that eventually closed or received funds but never opened; the relationships between charter schools supported by CSP grants and charter management organizations; and enrollment patterns at these schools, especially for students with disabilities. In addition, the Committee is interested in recommendations on potential legislative changes to the program that would reduce the potential for mismanagement and ineffective operations.

Oversight from the Office of Inspector General.—The Committee supports efforts by the Department's Office of Inspector General (OIG) to examine grantee administration of Replication and Expansion Grants, including charter management organization grantees. The Committee also supports the OIG's efforts to evaluate whether the Department adequately monitored grantees' performance and uses of funds for CSP competitions.

Charter School Effects on School Segregation.—The Committee is concerned by findings from a 2019 Urban Institute report which concluded that growth in charter school enrollment increases the segregation of Black, Latino, and white students. To address this concern, the Committee urges the Department to give priority to applicants that plan to use CSP funds to operate or manage charter schools intentionally designed to be racially and socioeconomically diverse.

National Activities.—The Committee recognizes that one purpose of CSP is to evaluate the impact of charter schools on student achievement, families, and communities, and share best practices between charter schools and other public schools. The Committee encourages the Department to use funding within CSP National Activities to prepare a report summarizing grant recipients responses to reporting requirements in ESEA, regarding the identification or sharing of best practices between charter schools and other public schools, and the extent to which such practices were adopted and implemented by other public schools. The Committee encourages the Department to examine these responses in light of the student populations served.

Students with Disabilities.—The Committee encourages the Department to continue including in their evaluation of State CSP grants the extent to which State entities are utilizing the seven percent of funding received under the program to ensure that charter schools receiving CSP grants are equipped to appropriately serve students with disabilities and, by extension, prepared to become high-quality charter schools.

Magnet Schools Assistance

The Committee recommends \$149,000,000 for the Magnet Schools Assistance program (MSAP), which is \$40,000,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2021 budget request. This program makes competitive grants to support the establishment and operation of magnet schools that are a part of a court-ordered or Federally-approved voluntary desegregation plan.

Inter-district Magnet Schools.—A 2019 report by Urban Institute finds that two-thirds of total school segregation in metropolitan areas is due to segregation between, rather than within, school districts. Consortia of LEAs and regional education services agencies are eligible to receive MSAP grants to establish magnet schools that address inter-district school segregation; however, the Committee is concerned that these critical projects are infrequently funded. To address the urgent issue of inter-district segregation, the Committee directs the Department to include a priority for applicants seeking to establish new inter-district magnet schools.

Whole School Magnet Programs.—A recent Learning Policy Institute report finds that whole school magnet programs are more effective at fostering diversity than in-school magnet programs, which can create separate tracks and programs for different student populations. The Committee urges the Department to prioritize applicants seeking to establish and operate whole school magnet programs.

Ready to Learn Programming

The Committee recommends \$31,776,000 for Ready to Learn Programming, which is \$2,276,000 more than the fiscal year 2021 enacted level and the fiscal year 2022 budget request. This program supports the development and distribution of educational video programming for preschool and elementary school children and their parents, caregivers, and teachers.

Arts in Education

The Committee recommends \$33,000,000 for Arts in Education, which is \$2,500,000 more than the fiscal year 2021 level and the fiscal year 2022 budget request. This program provides competitive grants to support professional development and the development of instructional materials and programming that integrate the arts into the curricula.

Javits Gifted and Talented Education

The Committee recommends \$15,500,000 for the Javits Gifted and Talented Education Program, which is \$2,000,000 more than the fiscal year 2021 enacted level and the fiscal year 2022 budget request. Funds are awarded through grants and contracts to States, schools districts, and other organizations to support a coordinated program of research, demonstration projects, innovative strategies, and other activities to help schools identify gifted and talented students and address their unique educational needs.

Underrepresented Populations.—The Committee encourages the Department to use funds to increase the number of grants that assist schools in the identification of, and provision of services to, gifted and talented students who may not be identified and served through traditional assessment methods, such as children with disabilities, English learners, children of color, and economically disadvantaged students.

Statewide Family Engagement Centers

The Committee recommends \$13,500,000 for the Statewide Family Engagement Centers program, which is \$1,000,000 more than the fiscal year 2021 enacted level and the fiscal year 2022 budget request. Funds are awarded through grants to organizations to provide technical assistance and training to State and local educational agencies in the implementation and enhancement of systemic and effective family engagement policies, programs, and activities that lead to improvements in student development and academic achievement.

Fostering Diverse Schools

The Committee includes \$100,000,000 for a new competitive grant program, Fostering Diverse Schools, the same as the fiscal year 2022 budget request. The program establishes competitive grants to local educational agencies and State educational agencies to reduce racial and socioeconomic segregation across and within school districts. A 2019 report by Urban Institute finds that two-thirds of total school segregation in metropolitan areas is due to segregation between, rather than within, school districts. In response to this concerning dynamic, the Committee directs the Department to prioritize resources to address segregation across dis-

tricts. The Committee notes the promise of strategies and models such as inter-district magnet schools, voluntary two-way transfer programs between segregated districts, district regionalization, and regional education service agency governance structures.

The State of School District Secessions.—The Committee is concerned by research indicating that more than 128 school districts have attempted to break off, or “secede”, from their school districts since the year 2000, and the likelihood of this trend increasing school segregation throughout the United States. The Committee, encourages the Department, in consultation with the Department of Justice, to issue a report describing the scope of the issue of school district “secession” and its impact on school segregation. Such a report could note which districts are party to federal desegregation orders and explain whether these secessions are in violation of those orders. The report could also note what oversight exists on the part of State agencies regarding school district secession in the States where they have occurred.

Fund for the Improvement of Education

The Committee includes \$88,010,000 for early learning, elementary, and secondary education activities. The bill includes funding for the following projects in the following amounts:

Project	Amount
Achievable Dream, Newport News, VA for extended learning and whole child supports	\$900,000
Albright College, Reading, PA for STEAM learning	1,450,000
Alianto Education Fund, Mesa, AZ for student support and college access programs	300,000
An Achievable Dream Certified Academy at Highland Springs Elementary, Highland Springs, VA for student wrap-around services and supports	1,500,000
Arab Community Center for Economic & Social Services, Dearborn, MI for integrated services, literacy education, and social and emotional learning	1,000,000
Austin People’s Action Center, Chicago, IL for technology skills instruction	450,000
Bayshore Jointure Commission, Tinton Falls, NJ for a life skills and training program	60,000
Best Buddies International, Friday Harbor, WA for services for students with intellectual and developmental disabilities	75,000
Best Buddies International, Las Vegas, NV for inclusion programs supporting students with intellectual and developmental disabilities	125,000
Best Buddies, Spokane, WA for a mentor program	55,000
Big Brothers, Big Sisters, Santa Fe, NM for mentoring services and social programs	225,000
Boys & Girls Club of Burbank and Greater East Valley, Burbank, CA for education technology	250,000
Boys & Girls Club of San Fernando Valley, Pacoima, CA for STEM and SEL programs	450,000
Boys & Girls Clubs of Dundee Township, Carpentersville, IL for an academic and SEL support program	250,000
Boys & Girls Clubs of Greater Anaheim-Cypress, Cypress, CA for academic support and youth engagement	1,000,000
Boys & Girls Clubs of the Los Angeles Harbor, San Pedro, CA for the Wilmington College Bound Program	500,000
Boys & Girls Club of Palm Beach County, West Palm Beach, FL for its College and Work Readiness STEM program	525,000
Boys & Girls Clubs of Rochester, NY for a comprehensive afterschool and summer program	100,000
Bright Leadership Institute, Chicago, IL for youth mentoring and enrichment activities	500,000
Broward County Public Schools, Ft. Lauderdale, FL for a peer mentoring program	500,000
California State University, Long Beach, CA for teacher development and student academic support	500,000
CDF Action, Clarkston, GA for the READY School initiative	325,000
Chicago Public Schools, Chicago, IL for arts and STEM education	500,000
Chicago Public Schools, Chicago, IL for arts and STEM education	500,000
Chicago Public Schools, Chicago, IL for arts and STEM education	500,000
Chicago Public Schools, Chicago, IL for arts and STEM education	500,000
Chicago Public Schools, Chicago, IL for arts and STEM education	500,000
Chicago Zoological Society, Chicago, IL for the King Conservation Leadership Academy	825,000
Children’s Museum, Oak Lawn, IL for the Wee Ones program	50,000
City of Commerce, CA for a homework help and online learning initiative	300,000
City of Long Beach, CA for early childhood education and literacy programs at the Michelle Obama Library	250,000

Project	Amount
City of Long Beach, NY for early childhood learning	400,000
City of Rancho Cordova, CA for the Rancho Cordova Youth Center	350,000
Clark County School District, Las Vegas, NV for school social workers	950,000
Common Threads, Chicago, IL for food nutrition education programs	65,000
Common Threads, Staten Island, NY for culinary and nutrition education	50,000
Commonwealth of the Northern Mariana Islands Public School System, Saipan, MP for indigenous language immersion	350,000
Commonwealth of the Northern Mariana Islands Public School System, Saipan, MP for school library expansion	150,000
Commonwealth of the Northern Mariana Islands Public School System, Saipan, MP for student health and well-being	150,000
Communities in Schools of San Antonio, TX for wraparound services and whole-child supports	500,000
Community Bridges, Silver Spring, MD for academic enrichment and wrap-around services	80,000
Contra Costa County Office of Education, Pleasant Hill, CA for internet connectivity	900,000
dA Center for the Arts, Pomona, CA for early learning and arts education	125,000
DeKalb County Regional Office of Education, Dekalb, IL for kindergarten readiness	150,000
Desert Research Institute, Las Vegas, NV for STEM education	975,000
Dr. Phillips Center for the Performing Arts, Orlando, FL for arts education	250,000
DuPage Regional Office of Education, Wheaton, IL for high school work-based learning	250,000
Early Learning Coalition of Palm Beach County, Boynton Beach, FL for an early learning program	125,000
East Bay Performing Arts, Oakland, CA for music education	500,000
Eastern Michigan University, Ypsilanti, MI for early childhood educational services	300,000
Eastern Queens Alliance, Springfield Gardens, NY for environmental education	350,000
Edward M. Kennedy Institute for the United States Senate, Boston, MA for civics education	1,000,000
El Puente de Williamsburg, Brooklyn, NY for environmental studies programming	500,000
ESP Education & Leadership Institute, Long Beach, CA for STEM education and college access	50,000
Evanston/Skokie District 65, Evanston, IL for a teacher residency program	600,000
Finishing Trades Institute of the Upper Midwest, Little Canada, MN for apprenticeship pathways for middle and high school students	2,000,000
Forsyth County School District, Cumming, GA for the Spark! Igniting Learning, Birth and Beyond program	750,000
Friends of Marcy Houses, Brooklyn, NY for tutoring and mentoring	150,000
Ft. Smith School District, Ft. Smith, AR for a student training program	400,000
Futures Without Violence, San Francisco, CA for trauma-informed social and emotional learning programs	1,000,000
Gannon University, Erie, PA for a science technology engineering and mathematics pathway program	500,000
Genesee Intermediate School District, Flint, MI for a school nursing pilot program	1,000,000
George Mason University, Fairfax, VA for the Quantum Science Workforce initiative	650,000
Georgia Family Connection Partnership, Atlanta, GA for the Get Georgia Reading Campaign	1,500,000
Groton Public Schools, Groton, CT for a high school career pathways program	150,000
Guilford County Schools, Greensboro, NC for an intensive tutoring program	2,000,000
Gwinnett County Schools Foundation, Suwanee, GA for an early childhood education initiative	775,000
Hamilton Area Young Men's Christian Association, Hamilton, NJ for a supplementary education program	200,000
Harry S. Truman Middle College, Chicago, IL for career pathways and vocational education	25,000
Hazleton Integration Project, Hazleton, PA for a STEAM-based education program	1,150,000
Henry Ford College, Dearborn, MI for technology and manufacturing education	2,000,000
Highline Public Schools, Burien, WA for maritime education	1,050,000
Holocaust Memorial Center, Farmington Hills, MI for Holocaust education and teacher training	550,000
Houston Independent School District, Houston, TX for social and emotional learning supports	1,000,000
I Have A Dream Foundation, Newark, NJ for STEAM education	500,000
Illinois Central College, Peoria, IL for its Cradle to Career Initiative	500,000
Jamel Gaines Creative Outlet, Brooklyn, NY for arts education	750,000
Kennedy Krieger Institute, Baltimore, MD for an early childhood education program	1,250,000
Kent Intermediate School District, Grand Rapids, MI for equipment	900,000
Leader Valley Foundation, Waterloo, IA for training, curriculum, course materials, and expanding program access	50,000
Leo High School, Chicago, IL for STEM and robotics education	150,000
Life Camp, Jamaica, NY for a youth engagement program	2,000,000
Livermore Valley Joint Unified School District, Livermore, CA for a community and parent engagement program	375,000
Lone Star Flight Museum, Houston, TX for student education programs	615,000
Madera Unified School District, Madera, CA for English learner academic support	625,000
Mahoning County High School, Youngstown, OH for a community learning center	850,000
Mass Audubon, Boston, MA for an environmental education program	250,000
Middlesex County, New Brunswick, NJ for agricultural and aquacultural training	300,000
Milwaukee Public Schools, Milwaukee, WI for mental health services and driver's education	600,000
Mount Holyoke College, South Hadley, MA for teacher professional development in social and emotional learning and mental health needs	250,000

Project	Amount
National Atomic Testing Museum, Las Vegas, NV for STEM education and technology	2,000,000
New Directions for Youth, Los Angeles, CA for education technology	125,000
New Haven Public Schools, New Haven, CT for a manufacturing education and pathways program	2,000,000
New Mexico Black Leadership Council, Albuquerque, NM for enrichment and youth development	125,000
New York Sun Works, New York, NY for STEM and sustainability education	800,000
Niswonger Foundation, Greeneville, TN for a literacy tutoring program	345,000
Norristown Area School District, Norristown, PA for high school library technology and education programs	200,000
North Carolina State University, Raleigh, NC for computer science professional development	350,000
NYC Mission Society, New York, NY for its Level Up program	1,100,000
Oceanside Museum of Art, Oceanside, CA for literacy instruction and arts education	150,000
Old Colony YMCA, Brockton, MA for early education curriculum and teacher training	800,000
Old Dominion University, Norfolk, VA for a maritime trades magnet school	1,000,000
P.E.A.C.E. Afterschool Program, Hempstead, NY for afterschool and summer STEAM programs	100,000
Pace Center for Girls, Jacksonville, FL for educational services, counseling, and training	500,000
Pasadena Independent School District, Pasadena, TX for education technology	2,000,000
PAST Foundation, Columbus, OH for its STEM 2022 program	500,000
Pioneer Works Art Foundation, Brooklyn, NY for youth development programs	1,000,000
Queens Community House, Queens, NY for family support counselors	225,000
Randolph Public Schools, Randolph, MA for culturally relevant digital literacy	275,000
Riverside County Office of Education Division of Early Learning Services, Riverside, CA for early learning and literacy	1,000,000
Rohingya Culture Center, Chicago, IL for a homework help program	50,000
Saint Peter's University, Jersey City, NJ for educator development and training	1,100,000
Salt Creek School District 48, Villa Park, IL, for an afterschool program	80,000
School District of Osceola, St. Cloud, FL for STEM education	450,000
Skokie-Morton Grove School District 69, Skokie, IL for community school supports, technology, and academic enrichment	375,000
South Kitsap School District 402, Port Orchard, WA for the West Sound STEM Network	450,000
Southern Methodist University, Dallas, TX for its learning loss program for underserved students	900,000
Southwestern Ohio Council for Higher Education, Dayton, OH for an internship program	1,000,000
Spelman College, Atlanta, GA for a student literacy initiative	325,000
Sunnyside Community Services, Sunnyside, NY for a student support and college access program	100,000
Sylvester Broome Empowerment Village, Flint, MI for a youth empowerment and afterschool program	650,000
Syrian Community Network, Chicago, IL for hybrid learning support	100,000
Texas State University, San Maros, TX for workforce research initiative and educator professional development focused on science, technology, engineering, and mathematics	1,000,000
Toledo City School District, Toledo, OH for a high school auto mechanic training program	1,250,000
Town of Milton, MA for assessment resources and instructional tools	100,000
Town of Monroe, CT for STEM education and technology	200,000
U.S. Space & Rocket Center, Huntsville, AL for equipment and outreach	400,000
United Way of Central Jersey, Milltown, NJ for the Summer STEAM Stars program	550,000
United Way of Forsyth County, Winston-Salem, NC for tutoring and enrichment programs	450,000
United Way of Greater Lehigh Valley, Allentown, PA for summer enrichment and technology supports	575,000
United Way of Northern New Jersey, Cedar Knolls, NJ for early childhood education	1,100,000
United Way of the Titusville Region, Titusville, PA for a literacy program	55,000
University of Central Florida, Orlando, FL for early learning and parent engagement	500,000
University of North Carolina at Greensboro, NC for the High-Speed Education Network Access Pilot	1,500,000
University of South Florida, Tampa, FL for STEM teacher preparation	1,000,000
Urban Transformation Network, Chicago, IL for the Urban Youth Green Afterschool program	275,000
Virginia Commonwealth University, Richmond, VA for a teacher residency program	400,000
West Indian American Day Carnival Association, Brooklyn, NY for Caribbean culture, arts, and history education programs	1,000,000
Whittier Public Library Foundation, Whittier, CA for youth services and early learning	450,000
Wildlife Conservation Society, Bronx, NY for STEM learning and career exploration	300,000
Wilmington Area School District, New Wilmington, PA for computer and robotics equipment	55,000
Wood Dale Public Library District, Wood Dale, IL for early childhood learning	225,000
YMCA Mid Valley, Van Nuys, CA for learning recovery activities, including online and in-person tutoring supports	1,000,000
YMCA of Greater Houston, TX for the Early Childhood English Language Learner Initiative	700,000
YMCA of Greater New York, NY for youth development programs	1,000,000
YMCA of New Rochelle, NY for its Educational Achievement Gap Project	500,000
Youth Development, Albuquerque, NM for student and family wraparound services	850,000
YWCA Metropolitan Chicago, IL, for early childhood learning	500,000

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

Appropriation, fiscal year 2021	\$217,000,000
Budget request, fiscal year 2022	1,650,000,000
Committee Recommendation	1,666,000,000
Change from enacted level	+1,449,000,000
Change from budget request	+16,000,000

The Committee recommends a total of \$1,666,000,000 for activities to promote safe schools, healthy students, and citizenship education, which is \$1,449,000,000 more than the fiscal year 2021 enacted level and \$16,000,000 more than the fiscal year 2022 budget request.

Promise Neighborhoods

The Committee recommends \$96,000,000 for Promise Neighborhoods, which is \$15,000,000 above the fiscal year 2021 enacted level and \$5,000,000 above the fiscal year 2022 budget request. Promise Neighborhoods supports grants to nonprofit, community-based organizations for the development of comprehensive neighborhood programs designed to combat the effects of poverty and improve educational outcomes for children and youth, from birth through college.

Planning Grants.—Within the funding provided for Promise Neighborhoods, the Committee recommendation includes \$5,000,000 and new bill language for planning grants intended to strengthen communities’ abilities to scale city and regional reinvestment strategies and allow for direct services. These planning grants will support the alignment of resources and efforts across multiple sectors and focus on measurable shared goals.

School Safety National Activities

The Committee recommends \$1,127,000,000 for School Safety National Activities, which is \$1,021,000,000 more than the fiscal year 2021 enacted level and \$11,000,000 more than the fiscal year 2022 budget request. The Committee’s recommendation provides up to \$5,000,000 for the Project School Emergency Response to Violence (Project SERV) program.

School-based Mental Health Professionals.—The Committee applies the \$1,000,000,000 fiscal year 2022 budget request for school-based mental health professionals to the Mental Health Services Professional Demonstration Grants program established in the Department of Education Appropriations Act, 2019 and the School-Based Mental Health Services Grants program established in the Department of Education Appropriations Act, 2020.

The Committee notes that the School-Based Mental Health Services Grants program was created to award grants to SEAs, LEAs, or consortia of LEAs to increase the number of qualified, well-trained mental health professionals in schools. To achieve this critical goal, the Committee urges the Department to focus the fiscal year 2022 competition on directly increasing the number of these vital mental health professionals, including school counselors, social workers, psychologists, or other mental health professionals qualified to provide school-based mental health services. The Committee notes that the explanatory statement accompanying the Department of Education Appropriations Act, 2020 seeks to promote the sustainability of these services, by requiring that awards in-

clude a 25 percent match from grantees and by requiring that the awards do not supplant existing mental health funding.

The Committee requests a briefing within 90 days of enactment of this Act on plans for carrying out the fiscal year 2022 Mental Health Services Professional Demonstration Grants and the School-Based Mental Health Services Grants competitions. In addition, the Department shall provide notice to the Committees at least seven days before grantees are announced.

Project SERV.—The Project SERV program provides counseling and referral to mental health services as well as other education-related services to LEAs and IHEs in which the learning environment has been disrupted by a violent or traumatic crisis. The Committee directs the Department to report to the Committees on Appropriations within 180 days of enactment of this Act on how fiscal years 2018, 2019, and 2020 grant recipients used Project SERV funds; recommendations from grant recipients on how the program could be improved; and, information on how these funds helped them recover from a violent or traumatic crisis.

Active Shooter Drills.—The Committee is concerned about the possible mental, emotional, and behavioral health effects on students and staff resulting from lockdown drills and active shooter drills conducted in elementary and secondary schools. In response, the Committee provides \$1,000,000 for the Department to enter into an agreement with the National Academies of Sciences, Engineering, and Medicine (National Academies) under which the National Academies will conduct a study to assess the science on the potential mental, emotional, and behavioral health effects of firearm violence prevention activities on students and staff in elementary and secondary school settings. The study and subsequent report should include an analysis of the effects of active shooter simulations, full-scale lockdowns, secured-perimeter lockouts, and other school security measures (e.g. metal detectors, visibility of police/policing on campus) and their mental, emotional and behavioral consequences. The assessment should review the potential effects on children and youth of different ages and on students with disabilities. The National Academies report should identify practices and procedures that can minimize any adverse mental, emotional, and behavioral health effects on children, youth, and staff in elementary and secondary schools resulting from the drills and make recommendations where appropriate.

School Climate and Safety Pilot.—Within the fiscal year 2022 increase to School Safety National Activities, the Committee recommends \$10,000,000 to establish a pilot program that would provide competitive grants to States to develop comprehensive school climate and safety plans that include effective, culturally competent, and evidence-based initiatives to strengthen, promote, and enhance school climates, affirm identities, and ensure school safety. Grant applications should be designed and submitted in consultation with a State multidisciplinary team of education and mental health professionals and should maintain the rights and dignity of all students. Once awarded, States should provide competitive grants to LEAs to implement the plan developed by the State and preference LEAs that utilize alternatives to exclusionary discipline, culturally sustaining education programs, community-based programs, and alternatives to law enforcement involvement.

Adverse Childhood Experience.—The Committee recognizes that the ratio of school-based mental health care professionals to students is not sufficient to meet students' mental health needs in schools. Research shows one in three children under 18 has suffered at least one adverse childhood experience (ACE) in their lifetime and 14 percent experienced two or more ACEs. However, only about 20 percent of children with mental, emotional, or behavioral disorders receive care from a specialized mental health care provider. The Committee encourages the Department to develop strategies to increase the training and hiring of counselors and other mental health providers in educational settings.

Digital Citizenship Education.—Technology has become an integral part of classroom learning, and students of all ages have access to digital media and devices at school. This dynamic highlights a significant need for students to partake in educational opportunities within the school setting focused on digital citizenship education, such as screen time balance, privacy and security, digital footprint, online relationships and communication, cyberbullying, civic engagement and news and media literacy, among other topics. The Committee recognizes the increased need to provide students with the tools and skills necessary to participate safely and responsibly in the digital world. To ensure the digital safety and well-being of K–12 students, the Committee strongly urges the Department to raise awareness of digital citizenship education and identify opportunities to improve and expand digital citizenship education in K–12 schools.

Mental Health Services.—The Committee recognizes that even prior to COVID–19, significant need existed among students for mental health services, while schools faced critical shortages of open positions and qualified practitioners, which includes school counselors, school psychologists, and school social workers. As schools reopen and efforts are underway to meet the academic needs of students, capacity to address their mental and emotional well-being is imperative. Adequate access to school-employed mental health professionals improves delivery and integration of school-wide programming to foster positive school climate, prevent violence, and balance physical and psychological safety. Without a highly qualified workforce of school-employed mental health professionals, schools lack the capacity to provide comprehensive social and emotional learning and mental, behavioral, and academic interventions and supports. The Committee's robust investments in initiatives to increase the amount of school-based mental health professionals and related programs that recruit, train, and retain well-trained, high-qualified school-based mental health professionals are a high priority in this bill.

Grants for Student Trauma Support and Mental Health.—The Committee notes that the SUPPORT Act (P.L. 115–271) created new grants to expand evidence-based trauma support services in schools to improve access to research-supported interventions. The SUPPORT Act authorizes the Secretary, in coordination with the Assistant Secretary of Mental Health and Substance Use, to use grants to link educational agencies with mental health systems, increasing student access to evidence-based services to help prevent and mitigate trauma that youth experience. The Committee en-

courages the Department to support these activities in fiscal year 2022.

Full-Service Community Schools

The Committee recommends \$443,000,000 for Full-Service Community Schools, which is \$413,000,000 more than the fiscal year 2021 level and the same as the fiscal year 2022 budget request. This program makes competitive grants to support school-based comprehensive services for students, families, and communities.

Technical Assistance.—The Full-Service Community Schools program supports evidence-based models to meet the holistic needs of children and families. The Committee is encouraged by research that shows comprehensive community schools as a strategy that can improve educational quality and equity for students from diverse backgrounds. Therefore, the Committee urges the Department to provide technical assistance to SEAs and LEAs that are interested in leveraging Full-Service Community Schools grants to meet local school improvement needs.

ENGLISH LANGUAGE ACQUISITION

Appropriation, fiscal year 2021	\$797,400,000
Budget request, fiscal year 2022	917,400,000
Committee Recommendation	1,000,000,000
Change from enacted level	+202,600,000
Change from budget request	+82,600,000

This program provides formula grants to States to serve Limited English Proficient (LEP) students. Grants are based on each State’s share of the National LEP students and recent immigrant student population. Funds under this account also support professional development to increase the pool of teachers prepared to serve LEP students as well as evaluation activities. The bill continues language to calculate all State awards based on a three-year average of data from the American Community Survey.

The Committee recommends \$1,000,000,000 for English Language Acquisition in fiscal year 2022, which is \$202,600,000 above the fiscal year 2021 enacted level and \$82,600,000 above the fiscal year 2022 budget request. Federal data shows that significant achievement gaps exist between English learners (ELs) and their peers. Since fiscal year 2020, the Committee has increased support for EL students by \$60,000,000; however, at a time when many States and school districts have experienced rapid growth in their EL populations, the Committee remains concerned that services and supports for EL students are not adequately funded. Providing increased resources to improve educational quality for EL students is a top priority for the Committee in fiscal year 2022.

Office of English Language Acquisition (OELA).—The Committee understands that the nation’s EL student population is rapidly growing and becoming more diverse. The Committee is deeply concerned by the academic achievement gap that persists between ELs and their peers and understands that addressing this challenge has been difficult for many States. These States rely on Federal technical assistance in crafting and administering their State and local plans under Title III of the ESEA, and the Committee recognizes the need to provide them with timely, accurate guidance. OELA already disseminates research and resources for teaching ELs and

has the expertise needed to provide this guidance to States. Therefore, the Committee strongly encourages all assistance duties required under section 6823(f) of the ESEA to be conducted by OELA.

Children from Puerto Rico.—The Committee is aware that children and youth who relocate from the U.S. territory of Puerto Rico, where Spanish is the primary language of instruction, to one of the 50 States or the District of Columbia are not counted in the statutory formula used to make English Language Acquisition allotments to States, set forth in section 3111(c) of the ESEA.

Seal of Biliteracy Programs.—The Committee recognizes that State seal of biliteracy programs, adopted and implemented in more than 80 percent of the States, enrich society by encouraging bilingual and multilingual education and demonstrating to employers and higher education institutions that students have attained proficiency in English and one other language. The Committee recognizes that ELs and heritage language learners lag behind world language students in attaining seals of biliteracy. To that end, the Committee is strongly supportive of LEAs using funds available under ESEA for costs associated with seal of biliteracy benchmark proficiency assessments and final assessments for EL and heritage language learners. The Committee notes that funds available under ESEA may be used to purchase the hardware and software necessary to administer these critical assessments.

Translation and Interpretation Services.—The Committee recognizes that parents of ELs often need translation and interpretation services to stay abreast of school activities, help with homework, and support their children’s college and career readiness goals. Many schools lack dedicated funding for translation and interpretation services, despite a growing EL population. In response to these concerns, the Committee encourages OELA to support LEAs and SEAs in providing robust translation and interpretation services for parents and guardians of ELs.

SPECIAL EDUCATION

Appropriation, fiscal year 2021	\$14,070,743,000
Budget request, fiscal year 2022	17,193,256,000
Committee Recommendation	17,200,256,000
Change from enacted level	+3,129,513,000
Change from budget request	+7,000,000

Of the total amount available, \$7,488,516,000 is available for obligation on July 1, 2022, and \$9,283,383,000 is available for obligation on October 1, 2022. These grants help States and localities pay for a free, appropriate education for students with disabilities aged 3 through 21.

Grants to States

This program provides formula grants to assist States in meeting the costs of providing special education and related services to children with disabilities. States generally transfer most of the funds to LEAs; however, they can reserve some funds for program monitoring, technical assistance, and other related activities. In order to be eligible for funds, States must make free appropriate public education available to all children with disabilities.

The Committee recommends \$15,537,429,000 for Part B Grants to States, which is \$2,599,972,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request.

Preschool Grants

The Committee recommends \$502,620,000 for Preschool Grants, which is \$105,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. These funds provide additional assistance to States to help them make free, appropriate public education available to children with disabilities ages 3 through 5.

Grants for Infants and Families

The Committee recommends \$731,850,000 for Grants for Infants and Families, which is \$250,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. These funds provide additional assistance to States to help them make free, appropriate public education available to children with disabilities from birth through age 2.

The Committee recommendation includes new bill language to increase access for infants and families who have been traditionally underrepresented in the program, eliminate out-of-pocket costs for participating families, and promote continuity of services for eligible infants and their families.

IDEA National Activities

The Committee recommends \$428,357,000 for IDEA National Activities, which is \$174,541,000 above the fiscal year 2021 enacted level and \$7,000,000 more than the fiscal year 2022 budget request. The IDEA National Activities programs support State efforts to improve early intervention and education results for children with disabilities.

Educational Technology, Media, and Materials.—The Committee recommends \$31,547,000 for Educational Technology, Media, and Materials, which is \$2,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request. This program makes competitive awards to support the development, demonstration, and use of technology and educational media activities of educational value to children with disabilities.

The Committee continues to recognize the ongoing progress made with the tools and services provided under this program that have allowed more than 620,000 students with disabilities free access to more than 700,000 books in digitally accessible formats. The Committee strongly encourages continued effort to expand this program's reach to K–12 students in underserved areas.

Parent Information Centers.—The Committee recommends \$30,152,000 for Parent Information Centers, which is \$2,741,000 above the 2021 enacted level and the same as the fiscal year 2022 budget request. This program makes awards to parent organizations to support Parent Training and Information Centers, including community parent resource centers. These centers provide training and information to meet the needs of parents of children with disabilities living in the areas served by the centers, particularly underserved parents and parents of children who may be inappropriately identified. Technical assistance is also provided

under this program for developing, assisting, and coordinating centers receiving assistance under this program.

Personnel Preparation.—The Committee recommends \$250,000,000 for Personnel Preparation, which is \$159,800,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. This program supports competitive awards to help address State-identified needs for qualified personnel to work with children with disabilities, and to ensure that those personnel have the necessary skills and knowledge to serve children with special needs. Awards focus on addressing the need for leadership and personnel to serve low-incidence populations. Funds are included to fully support continuation costs for grants made in prior years. The Committee notes the critical role the Personnel Preparation program plays in helping to address the nation's shortage of teachers for students with disabilities.

The Committee is strongly supportive of the fiscal year 2022 proposed increase within Personnel Preparation for doctoral-level personnel preparation in special education. The Committee agrees that this investment would expand the teacher preparation pipeline and ensure that more well-prepared special education teachers enter the classroom per year than ever before.

As LEAs make determinations about how to invest Elementary and Secondary School Emergency Relief (ESSER) funds, the Committee encourages the Department to provide technical assistance to LEAs and highlight the benefits of partnerships with educator preparation programs in higher education to address the shortage of special educators. The Committee notes that residency programs, grow-your-own programs, and special education preparation programs are allowable uses of funds under ESSER. Such programs allow candidates to be supported so that school districts will be able to address their needs for fully-prepared special educators.

State Personnel Development.—The Committee recommends \$38,630,000 for State Personnel Development, which is the same as the fiscal year 2021 enacted level and the fiscal year 2022 budget request. This program supports grants to States to assist with improving personnel preparation and professional development related to early intervention and educational and transition services that improve outcomes for students with disabilities. Funds are included to fully support continuation costs for grants made in prior years.

Technical Assistance and Dissemination.—The Committee recommends \$49,345,000 for Technical Assistance and Dissemination, which is \$5,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. Funding supports technical assistance, demonstration projects, and information dissemination. These funds support efforts by State and local educational agencies, IHEs, and other entities to build State and local capacity to make systemic changes and improve results for children with disabilities.

Special Olympics Education Programs.—The Committee recommends \$28,683,000 for Special Olympics Education Programs, which is \$5,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request, to support activities authorized by the Special Olympics Sport and Empowerment Act, including Project UNIFY. This funding supports efforts to expand Special

Olympics programs and the design and implementation of Special Olympics education programs that can be integrated into classroom instruction and are consistent with academic content standards.

Autism.—The Committee supports efforts by the Office of Special Education and Rehabilitative Services (OSERS) to disseminate research and best practices to LEAs and SEAs regarding services and improving results for children with autism. The Committee is supportive of efforts to share new knowledge, integrate research and practice, and work with LEAs and SEAs on high-quality implementation of research.

Assistive Technology Usage.—The Committee notes that assistive technology (AT) is an essential tool for students with disabilities. As mandated under IDEA, assistive technology must be made available to all children with a disability needing AT as determined by the team developing the student's Individualized Education Program (IEP). However, too little is known regarding access to and use of assistive technology for students who require it. The Committee is concerned that children with disabilities who could benefit from the use of AT are not accessing these resources. The Committee encourages OSERS to study State and district practices in making AT available to students; the percentage of students with IEPs by disability category accessing AT; the availability of training for school personnel and parents to support a child's use of AT; budgeting practices regarding the annual acquisition of AT for eligible children; and, any other factors impacting the policies and practices of providing AT so that all children with disabilities have equitable access to grade-level curriculum, assessments and the learning environment commensurate with their peers. In addition, the Committee encourages OSERS to issue guidance to States that: clarifies the requirements of the IDEA regarding providing AT to children with disabilities; assures States have updated plans to provide technical assistance to district leaders in the financing and acquisition of AT; provides training to IEP teams in determining whether a child qualifies for AT; and trains all school personnel involved, including the child's parents, on the use of the AT to ensure children with disabilities have equitable access to grade-level curriculum, assessment, and the learning environment commensurate with their peers.

Special Education Expenditure Project.—The Committee notes that no data has been collected by the Federal government on special education expenditures since 2004 when the Department released the Special Education Expenditure Project (SEEP). To assist policymakers and advocates with critical questions regarding special education spending, the Committee encourages the Department to conduct a large-scale, nationally representative study of special education expenditures of similar scale, scope, and design as the 1999–2004 SEEP.

Prohibition on Use of Federal Funds for Electric Shock Devices.—The Committee is deeply concerned that Federal funds support services for children at private schools that use electric shock devices and equipment for student discipline and conditioning. The Committee includes new bill language to prohibit Federal funds from supporting institutions that carry out this horrific practice.

REHABILITATION SERVICES

Appropriation, fiscal year 2021	\$3,814,220,000
Budget request, fiscal year 2022	3,894,820,000
Committee Recommendation	3,896,820,000
Change from enacted level	+82,600,000
Change from budget request	+2,000,000

The programs in this account are authorized by the Rehabilitation Act of 1973, the Helen Keller National Center Act, and the Randolph-Sheppard Act.

Vocational Rehabilitation State Grants

The Committee recommends \$3,719,121,000 in mandatory funding for Vocational Rehabilitation (VR) State Grants, which is \$44,100,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request.

This program supports vocational rehabilitation services through formula grants to States. These grants support a wide range of services designed to help persons with physical and mental disabilities prepare for and engage in gainful employment to the extent of their capabilities. Emphasis is placed on providing vocational rehabilitation services to persons with the most significant disabilities. The Committee's recommendation provides the cost-of-living adjustment for Vocational Rehabilitation Grants to States, as authorized.

Client Assistance State Grants

The Committee recommends \$13,000,000 for Client Assistance State Grants, which is the same as the fiscal year 2021 enacted level and the fiscal year 2022 budget request. Client Assistance State Grants support services for eligible individuals and applicants of the VR State Grants program, and other programs, projects, and services funded under the Rehabilitation Act. These formula grants are used to help persons with disabilities overcome problems with the service delivery system and improve their understanding of services available to them under the Rehabilitation Act.

Training

The Committee recommends \$29,388,000 for the Training program, which is the same as the fiscal year 2021 enacted level and the fiscal year 2022 budget request. The program supports long-term and short-term training, in-service personnel training, and training of interpreters for deaf persons. Projects in a broad array of disciplines are funded to ensure that skilled personnel are available to serve the vocational needs of persons with disabilities. Funds are included to fully support continuation costs for grants made in prior years.

Demonstration and Training Programs

The Committee recommends \$40,796,000 for Demonstration and Training Programs, which is \$35,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. These programs support activities designed to increase employment opportunities for individuals with disabilities by expanding and improving the availability and provision of rehabilitation and other services. The Committee recommendation includes no less than the

fiscal year 2021 enacted level for parent information and training programs.

Protection and Advocacy of Individual Rights

The Committee recommends \$20,150,000 for Protection and Advocacy of Individual Rights, which is \$2,000,000 more than the fiscal year 2021 enacted level and the fiscal year 2022 budget request. Grants are awarded to entities that have the authority to pursue legal, administrative, and other appropriate remedies to protect and advocate for the rights of persons with disabilities.

Supported Employment State Grants

The Committee recommends \$22,548,000 for Supported Employment State Grants, which is the same as the fiscal year 2021 enacted level and the fiscal year 2022 budget request. These formula grants assist States in developing collaborative programs with public agencies and nonprofit agencies for training and post-employment services leading to supported employment. In supported employment programs, persons with the most significant disabilities are given special supervision and assistance to enable them to work in integrated settings.

Independent Living Services for Older Individuals Who Are Blind

The Committee recommends \$33,317,000 for Independent Living Services for Older Individuals Who Are Blind, which is the same as both the fiscal year 2021 enacted level and the fiscal year 2022 budget request. Funds are distributed to States according to a formula based on the population of individuals who are 55 or older and provide support for services to persons 55 years old or over whose severe visual impairment makes gainful employment extremely difficult to obtain, but for whom independent living goals are feasible.

Helen Keller National Center

The Committee recommends \$18,500,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults, which is \$1,500,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. These funds are used for the operation of a national center that provides intensive services for deaf-blind individuals and their families at Sands Point, New York, and a network of ten regional offices that provide referral, counseling, transition services, and technical assistance to service providers.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

Appropriation, fiscal year 2021	\$256,292,000
Budget request, fiscal year 2022	265,292,000
Committee Recommendation	265,292,000
Change from enacted level	+9,000,000
Change from budget request	---

The Committee recommends \$265,292,000 for Special Institutions for Persons with Disabilities, which is \$9,000,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request.

AMERICAN PRINTING HOUSE FOR THE BLIND

Appropriation, fiscal year 2021	\$34,431,000
Budget request, fiscal year 2022	37,431,000
Committee Recommendation	37,431,000
Change from enacted level	+3,000,000
Change from budget request	---

This funding subsidizes the production of educational materials for legally blind persons enrolled in pre-college programs. The American Printing House for the Blind (Printing House), which is chartered by the Commonwealth of Kentucky, manufactures and maintains an inventory of educational materials in accessible formats that are distributed free of charge to schools and States based on the number of blind students in each State. The Printing House also conducts research and field activities to inform educators about the availability of materials and how to use them.

The Committee applauds the Printing House for rapidly developing training resources to assist schools, teachers, parents, and students to adapt to the changes in education brought about because of the COVID pandemic. The increase in funding will help provide the resources necessary to develop and distribute assistive technologies, books in accessible formats and specially designed educational aids that will allow students who are blind or visually impaired to fully participate in and benefit from education programs.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Appropriation, fiscal year 2021	\$81,500,000
Budget request, fiscal year 2022	84,500,000
Committee Recommendation	84,500,000
Change from enacted level	+3,000,000
Change from budget request	---

Congress established the National Technical Institute for the Deaf (Institute) in 1965 to provide a residential facility for postsecondary technical training and education for deaf persons with the purpose of promoting the employment of these individuals. The Institute also conducts applied research and provides training related to various aspects of deafness. The Secretary of Education administers these activities through a contract with the Rochester Institute of Technology in Rochester, New York.

GALLAUDET UNIVERSITY

Appropriation, fiscal year 2021	\$140,361,000
Budget request, fiscal year 2022	143,361,000
Committee Recommendation	143,361,000
Change from enacted level	+3,000,000
Change from budget request	---

Gallaudet is a private, non-profit educational institution Federally chartered in 1864 providing elementary, secondary, undergraduate, and continuing education for deaf persons. In addition, the University offers graduate programs in fields related to deafness for deaf and hearing students, conducts research on deafness, and provides public service programs for deaf persons.

CAREER, TECHNICAL, AND ADULT EDUCATION

Appropriation, fiscal year 2021	\$2,030,936,000
Budget request, fiscal year 2022	2,183,936,000
Committee Recommendation	2,238,981,000
Change from enacted level	+208,045,000
Change from budget request	+55,045,000

This account includes vocational education programs authorized by the Carl D. Perkins Career and Technical Education Act of 2006, as recently reauthorized by the Strengthening Career and Technical Education for the 21st Century Act, and the Adult Education and Family Literacy Act (AEFLA).

Career and Technical Education: State Grants

The Committee recommends \$1,384,848,000 for Career and Technical Education (CTE) State Grants, which is \$50,000,000 above the fiscal year 2021 enacted level and \$30,000,000 more than the fiscal year 2022 budget request. Of these funds, \$593,848,000 will become available on July 1, 2022, and \$791,000,000 will become available for obligation on October 1, 2022.

State Grants support a variety of career and technical education programs developed in accordance with the State plan. This program focuses Federal resources on institutions with high concentrations of low-income students. The populations assisted by State Grants range from secondary students in prevocational courses to adults who need retraining to adapt to changing technological and labor markets. Funding for State Grants will continue support for state-of-the art career and technical training to students in secondary schools and community and technical colleges.

National Programs

The Committee recommends \$115,421,000 for National Programs, which is \$108,000,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. The recommendation includes new language supporting the Administration’s proposal for Innovation and Modernization grants.

Improved Coordination between Career and Technical Education and Adult Education.—To ensure that individuals can succeed in today’s economy, the Committee encourages the Department to identify and pursue opportunities to better align the postsecondary career and technical education (CTE) system with the adult education system. Adult education can be an effective on-ramp to postsecondary CTE and a valuable partner in designing and implementing IET models that blend basic skills instruction and occupational training to expand equitable access to skills training, high-quality credentials and family-supporting careers.

Adult Basic and Literacy Education State Grants

The Committee recommends \$700,000,000 for Adult Basic and Literacy Education State Grants, which is \$25,045,000 more than the fiscal year 2021 enacted level and the fiscal year 2022 budget request. State formula grants, authorized under the AEFLA, support programs to enable adults to acquire basic literacy skills, to enable those who so desire to complete secondary education, and to make available to adults the means to become more employable, productive, and responsible citizens.

Adult Education National Leadership Activities

The Committee recommends \$38,712,000 for National Leadership Activities, which is \$25,000,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. This program supports applied research, development, dissemination, evaluation, and program improvement efforts to strengthen the quality of adult education services.

The Committee encourages the provision of technical assistance to States to foster and scale IET models by ensuring collaboration with CTE providers. IET is a service approach that provides adult education and literacy activities concurrently and contextually with workforce preparation for a specific occupation or occupational cluster for the purpose of educational and career advancement.

STUDENT FINANCIAL ASSISTANCE

Appropriation, fiscal year 2021	\$24,545,352,000
Budget request, fiscal year 2022	27,545,352,000
Committee Recommendation	27,187,352,000
Change from enacted level	+2,642,000,000
Change from budget request	- 358,000,000

Pell Grants

The Committee recommends \$24,725,352,000 in discretionary funding for the Pell Grant program, which is \$2,250,000,000 more than the fiscal year 2021 enacted level and \$750,000,000 less than the fiscal year 2022 budget request. These funds will support Pell grants to students for the 2022–2023 academic year.

Combined with mandatory funding streams, the Committee recommendation supports a maximum Pell Grant in academic year 2022–2023 of \$6,895, a \$400 increase over fiscal year 2021 and the same as the fiscal year 2022 discretionary budget request.

Pell Grants help to ensure access to educational and economic opportunities for low-and middle-income students by providing need-based financial assistance. Grants are determined according to a statutory formula, which considers income, assets, household size, and the number of family members in college, among other factors. Pell Grants are the foundation of Federal postsecondary student aid programs. In keeping with the fiscal year 2022 budget request, the recommendation includes new language extending eligibility for DACA-eligible students.

The Committee recognizes that Pell Grants help to ensure access to education and economic opportunities for low-and-middle-income students by providing need-based financial assistance. The Committee requests a briefing within 180 days of enactment of this Act on expanding eligibility for Pell Grants to provide better access to higher education opportunities and better serve a modernized economy and diverse workforce, including recent experimental site initiatives.

Second Chance Pell.—The Committee notes Pell grants are now available for incarcerated individuals. The Committee supports efforts to ensure those who are eligible are provided opportunities to access the financial assistance. The Committee requests an update on this effort in the fiscal year 2023 congressional justification.

Federal Supplemental Educational Opportunity Grants

The Committee recommends \$1,028,000,000 for the Federal Supplemental Educational Opportunity Grants (SEOG) program, which is \$148,000,000 more than the fiscal year 2021 enacted level and the fiscal year 2022 budget request.

SEOG provides funds to postsecondary institutions for need-based grants of up to \$4,000 to undergraduate students, with priority given to students who are Pell-eligible. Approximately 69 percent of dependent recipients have annual family incomes under \$30,000 and nearly 71 percent of independent SEOG recipients have annual family incomes under \$20,000. Institutions must contribute a 25 percent match toward their SEOG allocation.

Federal Work-Study

The Committee recommends \$1,434,000,000 for the Federal Work-Study program, which is \$244,000,000 more than the fiscal year 2021 enacted level and the fiscal year 2022 budget request.

Federal Work-Study funds are provided through institutions to students who work part-time. The funds assist with paying for the cost of education. Approximately 3,200 colleges and universities receive funding, according to a statutory formula, and may allocate it for job location and development centers. Work-study jobs must pay at least the Federal minimum wage and institutions must provide 25 percent of student earnings.

The Committee recommendation continues funding for the Work Colleges program, which supports institutions that require all resident students to participate in a work-learning program.

For-profit College Accountability.—The 85/15 Rule was first implemented in 1992 as a bipartisan amendment to the Higher Education Act (HEA). It is based on the rationale that if an institution provides a quality education, individuals without access to Federal funding sources should be willing to pay for it. The rule prevented for-profit postsecondary institutions from deriving more than 85 percent of revenues from Title IV of the HEA. It was based on a longstanding principle first enacted in 1952 to protect veterans from for-profit college abuses dating back to the original GI Bill (the Servicemen's Readjustment Act) in 1944, and was in response to widespread reports that many for-profit colleges were using aggressive, sometimes fraudulent recruiting tactics in order to profit off of students with access to Federal student aid funding. In 1998, the rule was amended to allow for-profits to derive an extra five percent of their revenue from Title IV and became known as the 90/10 Rule. Since that time, thousands of students have been defrauded by schools that have since gone out of business. Students who graduate from these schools can obtain degrees that often offer little value. A 2016 National Bureau of Economic Research study using data from the Department and the Internal Revenue Service found that the earnings of students who attend for-profit colleges or universities are lower than if they had never enrolled at all.

Given these deeply disappointing outcomes, the Committee believes that reverting back to the 85/15 ratio is a critical step in holding for-profit colleges accountable and protecting students from predatory practices and taxpayer dollars from being wasted. Therefore, the Committee includes new bill language requiring that for-

profit institutions of higher education receive not more than 85 percent of their revenue from Federal sources.

FEDERAL DIRECT STUDENT LOAN PROGRAM ACCOUNT

Appropriation, fiscal year 2021	\$50,000,000
Budget request, fiscal year 2022	25,000,000
Committee Recommendation	25,000,000
Change from enacted level	- 25,000,000
Change from budget request	---

The Committee recommendation includes \$25,000,000 for the Federal Direct Student Loan Program Account program (also known as Temporary Extended Public Service Loan Forgiveness or TEPSLF). Congress created the Public Service Loan Forgiveness (PSLF) program in 2007 to provide loan relief to borrowers pursuing careers in public service. After making 120 qualifying payments, the equivalent of 10 years, borrowers first became eligible for forgiveness under the program in 2017.

TEPSLF was established to address the administrative challenges associated with the PSLF program. This account provides funding for loan forgiveness for borrowers who were led to believe they qualified for PSLF by their loan servicers but were denied forgiveness. While approximately \$800,000,000 has been provided for TEPSLF since fiscal year 2018, only \$129,970,490 has been used for borrower discharges as of April 2021. The Committee encourages the Department to improve the administration of this program.

The Committee appreciates the Department’s briefing on actions planned or taken to address and implement recommendations outlined in a GAO report entitled “Public Service Loan Forgiveness: Improving the Temporary Expanded Process Could Help Reduce Borrower Confusion” (GAO-19-595). The Committee directs the Department to include an update in the fiscal year 2023 Congressional Budget Justification identifying areas where the Department can further improve the administration of the PSLF and TEPSLF programs.

The Committee notes that many physicians are excluded from receiving forgiveness under section 455(m)(3) of the HEA as they are prohibited from direct employment with private, non-physician, corporate entities within their States. As such, the Committee encourages the Secretary to provide full-time borrowers who are engaged in health care practitioner occupations in such States, including California and Texas, with loan cancellations that are consistent with the Department’s ongoing loan cancellations for health care practitioners across the country. Further, the Committee encourages the Department to explore this issue through negotiated rule-making this year.

STUDENT AID ADMINISTRATION

Appropriation, fiscal year 2021	\$1,853,943,000
Budget request, fiscal year 2022	2,053,943,000
Committee Recommendation	2,053,943,000
Change from enacted level	200,000,000
Change from budget request	---

Programs administered under Student Aid Administration (SAA) include Pell Grants, campus-based programs, Teacher Education

Assistance for College and Higher Education (TEACH) grants, and Federal student loan programs.

Salaries and Expenses.—Within the total provided for SAA, the Committee recommends \$975,000,000 for salaries and expenses, which is the same as the fiscal year 2021 enacted level and the fiscal year 2022 request.

Loan Servicing Activities.—Within the total provided for SAA, the Committee recommends \$1,078,943,000 for Loan Servicing Activities, which is \$200,000,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 request.

In addition, the American Rescue Plan Act (P.L. 117-2) included \$91,130,000 for administrative expenses to support changes to the student aid programs to assist students and borrowers in response to COVID-19.

State and Nonprofit Subcontracting.—The Committee believes that State and nonprofit organizations can assist Federal student loan servicers in providing important services to struggling borrowers who need access to more specialized support services throughout their postsecondary education to help them understand their financial decisions and act as advocates to help struggling borrowers understand the student loan repayment process and options that may be available to them to help mitigate delinquencies and defaults. The Committee urges the Department to explore incentives for Federal student loan servicers to subcontract with qualified State and nonprofit organizations as well as small businesses.

Next Generation Servicing Environment.—In 2017, the Department initiated the Next Generation Processing and Servicing Environment (Next Gen). Since that time, Congress has provided significant resources for Student Aid Administration activities, including the development and implementation of Next Gen. Given these resources, the Committee remains concerned with the current state of student loan servicing. The recommendation continues to include bill language requiring FSA to submit a detailed spend plan of anticipated uses.

Transparency in College Costs.—The Committee notes the persistent lack of transparency around the costs of college and its detrimental impact on the ability of individuals and families to make informed financial decisions around higher education. Therefore, the Committee urges the Department to work with institutions of higher education to improve college cost transparency, and requests a briefing on these efforts no later than 120 days after enactment of this Act.

FAFSA Tax Data Retrieval Tool for the U.S. Territories.—The Committee notes that students or parents who file a Puerto Rico or other U.S. territory tax return are currently unable to use the IRS Data Retrieval Tool to complete the Free Application for Federal Student Aid (FAFSA) form. Instead, they must enter their tax return information manually. The Committee is interested in simplifying the FAFSA process for applicants in Puerto Rico and the other U.S. territories, in the same manner available to Internal Revenue Service (IRS) tax filers residing in the 50 States and the District of Columbia. The Committee therefore encourages the Department of Education to work with the IRS and the tax authorities of the five U.S. territories to explore options that would allow

applicants in these jurisdictions to import their tax income information directly into the FAFSA form, including the feasibility of utilizing the existing IRS Data Retrieval Tool or a similar mechanism.

COVID-19 Impacts to PSLF.—The Committee directs the Department to include an update in the fiscal year 2023 Congressional Budget Justification on how COVID-19 has impacted the PSLF program and how the Department of Education is addressing concerns of COVID-19’s impact, if any, on an applicant’s ability to apply and qualify for PSLF.

HIGHER EDUCATION

Appropriation, fiscal year 2021	\$2,541,661,000
Budget request, fiscal year 2022	3,308,802,000
Committee Recommendation	3,430,757,000
Change from enacted level	+889,096,000
Change from budget request	+121,955,000

The American Rescue Plan Act (P.L. 117-2) included \$169,464,000,000 for the Education Stabilization Fund (ESF) to prevent, prepare for, and respond to the coronavirus, domestically or internationally. The ESF included \$39,584,570,000 in funding for higher education emergency relief.

Strengthening Institutions

The Committee recommends \$209,007,000 for the Part A, Strengthening Institutions program, which is \$100,000,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. Funding supports competitive grants for general operating subsidies to institutions with below average educational and general expenditures per student and significant percentages of low-income students. Funds may be used for faculty and academic program development, management, joint use of libraries and laboratories, acquisition of equipment, and student services.

In addition, the American Rescue Plan Act (P.L. 117-2) included \$421,565,000 for the Strengthening Institutions program to directly support students and institutions addressing effects of COVID-19.

Developing Hispanic-Serving Institutions

The Committee recommends \$236,732,000 for the Developing Hispanic-Serving Institutions (HSI) program, which is \$88,000,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request.

The Developing HSIs program provides operating subsidies to schools that serve at least 25 percent Hispanic students. Funds may be used for faculty and academic program development, management, joint use of libraries and laboratories, acquisition of equipment, and student services.

In addition, the American Rescue Plan Act (P.L. 117-2) included \$559,256,000 for the Developing HSIs program to directly support students and institutions addressing effects of COVID-19.

Graduation Rates.—The Committee notes that HSIs provide many benefits and educational opportunities to their students. However, the Committee is concerned that students at HSIs may be graduating at lower rates than students at non-HSIs. Therefore,

the Committee directs the Department to provide an update in the fiscal year 2023 Congressional Budget Justification on graduation rates, retention rates, and persistence rates for students at HSIs, including a strategy on how to improve overall postsecondary completion at HSIs.

Promoting Postbaccalaureate Opportunities for Americans

The Committee recommends \$28,845,000 for the Promoting Postbaccalaureate Opportunities for Hispanic Americans program, which is \$15,000,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. This program provides expanded postbaccalaureate educational opportunities for the academic attainment of Hispanic and low-income students. In addition, it expands academic offerings and enhances program quality at IHEs educating the majority of Hispanic college students.

In addition, the American Rescue Plan Act (P.L. 117–2) included \$50,179,000 for the Promoting Postbaccalaureate Opportunities for Hispanic Americans program to directly support students and institutions addressing effects of COVID–19.

Strengthening Historically Black Colleges and Universities

The Committee recommends \$402,619,000 for Strengthening Historically Black Colleges and Universities (HBCUs), which is \$65,000,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. This program provides operating subsidies to accredited HBCUs that were established prior to 1964, with the principal mission of educating Black Americans. Funds are distributed through a formula grant based on the enrollment of Pell Grant recipients, number of graduates, and the number of graduates entering graduate or professional schools in which Black students are underrepresented.

In addition, the American Rescue Plan Act (P.L. 117–2) included \$1,269,503,000 for the Strengthening HBCUs program to directly support students and institutions addressing effects of COVID–19.

Strengthening Historically Black Graduate Institutions

The Committee recommends \$102,313,000 for the Strengthening Historically Black Graduate Institutions (HBGIs) program, which is \$15,000,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. The program provides five-year grants to postsecondary institutions that are specified in section 326(e)(1) of the HEA. Institutions may use funds to build endowments, provide scholarships and fellowships, and to assist students with the enrollment and completion of postbaccalaureate and professional degrees.

In addition, the American Rescue Plan Act (P.L. 117–2) included \$328,308,000 for the Strengthening HBGIs program to directly support students and institutions addressing effects of COVID–19.

Strengthening Predominantly Black Institutions

The Committee recommends \$23,218,000 for the Strengthening Predominantly Black Institutions (PBIs) program, which is \$9,000,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. This program provides

grants to PBIs to increase their capacity to serve the academic needs of students.

The bill continues bill language allowing certain PBIs to be eligible for additional grants.

In addition, the American Rescue Plan Act (P.L. 117–2) included \$51,583,000 for the Strengthening PBIs program to directly support students and institutions addressing effects of COVID–19.

Strengthening Asian American and Native American Pacific-Islander-Serving Institutions

The Committee recommends \$20,120,000 for the Strengthening Asian American and Native American Pacific-Islander-Serving Institutions program, which is \$15,000,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. This program provides grants to undergraduate institutions that have an undergraduate student enrollment of at least 10 percent Asian American or Native American Pacific Islander.

In addition, the American Rescue Plan Act (P.L. 117–2) included \$17,370,000 for the Strengthening Asian American and Native American Pacific-Islander-Serving Institutions program to directly support students and institutions addressing the effects of COVID–19.

Strengthening Alaska Native and Native Hawaiian-Serving Institutions

The Committee recommends \$25,044,000 for the Strengthening Alaska Native and Native Hawaiian-Serving Institutions program, which is \$6,000,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. Through the Strengthening Alaska Native and Native Hawaiian-Serving Institutions program, the Department provides grants to assist IHEs in serving Alaska Native and Native Hawaiian students.

In addition, the American Rescue Plan Act (P.L. 117–2) included \$71,607,000 for the Strengthening Alaska Native and Hawaiian-Serving Institutions program to directly support students and institutions addressing effects of COVID–19.

Strengthening Native American Serving Non-Tribal Institutions

The Committee recommends \$12,120,000 for the Native American Serving Non-Tribal Institutions program, which is \$7,000,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. This program makes grants to IHEs at which enrollment is at least 10 percent Native American students and that are not Tribally Controlled Colleges or Universities.

In addition, the American Rescue Plan Act (P.L. 117–2) included \$17,370,000 for the Strengthening Native American Serving Non-Tribal Institutions program to directly support students and institutions addressing effects of COVID–19.

Strengthening Tribally Controlled Colleges and Universities

The Committee recommends \$53,080,000 for the Strengthening Tribally Controlled Colleges and Universities (TCCUs) program, which is \$15,000,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. This program

makes grants to TCCUs to increase their capacity to serve the academic needs of students.

In addition, the American Rescue Plan Act (P.L. 117–2) included \$143,186,000 for the Strengthening TCCUs program to directly support students and institutions addressing effects of COVID–19.

Strengthening HBCU Masters Program

The Committee recommends \$20,956,000 for the Strengthening HBCU Masters Programs, which is \$10,000,000 more than the fiscal year 2021 enacted level and the fiscal year 2022 budget request. This program provides grants to specified colleges and universities making a substantial contribution to graduate education opportunities at the Master’s level in mathematics, engineering, the physical or natural sciences, computer science, information technology, nursing, allied health, or other scientific disciplines.

In addition, the American Rescue Plan Act (P.L. 117–2) included \$38,915,000 for the Strengthening HBCU Masters Program to directly support students and institutions addressing the effects of COVID–19.

International Education and Foreign Language Studies

Domestic Programs.—The Committee recommends \$79,353,000 for the Domestic Programs of the International Education and Foreign Languages Studies program, which is \$10,000,000 more than the fiscal year 2021 enacted level and the fiscal year 2022 budget request. Authorized by Title VI of the HEA, these programs include National resource centers, foreign language and area studies fellowships, undergraduate international studies and foreign language programs, international research and studies projects, business and international education projects, international business education centers, language resource centers, American overseas research centers, and technological innovation and cooperation for foreign information access.

The Committee includes \$3,000,000 to establish a Native American Language Resource Center under the Language Resource sections 601 and 603 of the HEA.

Overseas Programs.—The Committee recommends \$13,811,000 for the Overseas Programs, which is \$5,000,000 more than the fiscal year 2021 enacted level and the fiscal year 2022 budget request. Funding for these programs support group projects, faculty research, special bilateral research, and doctoral dissertation research conducted abroad.

Model Comprehensive Transition and Postsecondary Programs for Students with Intellectual Disabilities

The Committee recommends \$15,180,000 for the Model Comprehensive Transition and Postsecondary Programs for Students with Intellectual Disabilities (TPSID) program, which is \$1,380,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. TPSID supports grants to create model transition programs into postsecondary education for students with intellectual disabilities.

Minority Science and Engineering Improvement

The Committee recommends \$26,300,000 for the Minority Science and Engineering Improvement Program, which is \$12,930,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. This program awards grants to improve mathematics, science, and engineering programs at institutions serving primarily minority students and to increase the number of minority students who pursue advanced degrees and careers in those fields.

Tribally Controlled Postsecondary Career and Technical Institutions

The Committee recommends \$15,644,000 for this program, which is \$5,010,000 more than the fiscal year 2021 enacted level and the fiscal year 2022 budget request. The Tribally Controlled Postsecondary Career and Technical Institutions program awards competitive grants to Tribally controlled postsecondary career and technical institutions to provide career and technical education to Native American students.

Federal TRIO Programs

The Committee recommends \$1,297,761,000 for TRIO programs, which is \$200,761,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. The TRIO programs provide a variety of outreach and support services to encourage low-income, first-generation college students and individuals with disabilities to enter and complete college. Discretionary grants of up to four or five years are awarded competitively to IHEs and other nonprofit organizations. At least two thirds of the eligible participants in TRIO must be low-income, first-generation college students.

Gaining Early Awareness and Readiness for Undergraduate Programs

The Committee recommends \$408,000,000 for Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP), which is \$40,000,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. GEAR UP provides grants to States and partnerships of low-income middle and high schools, IHEs, and community organizations to target entire grades of students and give them the skills, encouragement, and scholarships to pursue successfully postsecondary education.

The Committee continues bill language allowing the Department to maintain the GEAR UP evaluation set-aside at 1.5 percent to work with the GEAR UP community and grantees to standardize data collection, including through the use of third-party data systems.

Furthermore, the Committee directs the Department to announce Notices Inviting Applications for New Awards for State Grants and Partnership Grants in the Federal Register. In such notice for State grants, the Committee directs the Department to uphold the long-standing guidance that States may only administer one active State GEAR UP grant at a time. The Secretary is directed to provide written guidance in the Federal Register notifying applicants that only States without an active State GEAR UP grant, or States

that have an active State GEAR UP grant that is scheduled to end prior to October 1, 2022, will be eligible to receive a new State GEAR UP award funded in whole or in part by this appropriation. The Secretary is further directed to ensure that no request from a State Grant applicant to receive an exception to the GEAR UP scholarship (as described in section 404E(b)(2) of the HEA) shall be denied on the basis of 34 CFR 694.14(c)(3).

Graduate Assistance in Areas of National Need

The Committee recommends \$25,547,000 for the Graduate Assistance in Areas of National Need (GAANN) program, which is \$2,000,000 more than the fiscal year 2021 enacted level and the fiscal year 2022 budget request. GAANN provides fellowships through grants to degree granting postsecondary institutions, for students of high financial need studying in areas of national need. The Department consults with appropriate agencies and organizations to designate the fields of study “in areas of national need.” GAANN offers innovative graduate education programs, with associated fellowship opportunities, at the intersection of humanities, arts, STEM, and health associated fields in order to prepare our national graduate students for increasingly interdisciplinary global challenges. Recent examples include engineering, nursing, and physics.

The Committee encourages the Secretary to consider the inclusion of “Computer Science + X” (CS+X) programs (also referred to as Applied Computer Science and Data Literacy Programs), aimed at integrating the humanities and computer science, in order to provide technology-focused students in need with the broader skill set required for high tech jobs.

Teacher Quality Partnership Grants

The Committee recommends \$132,092,000 for the Teacher Quality Partnerships (TQP) program, which is \$80,000,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. The TQP program helps improve the quality of teachers working in high-need schools and early childhood education programs by creating model teacher preparation and residency programs.

The Committee recognizes the importance of State teaching fellowship programs and encourages the Department to continue to work with eligible State teaching fellowship programs that wish to apply for the TQP program.

The Committee recognizes the needs of the nation’s growing English learner (EL) student population, including a robust teacher workforce equipped with the skills to teach them. The Committee is concerned by the shortage of EL teachers in the majority of States, as well the academic achievement gap between ELs and their native English-speaking peers. Therefore, the Committee recommends the Secretary support the development and strengthening of high-quality teacher preparation programs that enable graduates to meet licensure or certification requirements to teach ELs.

The Committee notes that high-quality teacher residency programs prepare diverse cohorts of teachers to serve high-need schools, improve teacher efficacy in the classroom, and are a high-retention teacher preparation pathway. In fact, 49 percent of resi-

dents are teachers of color, while only 20 percent of all teachers nationally are teachers of color. Further, a review of teacher residency programs shows that residents tend to have higher retention rates over time than nonresident teachers. As such, the Committee encourages the Department of Education to prioritize grants under the Teacher Quality Partnership Grant Program for applicants that apply to fund high-quality teacher residency programs as authorized under Section 202(e) of the Higher Education Act. The Department is further encouraged to include a priority for teacher residency program applicants that include explicit admissions goals and priorities, as permitted under Section 202(e)(2)(A)(vi)(II), for the consideration of teacher residency applicants from underrepresented populations in the teaching profession.

Child Care Access Means Parents in School

The Committee recommends \$95,000,000 for the Child Care Access Means Parents in School program, which is \$40,000,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. This program makes competitive grants to colleges and universities to support or establish a campus-based childcare program primarily serving the needs of low-income students enrolled at the institution.

Fund for the Improvement of Postsecondary Education

The Committee recommendation includes \$168,015,000 for the Fund for the Improvement of Postsecondary Education, which is \$127,015,000 more than the fiscal year 2021 enacted level and \$92,015,000 more than the fiscal year 2022 budget request.

Centers of Excellence for Veteran Student Success Program.—The Committee includes \$15,000,000 to support existing and new grantees for the Centers of Excellence for Veterans Student Success Program, as authorized by section 873 of the HEA.

Over one million veterans attend college every year and often need assistance receiving their benefits or transitioning to student life. Veteran Student Centers provide a one-stop-shop for academic support, networking opportunities, peer mentorship, financial assistance, counseling, and career services.

The Department should ensure that this program continues to support comprehensive services including veteran benefits assistance, tutoring, counseling, and housing. The Committee directs the Department to brief the Committees on Appropriations no later than 90 days after enactment of this Act on its plan to continue to carry out this program, as well as a plan for evaluation and accountability, and to notify the Committees no later than 15 days in advance of making any new grant award or changes to the programs.

Basic Needs Grants.—The Committee recognizes that many college and graduate students are unable to achieve academic success because they cannot afford to meet their basic needs, such as housing, food, transportation, and access to physical and mental health services. The Committee includes \$8,000,000 for competitive grants to at least eight institutions of higher education, as defined by section 101 of the HEA, to support programs that address the basic needs of students and report on best practices. In order to qualify, grantees must use funds to carry out or expand at least two of the

following activities: to fund basic needs programs that support temporary housing, secure sleeping arrangements, provide free or subsidized food, access to on-campus childcare, and/or other basic needs to eligible students; conduct outreach to students to encourage participation in basic needs programs and services; help eligible students apply for and enroll in local, State, and Federal public assistance programs; or coordinate and collaborate with government and/or community-based organizations. At least 25 percent of grants must go to community colleges. Grant priority will go to institutions with 25 percent or higher Pell enrollment, HBCUs, HSIs, and other MSIs.

Transitioning Gang-Involved Youth to Higher Education.—The Committee directs the Department to work in conjunction with the Department of Labor to allocate no less than \$1,000,000 to provide a funding opportunity for organizations that work directly with gang involved youth to help such youth pursue higher education opportunities.

Modeling and Simulation Programs.—The Committee includes \$10,000,000 for Modeling and Simulation Programs as authorized under section 891 of the HEA. Modeling and simulation technology has numerous applications for Federal and State governments and their partners in the defense, education, gaming, shipbuilding, and workforce training sectors, allowing them to generate data to help make decisions or predictions about their systems.

Open Textbook Pilot.—The Committee includes \$12,000,000 to continue the Open Textbook Pilot and fund a new grant competition in fiscal year 2022. The Department shall issue a notice inviting applications consistent with notice and comment procedures and allow for a 60-day application period. This funding should support a significant number of grant awards to IHEs as defined by 20 U.S.C. 1001, a group of IHEs, or State higher education agencies that lead the activities of (and serve as fiscal agent for) a consortium. Funding should be used to create new open textbooks and expand the use of open textbooks in courses that are part of a degree granting program, and particularly those with high enrollments. Allowable uses of funds should include professional development for faculty and staff, including relating to the search for and review of open textbooks; the creation or adaptation of open textbooks; development or improvement of tools and informational resources that support the use of open textbooks, including accessible instructional materials for students with disabilities; and research evaluating the efficacy of the use of open textbooks for achieving savings for students and the impact on instruction and student learning outcomes. The Secretary shall require that any open textbooks created with these funds shall be released to the public under a non-exclusive, royalty-free, perpetual, and irrevocable license to exercise any of the rights under copyright conditioned only on the requirement that attribution be given as directed by the copyright owner. Further, any tools, technologies, or other resources that are created, developed, or improved wholly or in part with these funds for use with any open textbook must be similarly licensed. Any eligible entity receiving a grant through the Open Textbooks Pilot, upon completion of the supported project, shall report to the Secretary regarding the effectiveness of the project in expanding the use of open textbooks and in achieving savings for

students; the impact of the project on expanding the use of open textbooks at IHEs outside of the institution receiving the grant; open textbooks created or adapted under the grant, including instructions on where the public can access each open textbook; the impact of the project on instruction and student learning outcomes; and all project costs, including the value of any volunteer labor and institutional capital used for the project. The Secretary shall make such reports publicly available.

Center of Excellence in Spatial Computing.—The Committee is increasingly concerned about the lack of highly-qualified Americans available for hire within the high-tech labor pool. The technology sector is the fastest growing market within the United States, with a growing need for a spatial computing workforce to remain competitive. Therefore, the Committee includes \$5,000,000 to establish a Center of Excellence in Spatial Computing designation, allowing institutions of higher education the opportunity to qualify for federal funding to teach students the necessary skills to succeed in an ever-evolving high tech economy.

In order to receive this designation, institutions must: (i) create a consortium of multiple institutions of higher education capable of supporting the advancement of spatial computing in our nation's colleges and universities, including the development of best practices and curricula that can be shared with computer science and other relevant programs; (ii) establish U.S. leadership and competitiveness by promoting innovative processes for domestic manufacturing of spatial computing technology products in a rapidly developing global market; (iii) create educational and work placement opportunity programs to recruit, train, and retain underserved populations in the technology sector; and (iv) develop case studies and skill-based workforce training and company-based education programs in spatial computing.

Menstrual Products Programs.—Congress recognizes that the lack of access to menstrual products impedes the academic success of many college and graduate students as well as impacts their physical and mental well-being. Congress includes \$5,000,000 for competitive grants to at least ten institutions of higher education, as defined by section 101 of the HEA, to support institutional programs that provide free menstrual products to students, as well as report on best practices. In order to qualify, grantees must agree to use funds to carry out or expand activities that fund programs that support direct provision of menstrual products in appropriate campus locations including, but not limited to, campus restroom facilities, wellness centers, on campus residential buildings; conduct outreach to students to encourage participation in menstrual equity programs and services; help eligible students apply for and enroll in local, State, and Federal public assistance programs; or coordinate and collaborate with government and/or community-based organizations. At least 50 percent of grants must go to community colleges. Grant priority will go to institutions with 25 percent or higher Pell enrollment, HBCUs, HSIs, AANAPISIs, and other MSIs.

Distributed Higher Education Digital Infrastructure Pilot.—The Committee includes \$5,000,000 to establish a pilot program for an institution of higher education with established remote learning infrastructure to work with Minority-Serving Institutions in the

grantee's region to provide support and technical assistance to expand MSI digital learning infrastructure.

Community Project Funding.—Within the funds included in this account, [\$92,015,000] shall be used for the following projects in the following amounts:

Project	Amount
Adrian College, Adrian, MI for establishment of a shared majors partnership program	\$300,000
African American History and Culture Foundation, Long Beach, CA for college preparation activities, including scholarships	250,000
Alamo Colleges District, San Antonio, TX for lab equipment	95,000
Alvernia University, Reading, PA for programming and classroom and technology upgrades	2,000,000
Arkansas Tech University, Russellville, AR for nursing program simulation labs, including the purchase of information technology	675,000
Austin Community College District, Austin, TX for child care supports for student parents, establishing an online Child Development Associate program, and curriculum development	700,000
Baylor University, Waco, TX for cybersecurity initiative and the purchase of information technology	1,000,000
Be A Leader Foundation, Phoenix, AZ for a college access and success program	175,000
Bellarmino University, Louisville, KY for simulation technology, equipment, and instruction, including educational opportunities for K–12 students	1,000,000
Benjamin Franklin Institute of Technology (BFIT), Boston, MA for a certificate program, including equipment	300,000
Berkshire Community College, Pittsfield, MA for technology and equipment	350,000
Bristol Community College, Fall River, MA for curriculum development and equipment	2,000,000
Brookdale Community College, Lincroft, NJ for establishment of a center for excellence in cybersecurity education, including the purchase of equipment and information technology	450,000
California State University Channel Islands, Camarillo, CA for curriculum development	250,000
California State University, Sacramento, Sacramento, CA for lab equipment	575,000
California State University, Sacramento, Sacramento, CA for equipment and classroom material	250,000
Cape Cod Community College, West Barnstable, MA for an aviation program, including equipment	1,950,000
Center for Employment Training, San Jose, CA for equipment	325,000
Chapman University, Orange, CA for the Earth Systems Science and Data Solutions Lab (EssDs), including equipment, scholarships, and fellowships	1,000,000
Christian Brothers University, Memphis, TN for workforce development and educational opportunities, including stipends and equipment	400,000
City College of New York, City University of New York, New York, NY for workforce development program, including equipment and stipends	1,500,000
City of Paramount, CA for student scholarships and learning center technology and equipment upgrades	550,000
College of Southern Maryland, La Plata, MD for equipment	550,000
Colorado State University, Fort Collins, CO for a college access and success initiative	1,000,000
Community College of Rhode Island, Warwick, RI for a constituent relations management tool	1,060,000
Durham Technical Community College, Durham, NC for a workforce development initiative	1,200,000
East Los Angeles College, Monterey Park, CA to establish a collaborative partnership promoting college access and success	200,000
East-West University, Chicago, IL for technology upgrades	240,000
Eastern Kentucky University, Richmond, KY for a center focused on science, technology, engineering, and mathematics, including the purchase of information technology	505,000
El Camino College, Torrance, CA for student supports, including stipends and scholarships	1,500,000
Elmira College, Elmira, NY for information technology upgrades and equipment	1,850,000
Framingham State University, Framingham, MA for an early college program, including partnerships with middle schools and high schools	600,000
Georgia Gwinnett College, Lawrenceville, GA for student support services, including scholarships and equipment	1,450,000
Glen Oaks Community College, Centreville, MI for information technology and equipment for distance learning	900,000
Grambling State University, Grambling, LA for a teacher preparation program and equipment	2,000,000
Grand Valley State University, Allendale, MI for curriculum, information technology, and equipment for applied research program	1,000,000
Harris-Stowe State University, St. Louis, MO for an entrepreneurship program and center	1,000,000
Hartwick College, Oneonta, NY for the Grain Innovation Center, including equipment	300,000
Housatonic Community College, Bridgeport, CT for an advanced manufacturing training program, including scholarships and equipment	1,000,000
Houston Community College, Houston, TX for program development	2,000,000
Hudson County Community College, Union City, NJ for technology and equipment	975,000
Illinois College, Jacksonville, IL for creation of an online Master of Science in Nursing program and equipment	330,000

Project	Amount
Indian Hills Community College, Ottumwa, IA for college and career transition counselors initiative	2,000,000
Ivy Tech Community College—Lake County Campus, East Chicago, IN for an academic and student support initiative	1,200,000
Ivy Tech Community College, Indianapolis, IN for a mobile unit to offer training and other services	300,000
JobPath, Inc., Tucson, AZ to assist displaced workers in enrolling in and completing degree and certificate programs	500,000
Juniata College, Huntingdon, PA for a public health educational and research program	995,000
Kankakee Area Career Center, Bourbonnais, IL for a counselor, technology, and equipment	175,000
KVCR Inland Future's Foundation, San Bernardino, CA for public broadcasting opportunities for college students, including curriculum development	1,000,000
Lackawanna College, Scranton, PA for technical and vocational education program development, including equipment	2,000,000
Lane Community College, Eugene, OR for equipment	500,000
Lehman College, City University of New York, New York, NY for an economic recovery and revitalization program for students, including financial assistance	250,000
Lincoln University, Lincoln University, PA for curriculum development, including scholarships	175,000
Los Angeles City College, Los Angeles, CA for basic needs project	975,000
Los Angeles Community College District, Los Angeles, CA for workforce development programs, including equipment	400,000
Los Angeles Southwest College, Los Angeles, CA for student support services	350,000
Louisiana State University at Alexandria, Alexandria, LA to develop a program for young people with developmental disabilities and the purchase of information technology	120,000
Louisiana Tech University, Ruston, LA for a cyber education and training program	2,000,000
Marquette University, Milwaukee, WI for a college access and success initiative	750,000
Massachusetts Maritime Academy, Buzzards Bay, MA for equipment and program development	1,000,000
McHenry County College, Crystal Lake, IL for dual enrollment activities	825,000
Mid-America Christian University, Oklahoma City, OK for a mental health counselor training and credentialing program and the purchase of equipment	850,000
Minnesota State Northern Agricultural Center of Excellence, Staples, MN for meat cutting and butchery program, including the purchase of equipment	2,000,000
Mitchell College, New London, CT for curriculum development, including equipment	550,000
Moorpark College, Ventura County Community College District, Moorpark, CA for workbased learning opportunities, including student stipends	225,000
Morehouse College, Atlanta, GA for student support services, including scholarships, curriculum development, and summer bridge programs	900,000
Mt. San Antonio College, Walnut, CA for vocational health training programs	500,000
New York University, New York, NY for a prison education program, including stipends and scholarships	300,000
Nova Southeastern University, Ft. Lauderdale, FL for technology and equipment	1,950,000
Oklahoma State University, Oklahoma City, OK for a workforce development program	850,000
Pima County Community College, Tucson, AZ for lab equipment	1,000,000
Portland Community College, Portland, OR for curriculum development, including equipment and technology	800,000
Quinsigamond Community College, Worcester, MA for technology	975,000
Red Rocks Community College, Lakewood, CO for a credential attainment initiative related to STEM fields	300,000
Rhode Island College, Providence, RI for developing certificate programs	500,000
Riverside Community College District, Riverside, CA for the Inland Empire Technical Trade Center	1,500,000
Rowan University, Glassboro, NJ for the Wind Energy Workforce Training Program, including equipment and technology	500,000
Salt Lake Community College, Salt Lake City, UT for a campus internship program	500,000
San Carlos Apache College, San Carlos, AZ for library and computer center modernization project	875,000
San Diego Community College District, San Diego, CA for IT system upgrades and modernization project	975,000
San Jacinto College, Houston, TX for aerospace training programs and the purchase of equipment	585,000
Santa Clarita Community College District (College of the Canyons), Santa Clarita, CA for equipment for the advanced technology center	1,000,000
Seminole State College, Sanford, FL for simulation laboratory equipment	475,000
Southern California College Access Network, Los Angeles, CA for college and career advising support services to residents in public housing	650,000
St. Catherine University, St. Paul, MN for technology and equipment	800,000
St. Mary's College of Maryland, St. Mary's City, MD for a marine sciences program, including purchase of a research vessel and other associated equipment	900,000
Stevens Institute of Technology, Hoboken, NJ for college preparation and success activities, including scholarships	750,000
Sul Ross State University, Alpine, TX for an archaeology, anthropology, and cultural research initiative and the purchase of equipment	1,000,000
TechUnited: NJ BetterFutureLabs, Hoboken, NJ for a technology program, including curriculum development	1,000,000

Project	Amount
Texas A&M University-Kingsville, Kingsville, TX for teacher preparation and bridge programs	500,000
The Ohio State University, Columbus, OH for the Race, Inclusion, and Social Equity (RAISE) Institute	475,000
The University of Massachusetts Amherst, Amherst, MA for a robotics program, including scholarships	1,000,000
Tougaloo College, Tougaloo, MS for the Reuben V. Anderson Institute for Social Justice	1,000,000
United Community Center, Milwaukee, WI for college access and success initiative	275,000
University of Colorado Boulder, Boulder, CO for college access and success initiative	275,000
University of Idaho Rinker Rock Creek Ranch, Moscow, ID for education, research training, and equip- ment for rangeland management and animal science	1,325,000
University of Louisville, Louisville, KY for robotics and manufacturing equipment and software.	750,000
University of Massachusetts Lowell, Lowell, MA for student support services for first generation stu- dents, including scholarships	500,000
University of North Carolina System Office, Chapel Hill, NC for college preparation program for high school students and their parents	225,000
University of Texas at Dallas, Richardson, TX for a study related to the impact of COVID-19 on post- secondary students	400,000
University of Utah, Salt Lake City, UT for social work fellowship program	750,000
University of Utah, Salt Lake City, UT to pilot a college access and degree completion initiative for young adults exiting the foster care system and the purchase of equipment	1,000,000
University of Wisconsin-Milwaukee, Milwaukee, WI for research and curriculum development	350,000
Utah State University, Logan, UT for academic, research, and career development program	585,000
Vermont State Colleges-Northern Vermont University—Lyndon, Lyndonville, VT for student support serv- ices	250,000
Wake Technical Community College, Raleigh, NC for college preparation and success initiative	600,000
Walsh University, North Canton, OH for a workforce program and the purchase of equipment and infor- mation technology	500,000
Warren County Community College, Washington, NJ to develop a new education and training program ..	750,000
Western Michigan University, Kalamazoo, MI for a pipeline and workforce program focused on science, technology, engineering, and mathematics, including the purchase of information technology	1,500,000
Worcester State University, Worcester, MA for dual enrollment activities	1,000,000
York College, CUNY, Jamaica, NY for health disparities initiative	2,000,000
York College, CUNY, Jamaica, NY for workforce development programs	525,000

Augustus F. Hawkins Centers of Excellence

The Committee recommends \$20,000,000 for the Hawkins Centers of Excellence program, which is \$20,000,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. This program will provide five year competitive grants to eligible institutions (HBCUs, HSIs, TCUs, and other Minority Serving Institutions) to establish centers of excellence. These centers will help strengthen and improve teacher preparation programs, increase the availability of educators from diverse backgrounds, and aid in the retention of teachers and principals of color.

HOWARD UNIVERSITY

Appropriation, fiscal year 2021	\$251,018,000
Budget request, fiscal year 2022	261,018,000
Committee Recommendation	411,018,000
Change from enacted level	+160,000,000
Change from budget request	+150,000,000

Howard University is a leading research university located in the District of Columbia and provides undergraduate liberal arts, graduate and professional instruction to students.

Within the amount provided, the Committee recommends \$184,325,000 for the Howard University Hospital, which is \$150,000,000 more than the fiscal year 2021 enacted level and the fiscal year 2022 budget request. The hospital serves as a major acute and ambulatory care center for the District of Columbia, and functions as a teaching facility. To continue this vital function, the Committee notes the need to modernize the hospital's facilities.

In addition, the American Rescue Plan Act (P.L. 117-2) included \$35,000,000 for Howard University to prevent, prepare for, and respond to coronavirus, including support for students.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM

Appropriation, fiscal year 2021	\$435,000
Budget request, fiscal year 2022	435,000
Committee Recommendation	435,000
Change from enacted level	---
Change from budget request	---

Previously, these programs helped to ensure that postsecondary institutions were able to make necessary capital improvements to maintain and increase their ability to provide a high-quality education. Since 1994, no new loans have been made, and the Department's role has been to manage the outstanding loans.

HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING PROGRAM ACCOUNT

Appropriation, fiscal year 2021	\$48,484,000
Budget request, fiscal year 2022	20,484,000
Committee Recommendation	24,484,000
Change from enacted level	-24,000,000
Change from budget request	+4,000,000

The Committee recommends \$24,484,000 for the HBCU Capital Financing program, which is \$24,000,000 less than the fiscal year 2021 enacted level and \$4,000,000 more than the fiscal year 2022 budget request. This program is authorized under part D of Title III of the HEA and makes capital available for repair and renovation of facilities at HBCUs. In exceptional circumstances, capital provided under the program can be used for construction or acquisition of facilities.

Within the total provided for this program, the Committee recommendation includes \$334,000 for the administrative expenses to carry out the program and \$24,150,000 for loan subsidy costs, which will be sufficient to guarantee up to \$328,571,000 in new loans in fiscal year 2022, an increase of \$50,305,000 in new loan volume over the fiscal year 2021 budget request. The FAFSA Simplification Act provided debt discharges for approximately 45 HBCUs under the HBCU Capital Financing program. In addition, the Consolidated Appropriations Act, 2021 provided two-year authority for deferments. As such, the recommendation does not include deferments for fiscal year 2022.

INSTITUTE OF EDUCATION SCIENCES

Appropriation, fiscal year 2021	\$642,462,000
Budget request, fiscal year 2022	737,465,000
Committee Recommendation	762,465,000
Change from enacted level	+120,003,000
Change from budget request	+25,000,000

The Committee recommends \$762,465,000 for the Institute of Education Sciences (IES), \$120,003,000 more than the fiscal year 2021 enacted level and \$25,000,000 more than the fiscal year 2022 budget request.

In addition, the American Rescue Plan (P.L. 117-2) included \$100,000,000 for Institute of Education Sciences to carry out research related to addressing learning loss caused by COVID-19.

Research, Development, and Dissemination

The Committee recommends \$260,880,000 for Research, Development, and Dissemination, which is \$63,003,000 more than the fiscal year 2021 enacted level and \$7,000,000 less than the fiscal year 2022 budget request. This account supports research, development, and national dissemination activities that are aimed at expanding fundamental knowledge of education and promoting the use of research and development findings in the design of efforts to improve education.

Statistics

The Committee recommends \$114,500,000 for the activities of the National Center for Education Statistics (NCES), which is \$3,000,000 more than the fiscal year 2021 enacted level and the fiscal year 2022 budget request. Statistics activities are authorized under Title I of the Education Sciences Reform Act of 2002. NCES collects, analyzes, and reports statistics on all levels of education in the U.S. Activities are carried out directly and through grants and contracts and include projections of enrollments, teacher supply and demand, and educational expenditures. NCES also provides technical assistance to State and local educational agencies and postsecondary institutions.

The Committee recommends that NCES collect and publish data for Puerto Rico in the same manner it collects and publishes data for States.

Regional Educational Laboratories

The Committee recommends \$59,022,000 for Regional Educational Laboratories (RELs), which is \$2,000,000 more than the fiscal year 2021 enacted level and the fiscal year 2022 budget request. This program supports a network of 10 laboratories that promote the use and development of knowledge and evidence to increase student learning and further school improvement efforts.

The Committee notes the critical role RELs play in helping to translate education research to policymakers and practitioners, which assists SEAs and LEAs in implementing ESSA and providing a high-quality education for more children.

Research in Special Education

The Committee recommends \$59,500,000 for Research in Special Education, which is \$1,000,000 more than the fiscal year 2021 enacted level and the fiscal year 2022 budget request. This program supports competitive awards to produce and advance the use of knowledge to improve services and results for children with disabilities. The program focuses on producing new knowledge, integrating research and practice, and improving the use of knowledge.

Special Education Studies and Evaluations

The Committee recommends \$21,318,000 for Special Education Studies and Evaluations, which is \$10,000,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. This program awards competitive grants, contracts and cooperative agreements to assess the implementation of the IDEA and the effectiveness of State and local efforts to provide special

education and early intervention programs and services to infants, toddlers, and children with disabilities.

Statewide Data Systems

The Committee recommends \$34,500,000 for Statewide Data Systems, which is \$1,000,000 more than the fiscal year 2021 enacted level and the fiscal year 2022 budget request. Competitive grants under this authority are made to SEAs to help them manage, analyze, disaggregate and use student data consistent with the ESEA.

Assessment

The Committee recommends \$212,745,000 for Assessment, which is \$40,000,000 more than the fiscal year 2021 enacted level and \$25,000,000 more than the fiscal year 2022 budget request. This amount includes \$7,745,000 for the National Assessment Governing Board (NAGB), which is the same as both the fiscal year 2021 enacted level and the fiscal year 2022 budget request.

The National Assessment of Educational Progress (NAEP) is the only nationally representative and continuing survey of educational ability and achievement of students in the U.S. The primary goal of the assessment is to determine and report the status and trends of the knowledge and skills of students, subject by subject. Subject areas assessed in the past have included reading, writing, mathematics, science, history, civics, literature, art, and music. The NAEP is operated by contractors through competitive awards made by the NCES. The NAGB formulates the policy guidelines for the program.

The Committee includes \$25,000,000 to conduct the Civics assessment in 2024 and to ensure this assessment has a sufficient sample size to provide State-level data for each State to better understand student performance in civics. The provision of state level data from the NAEPs gives state and local education policymakers the insights into student achievement required to understand and respond to the need for civic education in the communities they serve.

DEPARTMENTAL MANAGEMENT

Appropriation, fiscal year 2021	\$624,000,000
Budget request, fiscal year 2022	694,115,000
Committee Recommendation	694,115,000
Change from enacted level	+70,115,000
Change from budget request	---

These activities are authorized by the Department of Education Organization Act (P.L. 96-88) and include costs associated with the management and operation of the Department as well as separate costs associated with the Office for Civil Rights and the Office of Inspector General.

Program Administration

The Committee recommends \$480,000,000 for Program Administration, which is \$50,000,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. These funds support the staff and other costs of administering programs and activities at the Department. Items include personnel compensation, health, retirement, and other benefits as well as

travel, rent, telephones, utilities, postage fees, data processing, printing, equipment, supplies, technology training, consultants, and other contractual services.

In addition, the American Rescue Plan Act (P.L. 117–2) included \$15,000,000 for Program Administration to help implement and administer grant programs supporting students and schools responding to COVID–19.

Advertising Contracts.—The Committee understands that, as the largest advertiser in the U.S., the Federal Government should work to ensure fair access to its advertising contracts for small disadvantaged businesses and businesses owned by minorities and women. The Committee directs the Department to include the following information in its fiscal year 2023 Congressional Budget Justification: Expenditures for fiscal year 2021 and expected expenditures for fiscal years 2022 and 2023, respectively, for (1) all contracts for advertising services; and (2) contracts for the advertising services of (I) socially and economically disadvantaged small business concerns (as defined in section 8(a)(4) of the Small Business Act (15 U.S.C. 637(a)(4)); and (II) women- and minority-owned businesses.

Investments in Impoverished Areas.—The Committee supports targeted investments in impoverished areas, particularly in persistent poverty counties and in other high poverty census tracts. To understand how programs funded through the Department are serving these particular areas, the Committee directs the Department to submit a report to the Committees on Appropriations on the percentage of funds allocated by all competitive grant programs in fiscal years 2019, 2020 and 2021 to serve K–12 students living in persistent poverty counties, as defined as a county that has had 20 percent or more of its population living in poverty over the past 30 years, as measured by the 1990 and 2000 decennial censuses and the most recent Small Area Income and Poverty estimates, or any territory or possession of the United States, and high-poverty areas, as defined as any census tract with a poverty rate of at least 20 percent as measured by the 2014–2018 5-year data series available from the American Community Survey of the Census Bureau. The Department shall report this information to the Committees within 90 days of such data being available and provide a briefing to the Committees not later than 180 days of enactment of this Act on how the Department is carrying out this directive. In the case of any competitive K–12 program for which at least 10 percent of the funds allocated were not allocated to persistent poverty counties or for which the percentage allocated to high-poverty areas in fiscal year 2020 or 2021 was less than the average percentage of Federal assistance allocated to high-poverty areas awarded under the program in fiscal years 2017, 2018, and 2019, such report and briefing shall explain why such a benchmark is unable to be met.

Lead Testing and Remediation.—The Committee strongly agrees with recommendations from a 2018 GAO report, *Lead Testing of School Drinking Water Would Benefit from Improved Federal Guidance*, that the Assistant Secretary for Elementary and Secondary Education should collaborate with the Environmental Protection Agency (EPA) to disseminate guidance related to lead testing and remediation in schools. The Committee is aware that EPA has made available updated guidance and web-based toolkits for

lead testing and remediation in schools. The Committee is also aware that EPA is soliciting applications from education officials to provide grant funds to assist States and local education agencies with testing and remediation efforts. The Committee appreciates the technical assistance provided by the Department to school districts in response to language included in House Report 116–62. The Committee directs the Department to continue coordinating with EPA in disseminating new guidance and resources, assisting school systems seeking to remediate lead contamination in working with EPA, and sharing best practices among States and local school systems. The Committee requests that the Department report on ongoing efforts on these issues in the fiscal year 2023 Congressional Budget Justification.

Reopening Schools.—In fiscal years 2020 and 2021 in response to the COVID–19 pandemic, the Congress provided significant Federal resources for schools to sustain operations and continue providing quality education to students. Much of this funding remains available to ensure schools can reopen safely and responsibly in the fall. The Committee supports efforts by the Department to ensure access to funds provided in prior fiscal years for use in reopening schools safely for all students in the fall.

Defense Education and Workforce Pipeline Strategy.—The Committee recognizes that there are significant labor shortages in manufacturing, engineering, and information technology sectors and there is a need for the Federal government to support the coordination of a pipeline of education and workforce development programs in early childhood, K–12, and higher education to prepare a sufficient national workforce. In addition, the Committee recognizes the need for greater coordination of existing federal CTE and STEAM programs and funding to support the pipeline for such high-demand careers. Moreover, the Committee recognizes the interdepartmental and intergovernmental challenges the Department of Education, Department of Labor, and State, local, and tribal governments face keeping track of the status of relevant program reauthorizations, annual funding levels, grant eligibility and application processes, commonly-used terms in a field with multiple definitions across programs or funding, and data sharing practices. Therefore, the Committee encourages the Department of Education, in coordination with the Department of Labor, to provide technical assistance to State, local, and Tribal governments to support curriculum development, instruction materials, facilities, and assessments for a pipeline of CTE, STEAM, and the intersection of CTE and STEAM programs in early childhood, K–12, and higher education to prepare a national workforce for high-demand careers in manufacturing, engineering, and information technology.

Additionally, the Committee recognizes that there is an acute need to improve the coordination of Federal efforts around the preparation of our national security and defense workforce. Therefore, the Committee strongly urges the Department of Education, including the Office of the Undersecretary, Office of Elementary and Secondary Education, and Office of Career Technical and Adult Education, and the Department of Labor, including the Employment and Training Administration and Veterans Employment and Training Service, to participate and coordinate as essential federal

stakeholders with the Department of Defense as it leads efforts to establish a Defense Education and Workforce Pipeline Strategy.

Foreign Language and Cultural Competency.—The Committee is concerned that federal foreign language and cultural competency programs and funding do not adequately invest in civilian early childhood, K–12, and higher education programs. The Committee strongly encourages interdepartmental coordination between the Department of Education and the Department of Defense on the creation or modification of these programs, including efforts to establish a Defense Foreign Language and Cultural Competency Education and Workforce Pipeline Strategy.

National Center for Education Statistics Staffing.—The Committee is deeply concerned about the ongoing staffing crisis at NCES. The shortage of statisticians threatens the administration and dissemination of data collections and surveys that provide an assessment of and insight in the nation's systems of education. Furthermore, these collections and surveys guide policy and funding decisions made by Congress. The Committee directs the Department to include an update in its fiscal year 2023 Congressional Budget Justification outlining how the Department will increase staffing at NCES as well as an analysis of funding for IES staff in an appropriations account outside of the Program Administration account. Further, the Committee directs the Department to provide quarterly updates on its efforts to carry out the staffing plan.

FTE and Attrition Report.—The Committee directs the Department to provide the Committees on Appropriations a report, not later than 30 days after the conclusion of each quarter, detailing the number of full-time equivalent employees and attrition by principal office and appropriations account.

Protecting Scientific Research on Marihuana.—Through scientific research, institutions of higher education advance our understanding and knowledge of various aspects of our world. Moreover, when in the public interest, such institutions should be able to conduct such research without fear of reprisal or loss of Federal funding. This includes research on cannabis, a Schedule I controlled substance under the Controlled Substances Act. As more States and localities move to legalize cannabis, many institutions of higher education are expanding the knowledge-base on this controlled substance. As a result, the Committee notes that such research is in the public interest, and the recommendation includes new bill language prohibiting the Department from penalizing institutions of higher education that conduct scientific research on marihuana.

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.

Evidence-based Grants and Policy.—The Committee requests an update in the fiscal year 2023 Congressional Budget Justification

on implementation of the Foundations for Evidence-based Policy-making Act (P.L. 115–435) and implementation plans for the coming year. The Committee encourages the Secretary to develop guidance to ensure relevant participants and grantees are involved in the Department-wide process of prioritizing evidence needs, including participating in Department led evaluations. Consistent with program statutes, the Committee encourages the Secretary to ensure that evidence of effectiveness is a consideration in grant opportunities.

Film Programs at Institutions of Higher Education.—The Committee recognizes the importance of ensuring diversity in student populations enrolled in film programs at Institutions of Higher Education (IHE) that receive any Federal funds and grants administered by the Department of Education. The Committee encourages IHEs to continue building on best practices in recruitment and retention to ensure student enrollment is reflective of the American population's diverse demographics.

Customer Service.—The Committee continues to support efforts to improve customer service in accordance with Executive Order 13571—Streamlining Service Delivery and Improving Customer Service. The Committee directs the Secretary to develop standards to improve customer service and incorporate the standards into the performance plans required under 31 U.S.C. 1115. The Committee further directs the Department to include an update on the progress of these efforts in the fiscal year 2023 Congressional Budget Justification.

Performance Measures.—The Committee directs the Department to comply with title 31 of the United States Code, including the development of organizational priority goals and outcomes such as performance outcome measures, output measures, efficiency measures, and customer service measures. The Committee further directs the Department to include an update on the progress of these efforts in the fiscal year 2023 Congressional Budget Justification.

Supporting Students with Disabilities.—The Committee expresses concerns over the accommodations for educational media provided to students with disabilities. The Committee directs the Department to include information detailing accommodations for educational media that are available to students with disabilities at Institutions of Higher Education (IHE) in its fiscal year 2023 Congressional Budget Justification.

Pandemic Related Resources in Higher Education.—The Committee is concerned with student challenges accessing mental health services and academic or career counseling services before and during the COVID–19 pandemic and the effect of this problem on student retention and performance in higher education programs. The Committee directs ED and SAMHSA to provide technical assistance to state governments and higher education institutions on the use of existing federal funds and model programs to retain high-risk students or reach students who dropped out during the COVID–19 pandemic.

Impediments to First Generation Students Graduating.—First generation students comprise nearly a third of all college students, yet 33 percent of first generation students drop out of college by the three year mark. Given the Department's vested interest in ensuring successful outcomes for first generation students, the Com-

mittee directs the Department to include an update in its fiscal year 2023 Congressional Budget Justification on barriers to first generation college students success and contributing factors that lead to first generation students not graduating from college or university.

Women’s Colleges & Universities.—The Committee recognizes the long time role the nation’s women’s colleges and universities play in advancing postsecondary diversity and inclusion for underserved populations while creating unique educational opportunities to empower women. Further, the Committee is concerned with their financial stability and institutional well-being, especially post-COVID–19. The Committee directs the Department to include, in its fiscal year 2023 Congressional Budget Justification, information on the challenges women’s colleges and universities face and recommend how federal resources may be best allocated to ensure their resilience.

Geographical Distribution of Grants and Poverty.—The Committee acknowledges the value of ensuring K–12 grant competitions support entities across geographically diverse areas, including urban, suburban, and rural areas; however, the Committee is concerned that, without careful consideration and planning, efforts to prioritize specific geographical areas may have unintended negative consequences. The Department’s 2021 Condition on Education finds that 41 percent of students attending public schools in cities attend high-poverty schools, compared with 20 percent of students who attend schools in towns, 17 percent of students who attend suburban schools, and 15 percent of students who attend rural schools. Given the significant differences in the share of students attending high-poverty schools across areas, the Committee urges the Department to consider the socioeconomic and racial equity implications of prioritizing specific geographic areas over cities in competitive grants.

OFFICE FOR CIVIL RIGHTS

Appropriation, fiscal year 2021	\$131,000,000
Budget request, fiscal year 2022	144,000,000
Committee Recommendation	144,000,000
Change from enacted level	+13,000,000
Change from budget request	---

The Office for Civil Rights (OCR) is responsible for enforcing laws that prohibit discrimination on the basis of race, color, national origin, sex, disability, and age in all programs and institutions that receive funds from the Department. These laws extend to SEAs, LEAs, and IHEs, including proprietary schools. They also extend to State rehabilitation agencies, libraries, museums, and other institutions receiving Federal funds.

The Committee recommendation includes \$144,000,000, which is \$13,000,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request.

Closing of Civil Rights Cases.—The Committee is concerned by the number of civil rights cases, including racial discrimination and sexual harassment, that are closed without any findings of wrongdoing or corrective action, often due to insufficient evidence. The Committee directs the Department to include in its fiscal year 2023 Congressional Budget Justification the following information, bro-

ken down by jurisdiction: (1) the number of civil rights complaints evaluated; (2) the number of civil rights complaints investigated; (3) the number of civil rights complaints monitored; (4) the number of civil rights complaints that resulted in enforcement action; and, (5) the number civil rights complaints not evaluated and the reason for not evaluating.

Disaggregated Data Collection and Reporting on Bullying.—The Committee is concerned about rates of bullying of Asian American and Pacific Islander (AAPI) students during the COVID–19 pandemic. There have been numerous reports of students being bullied, shunned, verbally abused, and in some cases, physically assaulted due to them being scapegoated for the spread of COVID–19. The Committee recognizes data collections by the Department, OCR and the NCES on student bullying insufficiently reflect diversity of AAPI sub-ethnic groups. However, AAPIs are diverse, and the U.S. Census Bureau reports data on at least 25 distinct AAPI ethnic groups. The Committee directs the Department to collect and report data on student bullying disaggregated by all racial and ethnic groups and sub-groups identified in the American Community Survey. The Committee further directs the Department to provide a briefing within 90 days of enactment of this Act if such data are unable to be collected.

Title IX Resources and Remote Learning.—The Committee is concerned with the accessibility of Title IX coordinators, offices and resources during the period of remote learning brought on by the pandemic. Recognizing that harassment still occurs in virtual and remote learning environments, the Committee urges the Department to analyze and report on the rate of Title IX complaints filed, the number of investigations opened, the number of resolutions reached, and the number of student complainants who received services, accommodations, or other supports during the 2020–2021 academic year from their school or Title IX coordinator.

Racial and Economic Segregation in Schools.—The Committee directs the Department to submit, not later than 180 days after the date of the enactment of this Act, a report to the Committee that examines levels of racial and economic segregation within the United States education system, using data collected by the Department of Education. The report should include a description of the methodology and results of the analysis as well as a summary of the data. The Department of Education shall continue to update the Committee regarding its timeline and process for analyzing data, disaggregated by race and ethnicity for all the main categories of indicators tracked, and for releasing the report publicly.

The State of Desegregation Orders.—The Committee is concerned by research from the UCLA Civil Rights Project indicating that schools and school districts are becoming increasingly racially and socioeconomically segregated across the country. At the same time, there is no clear or accurate reporting or transparency on the number of federal desegregation orders, the status of these orders, or the impact they have had on segregation in districts. The Committee, therefore, urges the Office for Civil Rights to make a report publicly available on the Department's website, detailing a comprehensive list of all existing federal desegregation orders in the United States, their principle requirements, and the status of the affected districts' compliance with these orders.

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2021	\$63,000,000
Budget request, fiscal year 2022	70,115,000
Committee Recommendation	70,115,000
Change from enacted level	+7,115,000
Change from budget request	-- --

The Office of Inspector General (OIG) has authority to inquire into all program and administrative activities of the Department as well as into related activities of grant and contract recipients. It conducts audits and investigations to determine compliance with applicable laws and regulations, to check alleged fraud and abuse, efficiency of operations, and effectiveness of results.

The Committee recommendation continues bill language related to the availability of funds.

In addition, the American Rescue Plan Act (P.L. 117-2) included \$5,000,000 for audit and oversight activities supported with funds appropriated to the Department in response to COVID-19.

The Committee continues to urge the OIG to ensure its focus remains on the primary missions of the Office. The Committee cautions the Office, when receiving requests from the Department for investigations, to consider the most effective and best use of its resources.

GENERAL PROVISIONS

Sec. 301. The Committee continues a provision related to the implementation of programs of voluntary prayer and meditation in public schools.

(TRANSFER OF FUNDS)

Sec. 302. The Committee continues a provision regarding transfer authority.

Sec. 303. The Committee continues a provision allowing ESEA funds consolidated for evaluation purposes to be available from July 1, 2022 through September 30, 2023.

Sec. 304. The Committee continues a provision allowing certain institutions to continue to use endowment income for student scholarships.

Sec. 305. The Committee continues a provision extending the authorization of the National Advisory Committee on Institutional Quality and Integrity.

Sec. 306. The Committee continues a provision extending the authority to provide account maintenance fees to guaranty agencies for Federal student loans.

Sec. 307. The Committee continues a provision allowing administrative funds to cover outstanding Perkins loans servicing costs.

(RESCISSION)

Sec. 308. The Committee modifies a provision rescinding fiscal year 2021 mandatory funding to offset the mandatory costs of increasing the discretionary Pell award and expanding Pell Grant eligibility.

Sec. 309. The Committee continues a provision regarding outreach to borrowers and the Public Service Loan Forgiveness program.

Sec. 310. The Committee modifies a provision regarding Public Service Loan Forgiveness.

Sec. 311. The Committee continues a provision regarding the Department of Education Organization Act.

Sec. 312. The Committee includes a new provision related to the 85–15 rule.

Sec. 313. The Committee includes a new provision related to the use of electric shock devices and equipment.

Sec. 314. The Committee includes a new provision regarding charter schools that contract with a for-profit entity to operate, oversee or manage the activities of the school.

Sec. 315. The Committee includes a new provision related to the Fund for the Improvement of Education.

Sec. 316. The Committee includes a new provision regarding research on marihuana.

Sec. 317. The Committee includes a new provision regarding Pell Grant eligibility.

Sec. 318. The Committee includes a new provision regarding section 344 of the HEA.

TITLE IV—RELATED AGENCIES

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE

BLIND OR SEVERELY DISABLED

SALARIES AND EXPENSES

Appropriation, fiscal year 2021	\$10,500,000
Budget request, fiscal year 2022	12,000,000
Committee Recommendation	12,000,000
Change from enacted level	+1,500,000
Change from budget request	— —

The Committee believes oversight is necessary to ensure the program is operating in accordance with statutory requirements that blind or other severely disabled individuals provide at least 75 percent of hours of direct labor required for the production or provision of the products or services to Federal government agencies. To ensure the Committee for Purchase from People Who Are Blind or Severely Disabled (AbilityOne Commission) maintains its oversight capacity, the Committee continues bill language requiring the AbilityOne Commission to establish written agreements with central nonprofit agencies. The written agreements ensure the AbilityOne Commission can conduct appropriate audit, oversight, and reporting functions in accordance with standard Federal procurement policies.

Committee for Purchase from People Who Are Blind or Severely Disabled—Requested Reports.—The Committee continues to request the reports listed under this heading in House Report 115–244.

Office of Inspector General.—The Committee recommends not less than \$3,000,000 for the Office of Inspector General.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE
OPERATING EXPENSES

Appropriation, fiscal year 2021	\$843,115,000
Budget request, fiscal year 2022	921,120,000
Committee Recommendation	1,021,120,000
Change from enacted level	+178,005,000
Change from budget request	+100,000,000

The Committee recommends \$1,021,120,000 for operating expenses for the Corporation for National and Community Service (CNCS), an increase of \$178,005,000 over the fiscal year 2021 enacted level and \$100,000,000 above the fiscal year 2022 budget request.

The increase supports the increased living allowance for AmeriCorps State and National and VISTA members that began in fiscal year 2021 and the increased hourly stipend for AmeriCorps Seniors volunteers and daily food allowance for AmeriCorps NCCC members, to begin this fiscal year.

In addition, the American Rescue Plan (P.L. 117-2) included \$770,000,000 in funding to both stabilize and expand the national service programs that have been responding to communities hard hit by COVID-19 and to increase the living allowances of participants and volunteers.

Volunteers in Service to America

The Committee recommends \$103,864,000 for Volunteers in Service to America (VISTA), an increase of \$6,500,000 over the fiscal year 2021 enacted level. This program provides capacity building for small, community-based organizations with a mission of combating poverty. VISTA members raise resources, recruit, and organize volunteers, and establish and expand programs in housing, employment, health, and economic development.

National Senior Volunteer Corps

The Committee recommends \$244,537,000 for the National Senior Volunteer Corps programs, an increase of \$19,520,000 over the fiscal year 2021 enacted level. Senior Corps is a collection of programs that connect individuals older than the age of 55 with opportunities to contribute their job skills and expertise to community projects and organizations.

The Committee intends for all funding to be used to support programs and volunteers.

The funding breakout by program is as follows:

National Senior Volunteer Corps	FY 2022 Committee
Foster Grandparents Program	\$130,914,000
Senior Companion Program	58,518,000
Retired Senior Volunteer Program	55,105,000

AmeriCorps State and National Grants

The Committee recommends \$601,096,000 for AmeriCorps State and National Grants, an increase of \$146,000,000 over the fiscal year 2021 enacted level and \$100,000,000 above the fiscal year 2022 budget request. This program provides funds to local and na-

tional organizations and agencies to address community needs in education, public safety, health, and the environment.

The increase supports enhanced opportunities for more individuals to serve as AmeriCorps State and National members by increasing disability accommodation and eligibility for Segal Education awards for individuals with Deferred Action for Childhood Arrivals (DACA) status. AmeriCorps State and National members support children to achieve academic success, respond to natural disasters, build and renovate homes for families in under-resourced communities, give back to veterans and their families, preserve and restore the environment, and address other needs identified by communities.

Service Learning.—The Committee encourages CNCS to continue to be a convener of the important work surrounding service learning. The Committee requests a report not later than 120 days after enactment of this Act detailing the steps necessary to restart service learning programs such as Summer of Service and Semester of Service on a broader scale.

AmeriCorps Digital Equity Activities.—The Committee recognizes that digital equity needs persist in underserved or marginalized communities, and recognizes the role that national service organization volunteers through AmeriCorps could play in helping to meet the IT needs of these communities across the country. The Committee encourages CNCS to support volunteer activities that address these digital equity concerns while supporting IT skills development among participating volunteers.

Innovation, Assistance, and Other Activities

The Committee recommends \$10,100,000 for Innovation, Assistance, and Other Activities, an increase of \$500,000 over the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request.

The Committee continues to support the September 11 National Day of Service and Remembrance and the Martin Luther King, Jr. National Day of Service—two important national events.

Evaluation

The Committee recommends \$4,250,000 for evaluation, an increase of \$250,000 over the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. These funds support research on program effectiveness.

National Civilian Community Corps

The Committee recommends \$37,735,000 for National Civilian Community Corps, an increase of \$4,235,000 over the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. This program supports residential, team-based service opportunities for individuals aged 18–24.

State Commission Administrative Grants

The Committee recommends \$19,538,000 for State Commission Support Grants, an increase of \$1,000,000 over the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. Funds are used for formula grants to support State oversight of service programs.

PAYMENT TO THE NATIONAL SERVICE TRUST

Appropriation, fiscal year 2021	\$185,000,000
Budget request, fiscal year 2022	191,000,000
Committee Recommendation	196,000,000
Change from enacted level	+11,000,000
Change from budget request	+5,000,000

The National Service Trust makes payments for Segal education awards, pays interest that accrues on qualified student loans for AmeriCorps participants during terms of service in approved national service positions, and makes other payments entitled to members who serve in the programs of the Corporation for National and Community Service.

In addition, the American Rescue Plan (P.L. 117-2) included \$148,000,000 in funding for administration of the National Service Trust and for payment to the Trust for the provision of educational awards.

SALARIES AND EXPENSES

Appropriation, fiscal year 2021	\$86,487,000
Budget request, fiscal year 2022	91,186,000
Committee Recommendation	91,186,000
Change from enacted level	+4,699,000
Change from budget request	---

Evidence-Based Grant Making.—The Committee is supportive of efforts by the Corporation to consider evidence of effectiveness in grant competitions. The Committee encourages CNCS to develop guidance to ensure relevant participants and grantees are involved in the Corporation-wide process of prioritizing evidence needs, including participating in CNCS led evaluations. Consistent with program statutes, the Committee encourages CNCS to ensure that evidence of effectiveness is a consideration in grant opportunities.

In addition, the American Rescue Plan (P.L. 117-2) included \$73,000,000 in funding for administrative expenses to carry out programs and activities funded by the American Rescue Plan.

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2021	\$6,500,000
Budget request, fiscal year 2022	6,960,000
Committee Recommendation	6,960,000
Change from enacted level	+460,000
Change from budget request	---

The Committee recommends \$6,960,000 for the Office of the Inspector General (OIG), an increase of \$460,000 over the fiscal year 2021 enacted level and the same the fiscal year 2022 budget request.

The Committee supports the oversight efforts of the OIG during the major, ongoing overhaul of operations at CNCS. In addition, the American Rescue Plan (P.L. 117-2) included \$9,000,000 in funding to support necessary oversight and audit of programs and activities funded by the American Rescue Plan.

ADMINISTRATIVE PROVISIONS

Sec. 401. The Committee continues a provision requiring CNCS to make any significant changes to program requirements or policy through rulemaking.

Sec. 402. The Committee continues a provision related to National Service Trust minimum share requirements.

Sec. 403. The Committee continues a provision related to donations.

Sec. 404. The Committee continues a provision related to veterans.

Sec. 405. The Committee continues a provision related to criminal history background checks.

Sec. 406. The Committee continues a provision related to 1,200 hour service positions.

Sec. 407. The Committee includes a new provision related to allowing VISTA members age 55 and older to transfer education awards to eligible individuals in the same manner those age 55 and older may do following service in AmeriCorps' State and National program.

Sec. 408. The Committee includes a new provision related to allowing individuals with DACA status who successfully serve a term in AmeriCorps State and National, NCCC, or VISTA, to be eligible for a Segal AmeriCorps Education Award.

CORPORATION FOR PUBLIC BROADCASTING

Appropriation, fiscal year 2023	\$475,000,000
Budget request, fiscal year 2024	475,000,000
Committee Recommendation	565,000,000
Change from enacted level	+90,000,000
Change from budget request	+90,000,000

The Committee recommends \$565,000,000 as an advance appropriation for fiscal year 2024, an increase of \$90,000,000 over the fiscal year 2023 advance and the fiscal year 2022 budget request. In addition, the Committee recommendation includes \$20,000,000 in fiscal year 2022 for continued support of CPB in replacing and upgrading the public broadcasting interconnection system and further investing in system-wide infrastructure and services.

In addition, the American Rescue Plan Act (P.L. 117-2) included \$175,000,000 for stabilization grants to maintain programming services.

National Multicultural Alliance.—According to the Public Broadcasting Act, one of the greatest priorities of public broadcasting is to address the “needs of unserved and underserved audiences, particularly children and minorities.” Programming that reflects the histories and perspectives of diverse racial and ethnic communities is a core value and responsibility of public broadcasting. Therefore, the Committee supports continued investment in the National Multicultural Alliance to help accomplish this goal.

Continued Access to Public Broadcasting.—The Committee recognizes the importance of continued access to public broadcasting in local communities. The Committee directs Federally funded public radio stations to engage in public-private partnerships with State and local entities, including nonprofits, in this effort. The Committee looks forward to information in the fiscal year 2023/2025 Congressional Budget Justification on how public private partnerships may be used to ensure continued access to public broadcasting in underserved areas.

Diversity in CPB Funded Programming.—The Committee recognizes the importance of diversity and inclusion in federally funded

public media in television and radio programming. The Committee requests CPB include in its fiscal years 2023/2025 Congressional Budget Justification information on its diversity and inclusion efforts, including programming supported by funding from the Corporation, as well as professional development opportunities and services provided by CPB for individuals from underrepresented communities.

Diverse Content and Content Creators.—In recognizing the importance of public media and the inclusion of diverse and independent voices, Congress encourages the Corporation for Public Broadcasting (CPB) to continue to support the Independent Television System (ITVS) and the National Multicultural Alliance (NMCA) and encourages CPB to expand its support through other established and emerging intermediaries that fund and support diverse filmmakers and production of diverse content. The Committee further encourages CPB to continue fulfilling its Congressional mandate to enrich the public media landscape with diverse content on broadcast and digital platforms by funding more content creators and producers from underrepresented backgrounds. As the federal funding provided for the Corporation for Public Broadcasting also supports the work of ITVS, the Committee urges the Corporation for Public Broadcasting to ensure that the increases in funding for future fiscal years are also used to provide additional financial support for ITVS, the National Multicultural Alliance, and content creators and producers from underrepresented backgrounds.

FEDERAL MEDIATION AND CONCILIATION SERVICE

SALARIES AND EXPENSES

Appropriation, fiscal year 2021	\$48,600,000
Budget request, fiscal year 2022	50,000,000
Committee Recommendation	50,000,000
Change from enacted level	+1,400,000
Change from budget request	---

The Federal Mediation and Conciliation Service promotes labor-management cooperation through mediation and conflict resolution services to industry, government agencies, and communities.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2021	\$17,184,000
Budget request, fiscal year 2022	17,539,000
Committee Recommendation	17,539,000
Change from enacted level	+355,000
Change from budget request	---

The Federal Mine Safety and Health Review Commission is an independent adjudicative agency that provides administrative trial and appellate review of legal disputes arising under the Federal Mine Safety and Health Act of 1977.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES
OFFICE OF MUSEUM AND LIBRARY SERVICES: GRANTS AND
ADMINISTRATION

Appropriation, fiscal year 2021	\$257,000,000
Budget request, fiscal year 2022	265,000,000
Committee Recommendation	282,000,000
Change from enacted level	+25,000,000
Change from budget request	+17,000,000

Within the total for the Institute of Museum and Library Services (IMLS), the Committee recommends the following amounts:

Budget Activity	FY 2022 Committee
Library Services Technology Act:	
Grants to States	\$176,803,000
Native American Library Services	6,263,000
National Leadership: Libraries	13,406,000
Laura Bush 21st Century Librarian	10,000,000
Museum Services Act:	
Museums for America	33,899,000
Native American/Hawaiian Museum Service	3,272,000
National Leadership: Museums	8,113,000
African American History and Culture Act:	
Museum Grants for African American History and Culture	5,231,000
National Museum of the American Latino Act:	
Museum Grants for American Latino History and Culture	4,000,000
Museum and Library Services Act General Provisions:	
Research, Analysis and Data Collection	4,513,000
Program Administration	16,500,000

In addition, the American Rescue Plan Act (P.L. 117-2) included \$200,000,000 to carry out museum and library services in response to COVID-19.

Library Services and Technology

The Grants to State Library Agencies program provides funds to State Library Administrative Agencies using a population-based formula.

Program Administration

The Committee recommends \$16,500,000 for Program Administration, which is \$1,500,000 more than the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. These funds provide administrative and management support for all programs administered by IMLS. The Committee also includes \$4,513,000 for IMLS' activities in policy, research, and data collection, including functions formerly conducted by the National Commission on Libraries and Information Science.

Holocaust Education and Survivor Stories.—The Committee is aware that the number of Holocaust survivors in the U.S. is diminishing every month due to the advanced age of the survivors. The Committee continues to commend the work museums, libraries and archives are doing to preserve the memories and to educate the public of the Holocaust. The Committee encourages IMLS to support the work organizations are doing across the country to preserve and present the living memories of Holocaust survivors in an interactive format, which can help educate future generations about the atrocities of the Holocaust.

MEDICARE PAYMENT ADVISORY COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2021	\$12,905,000
Budget request, fiscal year 2022	13,310,000
Committee Recommendation	13,310,000
Change from enacted level	+405,000
Change from budget request	---

The Medicare Payment Advisory Commission (MedPAC) is an independent agency tasked with advising the Congress on issues affecting the Medicare program. In addition to advising on payments to private health plans participating in Medicare and providers in Medicare's traditional fee-for-service program, MedPAC is also responsible for providing analysis on access to care, quality of care, and other issues affecting Medicare.

MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2021	\$8,780,000
Budget request, fiscal year 2022	9,350,000
Committee Recommendation	9,350,000
Change from enacted level	+570,000
Change from budget request	---

The Medicaid and CHIP Payment and Access Commission (MACPAC) is an independent agency tasked with advising the Congress on issues affecting Medicaid and the State Children's Health Insurance Program (CHIP). MACPAC conducts policy and data analysis on Medicaid and CHIP to support policymakers and support program accountability.

NATIONAL COUNCIL ON DISABILITY

SALARIES AND EXPENSES

Appropriation, fiscal year 2021	\$3,350,000
Budget request, fiscal year 2022	3,750,000
Committee Recommendation	3,750,000
Change from enacted level	+400,000
Change from budget request	---

The National Council Disability (NCD) is an independent Federal agency charged with advising the President, Congress, and other Federal agencies regarding policies, programs, practices, and procedures that affect people with disabilities. NCD is comprised of a team of Presidential and Congressional appointees, an Executive Director appointed by the Chair, and a full-time professional staff.

NATIONAL LABOR RELATIONS BOARD

SALARIES AND EXPENSES

Appropriation, fiscal year 2021	\$274,224,000
Budget request, fiscal year 2022	301,925,000
Committee Recommendation	316,925,000
Change from enacted level	+42,701,000
Change from budget request	+15,000,000

The National Labor Relations Board (NLRB) is an independent agency responsible for enforcing U.S. labor law related to collective

bargaining and unfair labor practices, including the National Labor Relations Act (NLRA) of 1935.

The Committee includes \$316,925,000 for the NLRB, which is \$42,701,000 above the fiscal year 2021 enacted level and \$15,000,000 above the fiscal year 2022 budget request. Within this amount, at least \$1,000,000 is provided, along with new bill language, for the Board to develop and implement an electronic voting system.

U and T Visa Certification.—The Committee believes that ensuring all workers, regardless of immigration status, can participate in NLRB investigations and exercise their workplace rights is critical to the full and effective enforcement of Federal labor laws. The Committee urges the NLRB, which considers U and T visa certifications on behalf of victims of crime and victims of trafficking in the workplace, to ensure the efficient and timely processing and certification of all certification requests. In addition, the Committee urges the NLRB to expand outreach and education concerning U and T visas, as well as to assess and improve upon accessibility for workers, particularly those in remote areas and who require multi-lingual support.

Accessibility.—The Committee notes the importance of making sure all workers can access the NLRB’s resources, including workers of color, immigrant workers, workers in rural communities or with limited access to transportation, and workers with disabilities. The Committee encourages NLRB to undertake efforts to improve accessibility of NLRB offices, translate NLRB documentation and signage into languages spoken by 5 percent or more of the population in a given NLRB region, and translate the NLRB’s online webpages, complaint forms, and resources to match regional needs identified. In addition, the Committee encourages NLRB to establish protocols that permit workers to participate in investigations and hearings remotely where appropriate.

Community-based Organizations and Partnerships.—The Committee believes that community-based organizations are critical in establishing necessary trust, connecting workers with agencies, facilitating communication between agencies and workers, and deploying enforcement resources strategically. Working with community-based organizations helps agencies cooperate with workers who might be otherwise difficult to reach, including workers employed by small businesses, workers with literacy challenges, workers with limited access to broadband, and workers in high-hazard industries most vulnerable to wage violations. Therefore, the Committee urges NLRB to increase its capacity to conduct outreach and collaborate with community-based organizations.

NATIONAL MEDIATION BOARD

SALARIES AND EXPENSES

Appropriation, fiscal year 2021	\$14,300,000
Budget request, fiscal year 2022	14,542,000
Committee Recommendation	15,542,000
Change from enacted level	+1,242,000
Change from budget request	+1,000,000

The National Mediation Board (NMB) is an independent agency that coordinates labor-management relations within the U.S. railroads and airlines industries.

The Committee includes \$15,542,000 for the NMB, which is \$1,242,000 above the fiscal year 2021 enacted level and \$1,000,000 above the fiscal year 2022 budget request. The Committee urges NMB to use this increase to supplement, not supplant, existing resources devoted to Section 3 arbitrator salaries and expenses and to address the backlog of Section 3 arbitration cases at the NMB. The Committee has prioritized these additional funds to allow the Board to better accomplish its statutory mission in a timelier manner.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2021	\$13,225,000
Budget request, fiscal year 2022	15,028,000
Committee Recommendation	15,028,000
Change from enacted level	+1,803,000
Change from budget request	---

The Occupational Safety and Health Review Commission is an independent Federal agency, providing administrative trial and appellate review, created to decide contests of citations or penalties resulting from OSHA inspections of American workplaces.

RAILROAD RETIREMENT BOARD

DUAL BENEFITS PAYMENTS ACCOUNT

Appropriation, fiscal year 2021	\$13,000,000
Budget request, fiscal year 2022	11,000,000
Committee Recommendation	11,000,000
Change from enacted level	-2,000,000
Change from budget request	---

This appropriation is authorized by the Railroad Retirement Act of 1974 to fund vested dual benefits received by railroad retirees who, under prior law, would have become covered by both the railroad retirement system and the Social Security system because railroad retirement was not fully coordinated with Social Security from 1937 to 1974. The Committee includes a provision permitting a portion of these funds to be derived from income tax receipts on dual benefits as authorized by law. The Railroad Retirement Board ("RRB") estimates that approximately \$1,000,000 may be derived in this manner.

FEDERAL PAYMENT TO THE RAILROAD RETIREMENT ACCOUNTS

Appropriation, fiscal year 2021	\$150,000
Budget request, fiscal year 2022	150,000
Committee Recommendation	150,000
Change from enacted level	---
Change from budget request	---

LIMITATION ON ADMINISTRATION

Appropriation, fiscal year 2021	\$123,500,000
Budget request, fiscal year 2022	125,049,000
Committee Recommendation	130,049,000
Change from enacted level	+6,549,000
Change from budget request	+5,000,000

The Committee recommends \$130,049,000 for Limitation on Administration, an increase of \$6,549,000 above the fiscal year 2021 enacted level and \$5,000,000 above the fiscal year 2022 budget request. The recommendation does not include a set-aside for RRB's fully funded information technology systems modernization efforts, increasing funding for administrative expenses by \$15,549,000 over the fiscal year 2021 enacted level. The increased funding is intended to support the critical staffing needs at RRB.

In addition, the American Rescue Plan (P.L. 117-2) included \$27,975,000 in funding, of which \$6,800,000 increased staffing levels in the Bureau of Field Service and the Sickness and Unemployment Benefits Sections of the Office of Programs in order to manage increased workloads resulting from the pandemic and \$21,175,000 fully funded RRB's information technology systems modernization efforts.

LIMITATION ON THE OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2021	\$11,500,000
Budget request, fiscal year 2022	12,650,000
Committee Recommendation	12,650,000
Change from enacted level	+1,150,000
Change from budget request	--

SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

Appropriation, fiscal year 2021	\$11,000,000
Budget request, fiscal year 2022	11,000,000
Committee Recommendation	11,000,000
Change from enacted level	--
Change from budget request	--

This appropriation provides reimbursement to the Social Security trust funds for non-trust fund activities.

SUPPLEMENTAL SECURITY INCOME PROGRAM

Appropriation, fiscal year 2021	\$40,158,768,000
Budget request, fiscal year 2022	46,210,256,000
Committee Recommendation	46,167,573,000
Change from enacted level	+6,008,805,000
Change from budget request	-42,683,000

The Committee recommends \$15,600,000,000 in advance funding for the first quarter of fiscal year 2023, as requested.

Research and Demonstration

Section 1110 of the Social Security Act provides authority to the Social Security Administration (SSA) for conducting research and demonstration projects related to SSA's programs.

Within the appropriation for Supplemental Security Income (SSI), the Committee recommends \$86,000,000 for research and

demonstration activities, which is equal to the fiscal year 2021 enacted level and the fiscal year 2022 budget request.

Administration

Within the appropriation for SSI, the Committee recommends \$4,785,431,000, which is \$309,097,000 above the fiscal year 2021 enacted level and \$42,683,000 below the fiscal year 2022 budget request. This funding is for payment to the Social Security trust funds for SSI's share of the administrative expenses of SSA.

LIMITATION ON ADMINISTRATIVE EXPENSES

Appropriation, fiscal year 2021	\$11,219,945,000
Budget request, fiscal year 2022	12,341,896,000
Committee Recommendation	12,219,945,000
Change from enacted level	+1,000,000,000
Change from budget request	- 121,951,000

The Limitation on Administrative Expenses (LAE) funds the administrative and operational costs for administering the Old Age and Survivors Insurance, Disability Insurance, and Supplemental Security Income programs, and associated costs for support to the Centers for Medicare and Medicaid Services in administering their programs.

The Committee recognizes that Social Security is an essential component of the nation's economic security, and that SSA faces unprecedented challenges as it recovers from years of underfunding and a pandemic that severely disrupted its operations, closing offices to most in-person visitors and generating delays in services and decisions on disability claims. The Committee provides an increase of not less than \$650,000,000 to support frontline operations in field offices, teleservice centers, and program service centers. In addition, the recommendation includes the increase requested in the budget to replace losses and build capacity at the State Disability Determination Services (DDS) agencies that make disability determinations for SSA.

Within the recommended funding level, the Committee provides \$89,500,000 for SSA to mail paper statements to all contributors aged 25 and older not yet receiving benefits, in accordance with Section 1143 of the Social Security Act (42 U.S.C. 1320b-13).

Administrative Appeals Hearings.—The Committee considers the Final Rule “Hearings Held by Administrative Appeals Judges of the Appeals Council” (85 Fed. Reg. 73138, December 16, 2020) to be an unjustified erosion of due process for individuals who are appealing a denial of Social Security or SSI benefits. As part of a beneficiary's right to an impartial appeal process, an on-the-record hearing, conducted by an impartial judge with decisional independence, must be conducted in accordance with the Administrative Procedure Act to ensure due process, without agency interference, or political bias. Replacing this appeals step and the role of independent administrative law judges (ALJs) with SSA employees jeopardizes the independence of the process. In light of the harm that would be caused by this policy change, the Committee strongly urges SSA not to exercise this authority.

Administrative Law Judge Selection.—The Committee continues to be deeply concerned about the impact of Presidential Executive Order 13843 (July 10, 2018) on the judicial independence of admin-

istrative law judges (ALJs). The Order eliminates the competitive hiring process for ALJs and has the potential impact of converting independent adjudicators to political appointees, undermining long-standing principles of fair and unbiased consideration of matters of vital importance to the American people. ALJs must be independent decision-makers and it is the Committee's expectation that SSA maintain the highest standards for appointment of ALJs.

Disability Case Processing System (DCPS).—The Committee requests regular updates on the implementation of DCPS as additional States enter new phases of production and rollout schedules. The updates should include cost data and anticipated timelines for the project. The Committee urges SSA to engage stakeholders throughout the process to understand any remaining barriers to implementation.

Disability Claims Backlog.—The Committee recognizes that the pandemic disrupted progress SSA made with its initial disability claims backlog, and remains concerned about the adverse impacts disability claim hearings backlogs have on an individual's ability to access their Social Security benefits. Accordingly, the Committee urges the Commissioner to prioritize the hiring of additional administrative law judges and requisite staff to adjudicate backlogged claims. In addition, the Committee directs the Commissioner to continue to prioritize efforts to reduce wait time disparities across the country by directing resources and workload assistance, as necessary, and to provide the Committee annual reports on efforts to reduce the hearing backlog for Hearing Offices in the bottom twenty of national ranking by average processing time.

Disability Determinations.—The Committee is concerned about the time it takes SSA to effectuate favorable SSI and/or SSDI disability determinations and directs SSA to submit a report to the Committee within 180 days of enactment of this Act, on SSA's procedures for paying past-due and ongoing benefits after a claimant has been found disabled. The report should include the average number of calendar days from the date of the favorable decision to the date of the first monthly payment, and the average number days from favorable decision until retroactive benefits are paid (the first installment, for SSI payable in installments) for SSI, SSDI, and concurrent claims for each of the past five years plus the current year to date. The report should also discuss trends in effectuation time with respect to monthly benefits and past due benefits for claims awarded upon initial application and at other stages of appeal, the number of claimants who died between award and effectuation each year, and any performance goals or initiatives SSA has regarding effectuating favorable decisions with respect to monthly benefits and past due benefits.

Evaluation and Statistics Retirement and Disability Research Consortium (RDRC).—The Committee supports the interdisciplinary extramural research program being conducted at the Retirement and Disability Research Consortium, and is particularly interested in the RDRC conducting more studies on financial insecurity, the role of social insurance and how public programs can better address wealth and income inequality facing vulnerable families. The Committee provides an additional \$4,000,000 to increase funding at all four centers by \$1,000,000 to allow for an increase in the number of projects across the RDRCs.

Guardianship Report.—The Committee is concerned about the sharp rise in fraud perpetrated against senior citizens who are wrongly brought under guardianship or have their assets, including Social Security payments, mismanaged, or stolen. The Committee directs SSA to submit a report to the Committee, within 180 days of enactment of this Act and annually thereafter, on the number of Social Security payments that are being diverted to non-family members as representative payees, and the number of cases of misuse of benefits by non-family members as representative payees, as identified by SSA directly or through the representative payee monitoring program authorized under section 101 of the Strengthening Protections for Social Security Beneficiaries Act of 2018, broken down by State.

Information Technology.—The Committee continues to monitor the Information Technology (IT) Modernization Plan and encourages SSA to focus on improvements to customer service and efficiency improvements for customers and employees as it makes updates to the plan. In addition, SSA should take steps to automate manual processes to reduce human error and improve processing time. The Committee requests an update of the plan referenced under this heading in House Report 114–699.

Legal Assistants.—The Committee understands that the Office of Hearings Operations (OHO) relies on legal assistants to conduct a broad range of work supporting hearings and reviewing work of its administrative law judges, and is concerned about reports that OHO recently consolidated duties from several specialized legal assistants, causing affected employees to perform more duties without increased compensation. The Committee strongly urges SSA to examine the position descriptions of legal assistants, pay and actual work conducted since the consolidation, to ensure that job classifications, and compensation, are commensurate with current duties.

Pilot Program Metrics.—The Committee expects SSA to continue to follow the guidance and directives under this heading in House Report 116–450 for fiscal year 2022, and to include descriptions of pilots and associated pilot program metrics in its fiscal year 2023 Congressional Budget Justification.

Professional Representatives.—The Committee believes that quality representation in matters with SSA assists claimants and beneficiaries, and can also help SSA work more accurately and efficiently. The Committee continues to support direct payment of fees to representatives, encourages the Commissioner to raise and index the cap on fees payable via fee agreement, and requests that the Commissioner add a Performance Measure on timely and accurate payment of representative fees to the Fiscal Year 2022 and subsequent Annual Performance Plans.

Report on LAE Expenditures.—The Committee continues to request that the data referenced under this heading in House Report 114–699 be included in future budget justifications. In addition, the Committee requests the fiscal year 2023 Congressional Budget Justification include a historical table of costs and fiscal year 2023 requests for personnel and benefits, by major SSA component to include Operations (field offices, teleservice centers, processing centers, and regional offices); Office of Hearings Operations; Systems; Office of Analytics, Review, and Oversight; and Headquarters.

Service to the Public.—SSA uses Public Service Indicators to measure the agency’s progress in meeting the needs of the public in local field offices and teleservice centers. The Committee understands that SSA has modified Public Service Indicators to reflect challenges due to the COVID–19 pandemic. The Committee directs SSA to submit to the Committee within 90 days of enactment of this Act a report on Public Service Indicators for field offices and teleservice centers, providing the indicators and performance for Fiscal Years 2016 to 2021 and describing how the agency sets and modifies indicators, any changes made by the agency due the pandemic, and any staffing needs and resources necessary in its field offices and teleservice centers to restore previous levels of public service.

Telework.—The Committee reiterates its support for well-managed telework programs in the Federal workplace, which have demonstrated benefits for human capital as well as continuity of operations. The Committee expects SSA to implement telework policies that support these goals while also strengthening service to the American public, including in-person service in community-based field offices. The Committee directs SSA to submit a report within 90 days of enactment of this Act detailing the agency’s telework policies and identifying any positions for which telework has not been provided or has been reduced from pre-October 2019 levels, along with the reasons for any telework reductions.

Video Hearings.—The Committee understands that during the COVID–19 pandemic, SSA is providing claimants with the option of a video hearing, a telephone hearing, or a postponement if the individual would prefer to wait until an in-person hearing is available. The Committee expects that once the COVID–19 pandemic ends, SSA will resume in-person hearings. The Committee continues to encourage SSA to work with claimants who need additional flexibility by allowing a claimant to choose to use video and telephone hearings on a voluntary basis or to have an in-person hearing or proceeding if the party chooses to do so.

Work Incentives Planning and Assistance (WIPA) and Protection and Advocacy for Beneficiaries of Social Security (PABSS).—The recommendation includes \$23,000,000 for WIPA grants and \$10,000,000 for PABSS. The Committee notes that Federal Protection and Advocacy (P&A) systems provide legal representation to people with disabilities in civil matters to protect and enforce their legal, civil, and human rights. The Committee understands that SSA recently changed security clearance requirements for staff that charge time to PABSS programs. Given the Federal and State laws required for P&A staff, the Committee urges SSA to reconsider changes that would require P&A staff to undergo any unnecessary SSA security clearances, so that they may be treated like any other attorney representing a person on SSA benefits.

Social Security Advisory Board

The Committee recommends \$2,700,000 for the Social Security Advisory Board (SSAB), \$200,000 above the fiscal year 2021 enacted level and equal to the fiscal year 2022 budget request.

User Fees

In addition to the other amounts provided, the Committee recommends \$139,000,000 for administrative activities funded from user fees. Of this amount, \$138,000,000 is derived from fees collected from States that request SSA to administer State SSI supplementary payments. The remaining \$1,000,000 is derived from fees charged to non-attorneys who apply for certification to represent claimants under titles II and XVI of the Social Security Act.

Continuing Disability Reviews and Redeterminations

The Committee recommends \$1,708,000,000 for program integrity activities. This includes the maximum cap adjustment authorized in the terms of section 1(k) of H. Res. 467 of the 117th Congress as engrossed in the House of Representatives on June 14, 2021. The bill includes language allowing for the transfer of up to \$12,100,000 to the Office of the Inspector General for the cost of jointly operating co-operative disability investigation units.

OFFICE OF THE INSPECTOR GENERAL

Appropriation, fiscal year 2021	\$105,000,000
Budget request, fiscal year 2022	112,000,000
Committee Recommendation	112,000,000
Change from enacted level	+6,500,000
Change from budget request	---

The Office of the Inspector General (OIG) is responsible for meeting the statutory mission of promoting economy, efficiency, and effectiveness in the administration of SSA programs and operations and to prevent and detect fraud, waste, abuse, and mismanagement in such programs and operations. To accomplish this mission, the OIG directs, conducts, and supervises audits, evaluations, and investigations relating to SSA’s programs and operations. In addition, the OIG searches for and reports on systemic weaknesses in SSA programs and operations, and makes recommendations for needed improvements and corrective actions.

The bill includes \$2,000,000, as requested, for information technology modernization.

TITLE V—GENERAL PROVISIONS

(TRANSFER OF FUNDS)

Sec. 501. The Committee continues a provision allowing the Secretaries of Labor, Health and Human Services, and Education to transfer unexpended balances of prior appropriations to accounts corresponding to current appropriations to be used for the same purposes and for the same periods of time for which they were originally appropriated.

Sec. 502. The Committee continues a provision prohibiting the obligation of funds beyond the current fiscal year unless expressly so provided.

Sec. 503. The Committee continues a provision prohibiting funds from being used to support or defeat legislation.

Sec. 504. The Committee continues a provision limiting the amount available for official reception and representation expenses for the Secretaries of Labor and Education, the Director of the Fed-

eral Mediation and Conciliation Service, and the Chairman of the National Mediation Board.

Sec. 505. The Committee continues a provision requiring grantees receiving Federal funds to clearly state the percentage of the total cost of the program or project that will be financed with Federal money.

Sec. 506. The Committee continues a provision prohibiting use of funds for certain research involving human embryos.

Sec. 507. The Committee continues a provision prohibiting use of funds for any activity that promotes the legalization of any drug or substance included in schedule I of the schedules of controlled substances.

Sec. 508. The Committee continues a provision related to annual reports to the Secretary of Labor.

Sec. 509. The Committee continues a provision prohibiting transfer of funds made available in this Act except by authority provided in this Act or another appropriations Act.

Sec. 510. The Committee continues a provision to limit funds in the bill for public libraries to those that comply with the requirements of the Children's Internet Protection Act.

Sec. 511. The Committee continues a provision regarding procedures for reprogramming of funds.

Sec. 512. The Committee continues a provision pertaining to appointments to scientific advisory committees.

Sec. 513. The Committee continues a provision requiring each department and related agency funded through this Act to submit an operating plan within 45 days of enactment, detailing any funding allocations that are different than those specified in this Act, the accompanying detailed table, or budget request.

Sec. 514. The Committee continues a provision requiring the Secretaries of Labor, Health and Human Services, and Education to submit a quarterly report to the Committees on Appropriations containing certain information on noncompetitive contracts, grants, and cooperative agreements exceeding \$500,000 in value.

Sec. 515. The Committee continues a provision prohibiting the use of funds to process claims for credit for quarters of coverage based on work performed under a Social Security number that was not the claimant's number, where the performance of such work under such number has formed the basis for a conviction of the claimant of a violation of section 208(a)(6) or (7) of the Social Security Act.

Sec. 516. The Committee continues a provision prohibiting the use of funds to implement a Social Security totalization agreement with Mexico.

Sec. 517. The Committee continues a provision prohibiting the use of funds for the downloading or exchanging of pornography.

Sec. 518. The Committee continues a provision related to reporting requirements for conference expenditures.

Sec. 519. The Committee continues a provision related to disclosure of U.S. taxpayer funding for programs used in advertising.

Sec. 520. The Committee continues a provision related to performance partnership pilots.

Sec. 521. The Committee continues provision requesting quarterly reports on the status of balances of appropriations from the Departments of Labor, Health and Human Services and Education.

Sec. 522. The Committee continues a provision related to grant notifications.

Sec. 523. The Committee continues a provision related to questions for the record.

Sec. 524. The Committee modifies a provision to make funds from the Children’s Health Insurance Program Performance Bonus Fund unavailable for obligation in fiscal year 2021.

Sec. 525. The Committee includes a new provision prohibiting the use of funds for the Social Security Administration to implement or enforce a rule related to benefits appeals hearings.

HOUSE OF REPRESENTATIVES REPORTING REQUIREMENTS

The following materials are submitted in accordance with various requirements of the Rules of the House of Representatives:

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the following is a statement of general performance goals and objectives for which this measure authorizes funding: The Committee on Appropriations considers program performance, including a program’s success in developing and attaining outcome-related goals and objectives, in developing funding recommendations.

RESCISSION OF FUNDS

Pursuant to clause 3(f)(2) of rule XIII of the Rules of the House of Representatives, the following lists the rescissions of unexpended balances included in the accompanying bill:

RESCISSIONS RECOMMENDED IN THE BILL

Account	Amount
Department of Health and Human Services	
Nonrecurring Expenses Fund	\$500,000,000
Department of Education	
Pell Grants	229,000,000

DISCLOSURE OF EARMARKS AND CONGRESSIONALLY DIRECTED SPENDING ITEMS

The following table is submitted in compliance with clause 9 of rule XXI, and lists the congressional earmarks (as defined in paragraph (e) of clause 9) contained in the bill or in this report. Neither the bill nor the report contain any limited tax benefits or limited tariff benefits as defined in paragraphs (f) or (g) of clause 9 of rule XXI.

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES

[Community Project Funding Items]

Agency	Account	Project	Amount	House Requestor
Department of Education	Elementary & Secondary Education	Achievable Dream, Newport News, VA for extended learning and whole child supports.	\$900,000	Luria
Department of Education	Elementary & Secondary Education	Albright College, Reading, PA for STEAM learning	1,450,000	Houlihan
Department of Education	Elementary & Secondary Education	Alento Education Fund, Mesa, AZ for student support and college access programs.	300,000	Stanton
Department of Education	Elementary & Secondary Education	An Achievable Dream Certified Academy at Highland Springs Elementary, Highland Springs, VA for student wrap-around services and supports.	1,500,000	McEachin
Department of Education	Elementary & Secondary Education	Arab Community Center for Economic & Social Services, Dearborn, MI for integrated services, literacy education, and social and emotional learning.	1,000,000	Dingell
Department of Education	Elementary & Secondary Education	Austin People's Action Center, Chicago, IL for technology skills instruction	450,000	Davis, Danny K.
Department of Education	Elementary & Secondary Education	Bayshore Jointure Commission, Tinton Falls, NJ for a life skills and training program.	60,000	Smith (NJ)
Department of Education	Elementary & Secondary Education	Best Buddies International, Friday Harbor, WA for services for students with intellectual and developmental disabilities.	75,000	DeBene
Department of Education	Elementary & Secondary Education	Best Buddies International, Las Vegas, NV for inclusion programs supporting students with intellectual and developmental disabilities.	125,000	Horsford
Department of Education	Elementary & Secondary Education	Best Buddies, Spokane, WA for a mentor program	55,000	Rodgers (WA)
Department of Education	Elementary & Secondary Education	Big Brothers, Big Sisters, Santa Fe, NM for mentoring services and social programs.	225,000	Leger Fernandez
Department of Education	Elementary & Secondary Education	Boys & Girls Club of Burbank and Greater East Valley, Burbank, CA for education technology.	250,000	Schiff
Department of Education	Elementary & Secondary Education	Boys & Girls Club of San Fernando Valley, Pacoima, CA for STEM and SEL programs.	450,000	Tony Cardenas
Department of Education	Elementary & Secondary Education	Boys & Girls Clubs of Dundee Township, Carpentersville, IL for an academic and SEL support program.	250,000	Casten
Department of Education	Elementary & Secondary Education	Boys & Girls Clubs of Greater Anaheim-Cypress, Cypress, CA for academic support and youth engagement.	1,000,000	Lowenthal
Department of Education	Elementary & Secondary Education	Boys & Girls Clubs of the Los Angeles Harbor, San Pedro, CA for the Wilmington College Bound Program.	500,000	Nanette Diaz Barraagan
Department of Education	Elementary & Secondary Education	Boys & Girls Club of Palm Beach County, West Palm Beach, FL for its College and Work Readiness STEM program.	525,000	Frankel, Lois
Department of Education	Elementary & Secondary Education	Boys & Girls Clubs of Rochester, NY for a comprehensive afterschool and summer program.	100,000	Morelle
Department of Education	Elementary & Secondary Education	Bright Leadership Institute, Chicago, IL for youth mentoring and enrichment activities.	500,000	Davis, Danny K.

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding Items]

Agency	Account	Project	Amount	House Requestor
Department of Education	Elementary & Secondary Education	Broward County Public Schools, Ft. Lauderdale, FL for a peer mentoring program	500,000	Deutch
Department of Education	Elementary & Secondary Education	California State University, Long Beach, CA for teacher development and student academic support.	500,000	Lowenthal
Department of Education	Elementary & Secondary Education	CDF Action, Clarkston, GA for the READY School initiative	325,000	Johnson (GA)
Department of Education	Elementary & Secondary Education	Chicago Public Schools, Chicago, IL for arts and STEM education	500,000	Kelly (IL)
Department of Education	Elementary & Secondary Education	Chicago Public Schools, Chicago, IL for arts and STEM education	500,000	Quigley
Department of Education	Elementary & Secondary Education	Chicago Public Schools, Chicago, IL for arts and STEM education	500,000	Rush
Department of Education	Elementary & Secondary Education	Chicago Public Schools, Chicago, IL for arts and STEM education	500,000	Schakowsky
Department of Education	Elementary & Secondary Education	Chicago Public Schools, Chicago, IL for arts and STEM education	500,000	Newman
Department of Education	Elementary & Secondary Education	Chicago Zoological Society, Chicago, IL for the King Conservation Leadership Academy.	825,000	Jesus G. "Chuy" Garcia
Department of Education	Elementary & Secondary Education	Children's Museum, Oak Lawn, IL for the Wee Ones program	50,000	Newman
Department of Education	Elementary & Secondary Education	City of Commerce, CA for a homework help and online learning initiative	300,000	Royal-Allard
Department of Education	Elementary & Secondary Education	City of Long Beach, CA for early childhood education and literacy programs at the Michelle Obama Library.	250,000	Nanette Diaz Barragan
Department of Education	Elementary & Secondary Education	City of Long Beach, NY for early childhood learning	400,000	Rice (NY)
Department of Education	Elementary & Secondary Education	City of Rancho Cordova, CA for the Rancho Cordova Youth Center	350,000	Bera
Department of Education	Elementary & Secondary Education	Clark County School District, Las Vegas, NV for school social workers	950,000	Lee (NV)
Department of Education	Elementary & Secondary Education	Common Threads, Chicago, IL for food nutrition education programs	65,000	Rush
Department of Education	Elementary & Secondary Education	Common Threads, Staten Island, NY for culinary and nutrition education	50,000	Maloney, Carolyn B.
Department of Education	Elementary & Secondary Education	Commonwealth of the Northern Mariana Islands Public School System, Saipan, MP for indigenous language immersion.	350,000	Sablan
Department of Education	Elementary & Secondary Education	Commonwealth of the Northern Mariana Islands Public School System, Saipan, MP for school library expansion.	150,000	Sablan
Department of Education	Elementary & Secondary Education	Commonwealth of the Northern Mariana Islands Public School System, Saipan, MP for student health and well-being.	150,000	Sablan
Department of Education	Elementary & Secondary Education	Communities in Schools of San Antonio, TX for wraparound services and whole-child supports.	500,000	Castro (TX)
Department of Education	Elementary & Secondary Education	Community Bridges, Silver Spring, MD for academic enrichment and wrap-around services.	80,000	Raskin
Department of Education	Elementary & Secondary Education	Contra Costa County Office of Education, Pleasant Hill, CA for internet connectivity	900,000	DeSaulnier
Department of Education	Elementary & Secondary Education	dA Center for the Arts, Pomona, CA for early learning and arts education	125,000	Torres (CA)
Department of Education	Elementary & Secondary Education	DeKalb County Regional Office of Education, Dekalb, IL for kindergarten readiness	150,000	Underwood
Department of Education	Elementary & Secondary Education	Desert Research Institute, Las Vegas, NV for STEM education	975,000	Lee (NV)
Department of Education	Elementary & Secondary Education	Dr. Phillips Center for the Performing Arts, Orlando, FL for arts education	250,000	Demings

Department of Education	Elementary & Secondary Education	DuPage Regional Office of Education, Wheaton, IL for high school work-based learning.	250,000	Casten
Department of Education	Elementary & Secondary Education	Early Learning Coalition of Palm Beach County, Boynton Beach, FL for an early learning program.	125,000	Frankel, Lois
Department of Education	Elementary & Secondary Education	East Bay Performing Arts, Oakland, CA for music education	500,000	Lee (CA)
Department of Education	Elementary & Secondary Education	Eastern Michigan University, Ypsilanti, MI for early childhood educational services	300,000	Dingell
Department of Education	Elementary & Secondary Education	Eastern Queens Alliance, Springfield Gardens, NY for environmental education	350,000	Meeks
Department of Education	Elementary & Secondary Education	Edward M. Kennedy Institute for the United States Senate, Boston, MA for civics education.	1,000,000	Lynch
Department of Education	Elementary & Secondary Education	El Puente de Williamsburg, Brooklyn, NY for environmental studies programming ...	500,000	Mydia M. Velazquez
Department of Education	Elementary & Secondary Education	ESP Education & Leadership Institute, Long Beach, CA for STEM education and college access.	50,000	Lowenthal
Department of Education	Elementary & Secondary Education	Evanson/Skokie District 65, Evanston, IL for a teacher residency program	600,000	Schakowsky
Department of Education	Elementary & Secondary Education	Finishing Trades Institute of the Upper Midwest, Little Canada, MN for apprentice-ship pathways for middle and high school students.	2,000,000	McCollum
Department of Education	Elementary & Secondary Education	Forsyth County School District, Cumming, GA for the Spark! Igniting Learning, Birth and Beyond program.	750,000	Bourdeaux
Department of Education	Elementary & Secondary Education	Friends of Marcy Houses, Brooklyn, NY for tutoring and mentoring	150,000	Nydia M. Velazquez
Department of Education	Elementary & Secondary Education	Ft. Smith School District, Ft. Smith, AR for a student training program	400,000	Womack
Department of Education	Elementary & Secondary Education	Futures Without Violence, San Francisco, CA for trauma-informed social and emo-tional learning programs.	1,000,000	Pelosi
Department of Education	Elementary & Secondary Education	Gannon University, Erie, PA for a science technology engineering and mathematics pathway program.	500,000	Kelly (PA)
Department of Education	Elementary & Secondary Education	Genesee Intermediate School District Flint, MI for a school nursing pilot program	1,000,000	Kildee
Department of Education	Elementary & Secondary Education	George Mason University, Fairfax, VA for the Quantum Science Workforce initiative	650,000	Wexton
Department of Education	Elementary & Secondary Education	Georgia Family Connection Partnership, Atlanta, GA for the Get Georgia Reading Campaign.	1,500,000	Bishop (GA)
Department of Education	Elementary & Secondary Education	Groton Public Schools, Groton, CT for a high school career pathways program	150,000	Courtney
Department of Education	Elementary & Secondary Education	Guilford County Schools, Greensboro, NC for an intensive tutoring program	2,000,000	Manning
Department of Education	Elementary & Secondary Education	Gwinnett County Schools Foundation, Suwanee, GA for an early childhood edu-cation initiative.	775,000	Bourdeaux
Department of Education	Elementary & Secondary Education	Hamilton Area Young Men's Christian Association, Hamilton, NJ for a supple-mentary education program.	200,000	Smith (NJ)
Department of Education	Elementary & Secondary Education	Harry S. Truman Middle College, Chicago, IL for career pathways and vocational education.	25,000	Schakowsky
Department of Education	Elementary & Secondary Education	Hazleton Integration Project, Hazleton, PA for a STEAM-based education program ...	1,150,000	Cartwright
Department of Education	Elementary & Secondary Education	Henry Ford College, Dearborn, MI for technology and manufacturing education	2,000,000	Dingell
Department of Education	Elementary & Secondary Education	Highline Public Schools, Burien, WA for maritime education	1,050,000	Smith (WA)
Department of Education	Elementary & Secondary Education	Holocaust Memorial Center, Farmington Hills, MI for Holocaust education and teacher training.	550,000	Lawrence

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding Items]

Agency	Account	Project	Amount	House Requestor
Department of Education	Elementary & Secondary Education	Houston Independent School District, Houston, TX for social and emotional learning supports.	1,000,000	Jackson Lee
Department of Education	Elementary & Secondary Education	I Have A Dream Foundation, Newark, NJ for STEAM education	500,000	Payne
Department of Education	Elementary & Secondary Education	Illinois Central College, Peoria, IL for its Cradle to Career Initiative	500,000	Bustos
Department of Education	Elementary & Secondary Education	Jamel Games Creative Outlet, Brooklyn, NY for arts education	750,000	Jeffries
Department of Education	Elementary & Secondary Education	Kennedy Krieger Institute, Baltimore, MD for an early childhood education program	1,250,000	Mtume
Department of Education	Elementary & Secondary Education	Kent Intermediate School District, Grand Rapids, MI for equipment	900,000	Meijer
Department of Education	Elementary & Secondary Education	Leader Valley Foundation, Waterloo, IA for training, curriculum, course materials, and expanding program access.	50,000	Hinson
Department of Education	Elementary & Secondary Education	Leo High School, Chicago, IL for STEM and robotics education	150,000	Rush
Department of Education	Elementary & Secondary Education	Life Camp, Jamaica, NY for a youth engagement program	2,000,000	Meeks
Department of Education	Elementary & Secondary Education	Livermore Valley Joint Unified School District, Livermore, CA for a community and parent engagement program.	375,000	Swalwell
Department of Education	Elementary & Secondary Education	Lone Star Flight Museum, Houston, TX for student education programs	615,000	Nehls
Department of Education	Elementary & Secondary Education	Madera Unified School District, Madera, CA for English learner academic support	625,000	Costa
Department of Education	Elementary & Secondary Education	Mahoning County High School, Youngstown, OH for a community learning center	850,000	Ryan
Department of Education	Elementary & Secondary Education	Mass Audubon, Boston, MA for an environmental education program	250,000	Keating
Department of Education	Elementary & Secondary Education	Middlesex County, New Brunswick, NJ for agricultural and aquacultural training	300,000	Pallone
Department of Education	Elementary & Secondary Education	Milwaukee Public Schools, Milwaukee, WI for mental health services and driver's education.	600,000	Moore (WI)
Department of Education	Elementary & Secondary Education	Mount Holyoke College, South Hadley, MA for teacher professional development in social and emotional learning and mental health needs.	250,000	Neal
Department of Education	Elementary & Secondary Education	National Atomic Testing Museum, Las Vegas, NV for STEM education and technology.	2,000,000	Titus
Department of Education	Elementary & Secondary Education	New Directions for Youth, Los Angeles, CA for education technology	125,000	Sherman
Department of Education	Elementary & Secondary Education	New Haven Public Schools, New Haven, CT for a manufacturing education and pathways program.	2,000,000	DeLauro
Department of Education	Elementary & Secondary Education	New Mexico Black Leadership Council, Albuquerque, NM for enrichment and youth development.	125,000	Melanie Stansbury
Department of Education	Elementary & Secondary Education	New York Sun Works, New York, NY for STEM and sustainability education	800,000	Nydia M. Velazquez
Department of Education	Elementary & Secondary Education	Niswonger Foundation, Greenville, TN for a literacy tutoring program	345,000	Harschbarger
Department of Education	Elementary & Secondary Education	Norristown Area School District, Norristown, PA for high school library technology and education programs.	200,000	Dean
Department of Education	Elementary & Secondary Education	North Carolina State University, Raleigh, NC for computer science professional development.	350,000	Ross

Department of Education	Elementary & Secondary Education	NYC Mission Society, New York, NY for its Level Up program	1,100,000	Espaillet Levin (CA)
Department of Education	Elementary & Secondary Education	Oceanside Museum of Art, Oceanside, CA for literacy instruction and arts education.	150,000	
Department of Education	Elementary & Secondary Education	Old Colony YMCA, Brockton, MA for early education curriculum and teacher training.	800,000	Lynch
Department of Education	Elementary & Secondary Education	Old Dominion University, Norfolk, VA for a maritime trades magnet school	1,000,000	Scott (VA)
Department of Education	Elementary & Secondary Education	P.E.A.C.E. Afterschool Program, Hempstead, NY for afterschool and summer STEAM programs.	100,000	Rice (NY)
Department of Education	Elementary & Secondary Education	Pace Center for Girls, Jacksonville, FL for educational services, counseling, and training.	500,000	Frankel, Lois
Department of Education	Elementary & Secondary Education	Pasadena Independent School District, Pasadena, TX for education technology	2,000,000	Garcia (TX)
Department of Education	Elementary & Secondary Education	PAST Foundation, Columbus, OH for its STEM 2022 program	500,000	Beatty
Department of Education	Elementary & Secondary Education	Pioneer Works Art Foundation, Brooklyn, NY for youth development programs	1,000,000	Nydia M. Velazquez
Department of Education	Elementary & Secondary Education	Queens Community House, Queens, NY for family support counselors	225,000	Ocasio-Cortez
Department of Education	Elementary & Secondary Education	Randolph Public Schools, Randolph, MA for culturally relevant digital literacy	275,000	Pressley
Department of Education	Elementary & Secondary Education	Riverside County Office of Education Division of Early Learning Services, Riverside, CA for early learning and literacy.	1,000,000	Takano
Department of Education	Elementary & Secondary Education	Rohingya Culture Center, Chicago, IL for a homework help program	50,000	Schakowsky
Department of Education	Elementary & Secondary Education	Saint Peter's University, Jersey City, NJ for educator development and training	1,100,000	Payne
Department of Education	Elementary & Secondary Education	Salt Creek School District 48, Villa Park, IL, for an afterschool program	80,000	Krishnamoorthi
Department of Education	Elementary & Secondary Education	School District of Osceola, St. Cloud, FL for STEM education	450,000	Soto
Department of Education	Elementary & Secondary Education	Skokie-Morton Grove School District 69, Skokie, IL for community school supports, technology, and academic enrichment.	375,000	Schakowsky
Department of Education	Elementary & Secondary Education	South Kitsap School District 402, Port Orchard, WA for the West Sound STEM Network.	450,000	Kilmer
Department of Education	Elementary & Secondary Education	Southern Methodist University, Dallas, TX for its learning loss program for underserved students.	900,000	Allred
Department of Education	Elementary & Secondary Education	Southwestern Ohio Council for Higher Education, Dayton, OH for an internship program.	1,000,000	Turner
Department of Education	Elementary & Secondary Education	Spelman College, Atlanta, GA for a student literacy initiative	325,000	Williams (GA)
Department of Education	Elementary & Secondary Education	Sunnyside Community Services, Sunnyside, NY for a student support and college access program.	100,000	Ocasio-Cortez
Department of Education	Elementary & Secondary Education	Sylvester Broome Empowerment Village, Flint, MI for a youth empowerment and afterschool program.	650,000	Kildee
Department of Education	Elementary & Secondary Education	Syrian Community Network, Chicago, IL for hybrid learning support	100,000	Schakowsky
Department of Education	Elementary & Secondary Education	Texas State University, San Marcos, TX for workforce research initiative and educator professional development focused on science, technology, engineering, and mathematics.	1,000,000	Carter (TX)
Department of Education	Elementary & Secondary Education	Toledo City School District, Toledo, OH for a high school auto mechanic training program.	1,250,000	Kaptur

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding Items]

Agency	Account	Project	Amount	House Requestor
Department of Education	Elementary & Secondary Education	Town of Milton, MA for assessment resources and instructional tools	100,000	Pressley
Department of Education	Elementary & Secondary Education	Town of Monroe, CT for STEM education and technology	200,000	Himes
Department of Education	Elementary & Secondary Education	U.S. Space & Rocket Center, Huntsville, AL for equipment and outreach	400,000	Aderholt
Department of Education	Elementary & Secondary Education	United Way of Central Jersey, Milltown, NJ for the Summer STEAM Stars program	550,000	Watson Coleman
Department of Education	Elementary & Secondary Education	United Way of Forsyth County, Winston-Salem, NC for tutoring and enrichment programs	450,000	Manning
Department of Education	Elementary & Secondary Education	United Way of Greater Lehigh Valley, Allentown, PA for summer enrichment and technology supports	575,000	Wild
Department of Education	Elementary & Secondary Education	United Way of Northern New Jersey, Cedar Knolls, NJ for early childhood education	1,100,000	Sherrill
Department of Education	Elementary & Secondary Education	United Way of the Titusville Region, Titusville, PA for a literacy program	55,000	Kelly (PA)
Department of Education	Elementary & Secondary Education	University of Central Florida, Orlando, FL for early learning and parent engagement	500,000	Murphy (FL)
Department of Education	Elementary & Secondary Education	University of North Carolina at Greensboro, NC for the High-Speed Education Network Access Pilot	1,500,000	Manning
Department of Education	Elementary & Secondary Education	University of South Florida, Tampa, FL for STEM teacher preparation	1,000,000	Castor (FL)
Department of Education	Elementary & Secondary Education	Urban Transformation Network, Chicago, IL for the Urban Youth Green Afterschool program	275,000	Davis, Danny K.
Department of Education	Elementary & Secondary Education	Virginia Commonwealth University, Richmond, VA for a teacher residency program	400,000	McEachin
Department of Education	Elementary & Secondary Education	West Indian American Day Carnival Association, Brooklyn, NY for Caribbean culture, arts, and history education programs	1,000,000	Clarke (NY)
Department of Education	Elementary & Secondary Education	Whittier Public Library Foundation, Whittier, CA for youth services and early learning	450,000	Linda T. Sanchez
Department of Education	Elementary & Secondary Education	Wildlife Conservation Society, Bronx, NY for STEM learning and career exploration	300,000	Jeffries
Department of Education	Elementary & Secondary Education	Wilmington Area School District, New Wilmington, PA for computer and robotics equipment	55,000	Kelly (PA)
Department of Education	Elementary & Secondary Education	Wood Dale Public Library District, Wood Dale, IL for early childhood learning	225,000	Krishnamoorthi
Department of Education	Elementary & Secondary Education	YMCA Mid Valley, Van Nuys, CA for learning recovery activities, including online and in-person tutoring supports	1,000,000	Tony Cardenas
Department of Education	Elementary & Secondary Education	YMCA of Greater Houston, TX for the Early Childhood English Language Learner initiative	700,000	Garcia (TX)
Department of Education	Elementary & Secondary Education	YMCA of Greater New York, NY for youth development programs	1,000,000	Jeffries
Department of Education	Elementary & Secondary Education	YMCA of New Rochelle, NY for its Educational Achievement Gap Project	500,000	Bowman
Department of Education	Elementary & Secondary Education	Youth Development, Albuquerque, NM for student and family wraparound services	850,000	Melanie Stansbury
Department of Education	Elementary & Secondary Education	YMCA Metropolitan Chicago, IL, for early childhood learning	500,000	Krishnamoorthi
Department of Education	Higher Education	Adrian College, Adrian, MI for establishment of a shared majors partnership program	300,000	Walberg

Department of Education	Higher Education		250,000	Lowenthal
Department of Education	Higher Education	African American History and Culture Foundation, Long Beach, CA for college preparation activities, including scholarships.	95,000	Castro (TX)
Department of Education	Higher Education	Alamo Colleges District, San Antonio, TX for lab equipment	2,000,000	Meuser
Department of Education	Higher Education	Alvernia University, Reading, PA for programming and classroom and technology upgrades.	675,000	Womack
Department of Education	Higher Education	Arkansas Tech University, Russellville, AR for nursing program simulation labs, including the purchase of information technology.	700,000	Doggett
Department of Education	Higher Education	Austin Community College District, Austin, TX for child care supports for student parents, establishing an online Child Development Associate program, and curriculum development.	1,000,000	Sessions
Department of Education	Higher Education	Baylor University, Waco, TX for cybersecurity initiative and the purchase of information technology.	175,000	Gallego
Department of Education	Higher Education	Be A Leader Foundation, Phoenix, AZ for a college access and success program	1,000,000	Yarmuth
Department of Education	Higher Education	Bellarmine University, Louisville, KY for simulation technology, equipment, and instruction, including educational opportunities for K-12 students.	300,000	Pressley
Department of Education	Higher Education	Benjamin Franklin Institute of Technology (BFI), Boston, MA for a certificate program, including equipment.	350,000	Neal
Department of Education	Higher Education	Berkshire Community College, Pittsfield, MA for technology and equipment	2,000,000	Keating; Auchincloss
Department of Education	Higher Education	Bristol Community College, Fall River, MA for curriculum development and equipment.	450,000	Smith (NJ)
Department of Education	Higher Education	Brookdale Community College, Lincroft, NJ for establishment of a center for excellence in cybersecurity education, including the purchase of equipment and information technology.	250,000	Brownley
Department of Education	Higher Education	California State University Channel Islands, Camarillo, CA for curriculum development.	575,000	Matsui
Department of Education	Higher Education	California State University, Sacramento, Sacramento, CA for lab equipment	250,000	Matsui
Department of Education	Higher Education	California State University, Sacramento, Sacramento, CA for equipment and classroom material.	1,950,000	Keating
Department of Education	Higher Education	Cape Cod Community College, West Barnstable, MA for an aviation program, including equipment.	325,000	Lofgren
Department of Education	Higher Education	Center for Employment Training, San Jose, CA for equipment	1,000,000	Correa
Department of Education	Higher Education	Chapman University, Orange, CA for the Earth Systems Science and Data Solutions Lab (ESDs), including equipment, scholarships, and fellowships.	400,000	Cohen
Department of Education	Higher Education	Christian Brothers University, Memphis, TN for workforce development and educational opportunities, including stipends and equipment.	1,500,000	Espalliat
Department of Education	Higher Education	City College of New York, City University of New York, New York, NY for workforce development program, including equipment and stipends.	550,000	Roybal-Allard
Department of Education	Higher Education	City of Paramount, CA for student scholarships and learning center technology and equipment upgrades.	550,000	Hoyer
Department of Education	Higher Education	College of Southern Maryland, La Plata, MD for equipment		

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding Items]

Agency	Account	Project	Amount	House Requestor
Department of Education	Higher Education	Colorado State University, Fort Collins, CO for a college access and success initiative.	1,000,000	Neguse
Department of Education	Higher Education	Community College of Rhode Island, Warwick, RI for a constituent relations management tool.	1,060,000	Langevin
Department of Education	Higher Education	Durham Technical Community College, Durham, NC for a workforce development initiative.	1,200,000	Price (NC)
Department of Education	Higher Education	East Los Angeles College, Monterey Park, CA to establish a collaborative partnership promoting college access and success.	200,000	Chu
Department of Education	Higher Education	East-West University, Chicago, IL for technology upgrades	240,000	Davis, Danny K.
Department of Education	Higher Education	Eastern Kentucky University, Richmond, KY for a center focused on science, technology, engineering, and mathematics, including the purchase of information technology.	505,000	Barr
Department of Education	Higher Education	El Camino College, Torrance, CA for student supports, including stipends and scholarships.	1,500,000	Waters
Department of Education	Higher Education	Elmira College, Elmira, NY for information technology upgrades and equipment	1,850,000	Reed
Department of Education	Higher Education	Framingham State University, Framingham, MA for an early college program, including partnerships with middle schools and high schools.	600,000	Clark (MA)
Department of Education	Higher Education	Georgia Gwinnett College, Lawrenceville, GA for student support services, including scholarships and equipment.	1,450,000	Bourdeaux
Department of Education	Higher Education	Glen Oaks Community College, Centreville, MI for information technology and equipment for distance learning.	900,000	Upton
Department of Education	Higher Education	Grambling State University, Grambling, LA for a teacher preparation program and equipment.	2,000,000	Letlow
Department of Education	Higher Education	Grand Valley State University, Allendale, MI for curriculum, information technology, and equipment for applied research program.	1,000,000	Meijer
Department of Education	Higher Education	Harris-Stowe State University, St. Louis, MO for an entrepreneurship program and center.	1,000,000	Bush
Department of Education	Higher Education	Hartwick College, Oneonta, NY for the Grain Innovation Center, including equipment.	300,000	DeIgado
Department of Education	Higher Education	Housatonic Community College, Bridgeport, CT for an advanced manufacturing training program, including scholarships and equipment.	1,000,000	Himes
Department of Education	Higher Education	Houston Community College, Houston, TX for program development	2,000,000	Jackson Lee
Department of Education	Higher Education	Hudson County Community College, Union City, NJ for technology and equipment	975,000	Sires
Department of Education	Higher Education	Illinois College, Jacksonville, IL for creation of an online Master of Science in Nursing program and equipment.	330,000	LaHood

Department of Education	Higher Education	2,000,000	Miller-Meeks
Department of Education	Higher Education	1,200,000	Mivan
Department of Education	Higher Education	300,000	Andre Carson
Department of Education	Higher Education	500,000	Raul M. Grijalva
Department of Education	Higher Education	995,000	Joyce (PA)
Department of Education	Higher Education	175,000	Kelly (IL)
Department of Education	Higher Education	1,000,000	Aguilar
Department of Education	Higher Education	2,000,000	Cartwright
Department of Education	Higher Education	500,000	Defazio
Department of Education	Higher Education	250,000	Espallat
Department of Education	Higher Education	175,000	Houlahan
Department of Education	Higher Education	975,000	Schiff
Department of Education	Higher Education	400,000	Tony Cardenas
Department of Education	Higher Education	350,000	Waters
Department of Education	Higher Education	120,000	Leflow
Department of Education	Higher Education	2,000,000	Leflow
Department of Education	Higher Education	750,000	Moore (WI)
Department of Education	Higher Education	1,000,000	Keating
Department of Education	Higher Education	825,000	Underwood
Department of Education	Higher Education	850,000	Cole
Department of Education	Higher Education	2,000,000	Stauber
Department of Education	Higher Education	550,000	Courtney
Department of Education	Higher Education	225,000	Brownley

Indian Hills Community College, Ottumwa, IA for college and career transition counselors initiative.
 Ivy Tech Community College - Lake County Campus, East Chicago, IN for an academic and student support initiative.
 Ivy Tech Community College, Indianapolis, IN for a mobile unit to offer training and other services.
 JobPath, Inc., Tucson, AZ to assist displaced workers in enrolling in and completing degree and certificate programs.
 Juniata College, Huntingdon, PA for a public health educational and research program.
 Kankakee Area Career Center, Bourbonnais, IL for a counselor, technology, and equipment.
 KVCR (Inland Future's Foundation), San Bernardino, CA for public broadcasting opportunities for college students, including curriculum development.
 Lackawanna College, Scranton, PA for technical and vocational education program development, including equipment.
 Lane Community College, Eugene, OR for equipment
 Lehman College, City University of New York, New York, NY for an economic recovery and revitalization program for students, including financial assistance.
 Lincoln University, Lincoln University, PA for curriculum development, including scholarships.
 Los Angeles City College, Los Angeles, CA for basic needs project
 Los Angeles Community College District, Los Angeles, CA for workforce development programs, including equipment.
 Los Angeles Southwest College, Los Angeles, CA for student support services
 Louisiana State University at Alexandria, Alexandria, LA to develop a program for young people with developmental disabilities and the purchase of information technology.
 Louisiana Tech University, Ruston, LA for a cyber education and training program
 Marquette University, Milwaukee, WI for a college access and success initiative
 Massachusetts Maritime Academy, Buzzards Bay, MA for equipment and program development.
 McHenry County College, Crystal Lake, IL for dual enrollment activities
 Mid-America Christian University, Oklahoma City, OK for a mental health counselor training and credentialing program and the purchase of equipment.
 Minnesota State Northern Agricultural Center of Excellence, Staples, MN for meat cutting and butchery program, including the purchase of equipment.
 Mitchell College, New London, CT for curriculum development, including equipment
 Moorpark College, Ventura County Community College District, Moorpark, CA for workbased learning opportunities, including student stipends.

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding Items]

Agency	Account	Project	Amount	House Requestor
Department of Education	Higher Education	Morehouse College, Atlanta, GA for student support services, including scholarships, curriculum development, and summer bridge programs.	900,000	Williams (GA)
Department of Education	Higher Education	Mt. San Antonio College, Walnut, CA for vocational health training programs	500,000	Kim (CA)
Department of Education	Higher Education	New York University, New York, NY for a prison education program, including stipends and scholarships.	300,000	Nadler
Department of Education	Higher Education	Nova Southeastern University, Ft. Lauderdale, FL for technology and equipment	1,950,000	Wasserman Schultz
Department of Education	Higher Education	Oklahoma State University, Oklahoma City, OK for a workforce development program.	850,000	Bice (OK)
Department of Education	Higher Education	Pima County Community College, Tucson, AZ for lab equipment	1,000,000	Raul M. Grijalva, Kirkpatrick
Department of Education	Higher Education	Portland Community College, Portland, OR for curriculum development, including equipment and technology.	800,000	Blumenauer
Department of Education	Higher Education	Quinsigamond Community College, Worcester, MA for technology	975,000	McGovern
Department of Education	Higher Education	Red Rocks Community College, Lakewood, CO for a credential attainment initiative related to STEM fields.	300,000	Perlmutter
Department of Education	Higher Education	Rhode Island College, Providence, RI for developing certificate programs	500,000	Langevin
Department of Education	Higher Education	Riverside Community College District, Riverside, CA for the Inland Empire Technical Trade Center.	1,500,000	Takano
Department of Education	Higher Education	Rowan University, Glassboro, NJ for the Wind Energy Workforce Training Program, including equipment and technology.	500,000	Norcross
Department of Education	Higher Education	Salt Lake Community College, Salt Lake City, UT for a campus internship program	500,000	Owens
Department of Education	Higher Education	San Carlos Apache College, San Carlos, AZ for library and computer center modernization project.	875,000	O'Halleran
Department of Education	Higher Education	San Diego Community College District, San Diego, CA for IT system upgrades and modernization project.	975,000	Peters
Department of Education	Higher Education	San Jacinto College, Houston, TX for aerospace training programs and the purchase of equipment.	585,000	Nehls
Department of Education	Higher Education	Santa Clarita Community College District (College of the Canyons), Santa Clarita, CA for equipment for the advanced technology center.	1,000,000	Garcia (CA)
Department of Education	Higher Education	Seminole State College, Sanford, FL for simulation laboratory equipment	475,000	Murphy (FL)
Department of Education	Higher Education	Southern California College Access Network, Los Angeles, CA for college and career advising support services to residents in public housing.	650,000	Gomez
Department of Education	Higher Education	St. Catherine University, St. Paul, MN for technology and equipment	800,000	McCollum
Department of Education	Higher Education	St. Mary's College of Maryland, St. Mary's City, MD for a marine sciences program, including purchase of a research vessel and other associated equipment.	900,000	Hoyer

Department of Education	Higher Education	Stevens Institute of Technology, Hoboken, NJ for college preparation and success activities, including scholarships.	750,000	Sires
Department of Education	Higher Education	Sul Ross State University, Alpine, TX for an archaeology, anthropology, and cultural research initiative and the purchase of equipment.	1,000,000	Gonzales, Tony
Department of Education	Higher Education	TechUnitecNJ BetterFutureLaos, Hoboken, NJ for a technology program, including curriculum development.	1,000,000	Watson Coleman
Department of Education	Higher Education	Texas A&M University-Kingsville, Kingsville, TX for teacher preparation and bridge programs.	500,000	Vela
Department of Education	Higher Education	The Ohio State University, Columbus, OH for the Race, Inclusion, and Social Equity (RAISE) Institute.	475,000	Beatty
Department of Education	Higher Education	The University of Massachusetts Amherst, Amherst, MA for a robotics program, including scholarships.	1,000,000	McGovern
Department of Education	Higher Education	Tougaloo College, Tougaloo, MS for the Reuben V. Anderson Institute for Social Justice.	1,000,000	Thompson (MS)
Department of Education	Higher Education	United Community Center, Milwaukee, WI for college access and success initiative	275,000	Moore (WI)
Department of Education	Higher Education	University of Colorado Boulder, Boulder, CO for college access and success initiative.	275,000	Neguse
Department of Education	Higher Education	University of Idaho Rinker Rock Creek Ranch, Moscow, ID for education, research training, and equipment for rangeland management and animal science.	1,325,000	Simpson
Department of Education	Higher Education	University of Louisville, Louisville, KY for robotics and manufacturing equipment and software.	750,000	Yarmuth
Department of Education	Higher Education	University of Massachusetts Lowell, Lowell, MA for student support services for first generation students, including scholarships.	500,000	Trahan
Department of Education	Higher Education	University of North Carolina System Office, Chapel Hill, NC for college preparation program for high school students and their parents.	225,000	Adams
Department of Education	Higher Education	University of Texas at Dallas, Richardson, TX for a study related to the impact of COVID-19 on postsecondary students.	400,000	Allred
Department of Education	Higher Education	University of Utah, Salt Lake City, UT for social work fellowship program	750,000	Owens
Department of Education	Higher Education	University of Utah, Salt Lake City, UT to pilot a college access and degree completion initiative for young adults exiting the foster care system and the purchase of equipment.	1,000,000	Moore (UT)
Department of Education	Higher Education	University of Wisconsin-Milwaukee Center for Economic Development, Milwaukee, WI for research and curriculum development.	350,000	Moore (WI)
Department of Education	Higher Education	Utah State University, Logan, UT for academic, research, and career development program.	585,000	Moore (UT)
Department of Education	Higher Education	Vermont State Colleges-Northern Vermont University—Lyndon, Lyndonville, VT for student support services.	250,000	Welch
Department of Education	Higher Education	Wake Technical Community College, Raleigh, NC for college preparation and success initiative.	600,000	Ross

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding Items]

Agency	Account	Project	Amount	House Requestor
Department of Education	Higher Education	Walsh University, North Canton, OH for a workforce program and the purchase of equipment and information technology.	500,000	Gonzalez (OH)
Department of Education	Higher Education	Warren County Community College, Washington, NJ to develop a new education and training program.	750,000	Malinowski
Department of Education	Higher Education	Western Michigan University, Kalamazoo, MI for a pipeline and workforce program purchase of information technology.	1,500,000	Upton
Department of Education	Higher Education	Worcester State University, Worcester, MA for dual enrollment activities	1,000,000	McGovern
Department of Education	Higher Education	York College, CUNY, Jamaica, NY for health disparities initiative	2,000,000	Meeks
Department of Education	Higher Education	York College, CUNY, Jamaica, NY for workforce development programs	525,000	Meeks
Department of Health & Human Services	Health Resources and Services Administration—Program Management	26Health, Orlando, FL for purchase of equipment	250,000	Murphy (FL)
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Advocate Health and Hospitals Corporation dba Advocate Christ Medical Center, Oak Lawn, IL for facilities and equipment.	150,000	Newman
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Advocate Illinois Masonic Medical Center, Chicago, IL for facilities and equipment	300,000	Quigley
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Affinia Healthcare, Saint Louis, MO for facilities and equipment	2,000,000	Bush
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Aging in PACE Washington, Seattle, WA for facilities and equipment	700,000	Smith (WA)
Department of Health & Human Services	Health Resources and Services Administration—Program Management	AIDS Care Group, Chester, PA for facilities and equipment	1,000,000	Scanlon
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Aleutians East Borough, Sand Point, AK for facilities	2,000,000	Young
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Alzheimer's Foundation of America, Amityville, NY for education and training services.	100,000	Garbarino
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Andy's Angels, Jackson, MI for facilities	300,000	Walberg
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Arc of the Ozarks, Springfield, MO for equipment and autism diagnostic and treatment services.	800,000	Long
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Asian American Drug Abuse Prevention, Los Angeles, CA for a health initiative	250,000	Bass
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Asian American Health Coalition, d/b/a HOPE Clinic, Houston, TX for a health initiative, including facilities and equipment.	1,000,000	Garcia (TX)

Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Asian American Health Coalition, d/b/a HOPE Clinic, Houston, TX for facilities and equipment.	2,000,000	Green, Al (TX)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Atlantic Health System, Morristown, NJ for facilities and equipment at Atlantic Health System - Newton Medical Center.	750,000	Gottheimer
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Aurora Community Mental Health Center, Aurora, CO for facilities and equipment ..	1,000,000	Crow
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Autism New Jersey, Robbinsville, NJ for facilities and equipment and purchase of information technology.	200,000	Smith (NJ)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Avenidas, Palo Alto, CA for facilities and equipment for the Avenidas Rose Kleiner Center.	150,000	Eshoo
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Ballad Health, Johnson City, TN for facilities	450,000	Griffith
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	BANJ Health Center Inc., Compton, CA for a health initiative	50,000	Nanette Diaz Barragan
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Baptist Health Hardin, Elizabethtown, KY for facilities and equipment	300,000	Guthrie
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Battle Ground Healthcare, Battle Ground, WA for facilities and equipment	320,000	Herrera Beutler
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Bay Area Community Health, Fremont, CA for an electronic health records initiative	1,000,000	Lofgren
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Baylor College of Medicine, Houston, TX for facilities and equipment	1,100,000	Garcia (TX)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Beach Cities Health District, Redondo Beach, CA for facilities and equipment for the Youth Wellness Center.	1,000,000	Lieu
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Benton County, Kennewick, WA for facilities	2,000,000	Newhouse
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Bethel School District #403, Spanaway, WA for facilities and equipment for the School-Based Health Clinic at Graham-Kopowsin High School.	2,000,000	Schrier
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Bexar County Hospital District d/b/a University Health, San Antonio, TX for a health initiative.	300,000	Castro (TX)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Blood Bank of Hawaii, Honolulu, HI for facilities and equipment	2,000,000	Case
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Bluefield State College, Bluefield, WV for facilities	300,000	Miller (WV)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Board of Trustees of the University of Illinois, Urbana, IL for facilities	2,000,000	Kinzinger
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Bon Secours Mercy Health Inc., Cincinnati, OH for facilities and equipment	1,000,000	Ryan
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Bowling Green-Warren County Community Hospital Corporation dba The Medical Center at Caverna, Horse Cave, KY for facilities and equipment.	250,000	Guthrie

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding Items]

Agency	Account	Project	Amount	House Requestor
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Brooklyn Communities Collaborative, Inc., Brooklyn, NY for a telehealth and electronic medical records initiative.	875,000	Jeffries; Clarke
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Brooklyn Hospital Center, Brooklyn, NY for facilities and equipment	2,000,000	Jeffries
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Broward Community and Family Health Centers, Inc., Hollywood, FL for facilities and equipment.	225,000	Wilson (FL)
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Brownsville Community Development Corporation dba BMS Family Health and Wellness Centers, Brooklyn, NY for facilities and equipment.	1,000,000	Clarke (NY)
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Bucks County Department of Mental Health: Developmental Programs, Doylestown, PA for facilities.	500,000	Fitzpatrick
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Burre Dental Center, Arcata, CA for facilities and equipment	1,000,000	Huffman
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	C.W. Williams Community Health Center, Charlotte, NC for facilities and equipment.	1,150,000	Adams
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	California State University, Dominguez Hills, Carson, CA for facilities and equipment and an electronic medical records initiative.	700,000	Nanette Diaz Barragan
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Camino Community Development Corp., Charlotte, NC for facilities and equipment and an electronic health records initiative.	200,000	Adams
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Cape Cod Healthcare, Hyannis, MA for an electronic health records initiative	1,500,000	Keating
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Capital Health System, Inc., Trenton, NJ for purchase of equipment	550,000	Watson Coleman
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Capstone Rural Health Center, Parrish, AL for facilities	725,000	Aderholt
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Care Plus Bergen Inc. DBA Bergen New Bridge Medical Center, Paramus, NJ for facilities and equipment.	2,000,000	Gottheimer
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	CareSTL Health, Saint Louis, MO for facilities and equipment	1,000,000	Bush
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Caridad Center, Inc., Boynton Beach, FL for facilities and equipment	1,150,000	Frankel, Lois
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Cedars-Sinai, Los Angeles, CA for facilities and equipment	1,000,000	Lieu
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Center for African American Health, Denver, CO for facilities and equipment	1,000,000	DeGette

Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Central Michigan University College of Medicine, Mount Pleasant, MI for tele-psychiatry services, equipment, and associated information technology.	370,000	Moolenaar
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Centre Volunteers in Medicine, State College, PA for facilities and equipment	1,065,000	Thompson (PA)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Centro De Salud Familiar La Fe, Inc., El Paso, TX for facilities and equipment	925,000	Escobar
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Centro Las Americas, Inc., Worcester, MA for a telehealth and electronic health records initiative, including the purchase of equipment.	975,000	McGovern
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Chestnut Health Systems, Bloomington, IL for facilities and equipment	430,000	Davis, Rodney
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Child Focus, Inc., Cincinnati, OH for facilities and equipment	1,000,000	Wenstrup
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Children's Health System of Texas, Dallas, TX for facilities and equipment	850,000	Allred, Yeasey
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Children's Hospital Colorado, Anschutz Medical Campus, Aurora, CO for a health training initiative.	500,000	Crow
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Children's Hospital Los Angeles, Los Angeles, CA for equipment	550,000	Garcia (CA)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Children's Hospital Los Angeles, Los Angeles, CA for purchase of equipment	1,600,000	Schiff
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Children's Hospital of Wisconsin, Inc., Wauwatosa, WI for equipment	400,000	Fitzgerald
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Children's National Hospital, Washington, DC for facilities and equipment	2,000,000	Norton
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Chiricahua Community Health Centers, Inc., Douglas, AZ for facilities and equipment.	625,000	Kirkpatrick
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Christian Community Health Center, Chicago, IL for purchase of equipment	20,000	Rush
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Church Health Center of Memphis, Memphis, TN for facilities and equipment	350,000	Cohen
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	City of Auburn, WA for facilities and equipment for the Auburn Consolidated Resource Center.	500,000	Schrier
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	City of Baltimore, MD for facilities and equipment and a telehealth initiative	2,325,000	Ruppersberger; Sarbanes
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	City of Brooklyn Center, MN for a health initiative	100,000	Onar
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	City of Hope Duarte Medical Center, Duarte, CA for purchase of equipment	450,000	Napolitano
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	City of Hope National Medical Center, Duarte, CA for equipment	700,000	Calvert

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding Items]

Agency	Account	Project	Amount	House Requestor
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	City of Hope National Medical Center, Duarte, CA for equipment	1,200,000	Garcia (CA)
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	City of Houston Fire Department, Houston, TX for facilities and equipment	450,000	Fletcher, Green
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	City of Houston Health Department, Houston, TX for facilities and equipment	900,000	Green, Al (TX); Fletcher
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	City of Long Branch, NJ for facilities and equipment for the City of Long Branch Health Department.	2,000,000	Pallone
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	City of Morgantown, WV for facilities and equipment	100,000	McKinley
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	City of Mount Sterling, KY for facilities and equipment	1,000,000	Barr
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	City of Rochester Department of Recreation and Human Services, Rochester, NY for facilities and equipment.	225,000	Morelle
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	City of West Wendover, NV for facilities and equipment	320,000	Anodei
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Clinica Amistad, Tucson, AZ for a telehealth initiative and purchase of equipment	185,000	Raul M. Grijalva
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Clinicas de Salud del Pueblo, El Centro, CA for facilities and equipment	1,000,000	Ruiz
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Colorado Coalition for the Homeless, Denver, CO for facilities and equipment	2,000,000	DeGette
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Columbus Neighborhood Health Center, Inc., dba PrimaryOne Health (PIH), Columbus, OH for facilities and equipment.	500,000	Beatty
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Commonwealth Healthcare Corporation, Sapien, MP for facilities and equipment ..	1,200,000	Sablan
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	CommuniCare Health Centers, Davis, CA for facilities and equipment	400,000	Garamendi
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Community College District 502 - College of DuPage, Glen Elyn, IL for purchase of equipment.	500,000	Casten
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Community Health Access Network, Newmarket, NH for an electronic medical records initiative.	700,000	Pappas
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Community Health Centers of Pinellas, Inc., Clearwater, FL for facilities and equipment.	2,000,000	Bilirakis

Department of Health & Human Services	Health Resources and Services Administration—Program Management	Compass Health, Everett, WA for facilities and equipment	2,000,000	Larsen (WA)
Department of Health & Human Services	Health Resources and Services Administration—Program Management	ComWell, Red Bud, IL for rural mental health and psychiatric care	250,000	Bost
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Contra Costa Regional Medical Center, Martinez, CA for a health training and electronic health records initiative.	900,000	Thompson (CA); DeSautinier
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Cooper University Health Care, Camden, NJ for facilities and equipment	500,000	Norcross
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Comerstone Care, Inc., Greensboro, PA for facilities and equipment for a facility in Clairton, PA.	1,500,000	Doyle, Michael F.
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Comerstone Services, Inc., Joliet, IL for facilities and equipment	1,050,000	Foster
Department of Health & Human Services	Health Resources and Services Administration—Program Management	County of Alameda, Oakland, CA for facilities and equipment for the West Oakland Health Council.	1,250,000	Lee (CA)
Department of Health & Human Services	Health Resources and Services Administration—Program Management	County of Benton, Convals, OR for facilities and equipment for the Benton County Crisis Respite Center.	1,000,000	DeFazio
Department of Health & Human Services	Health Resources and Services Administration—Program Management	County of Clear Creek, Georgetown, CO for facilities and equipment for the Clear Creek County Collaborative Care Center.	1,000,000	Neguse
Department of Health & Human Services	Health Resources and Services Administration—Program Management	County of Contra Costa Health Services Department, Behavioral Health Division, Martinez, CA for facilities and equipment.	1,000,000	DeSautinier
Department of Health & Human Services	Health Resources and Services Administration—Program Management	County of Fairfax, Fairfax, VA for facilities and equipment for the Merrifield Crisis Response Center.	2,000,000	Connolly
Department of Health & Human Services	Health Resources and Services Administration—Program Management	County of Fairfax, VA for a health information technology initiative, including purchase of equipment.	375,000	Wexton
Department of Health & Human Services	Health Resources and Services Administration—Program Management	County of Fairfax, VA for a health IT initiative	800,000	Beyer
Department of Health & Human Services	Health Resources and Services Administration—Program Management	County of Franklin, Columbus, OH for facilities and equipment for the Franklin County Mental Health and Addiction Crisis Center.	500,000	Beatty
Department of Health & Human Services	Health Resources and Services Administration—Program Management	County of Henrico, Henrico, VA for facilities and equipment	1,000,000	Spanberger
Department of Health & Human Services	Health Resources and Services Administration—Program Management	County of Lane, Eugene, OR for facilities and equipment for a rural community health clinic in Cottage Grove, OR.	1,500,000	DeFazio
Department of Health & Human Services	Health Resources and Services Administration—Program Management	County of Orange, Orlando, FL for a health workforce initiative	300,000	Murphy (FL)
Department of Health & Human Services	Health Resources and Services Administration—Program Management	County of Orange, Santa Ana, CA for facilities	2,000,000	Kim (CA)
Department of Health & Human Services	Health Resources and Services Administration—Program Management	County of Prince George's Department of Health, Largo, MD, for a telehealth initiative, including purchase of equipment.	4,000,000	Hoyer; Brown
Department of Health & Human Services	Health Resources and Services Administration—Program Management	County of Prince William, Prince William, VA for a health initiative	800,000	Connolly

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding Items]

Agency	Account	Project	Amount	House Requestor
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	County of Santa Barbara, Santa Barbara, CA for facilities and equipment for the Lompoc Health Clinic.	900,000	Carbajal
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	County of Santa Clara, San Jose, CA for a health workforce initiative	1,000,000	Khanna
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	County of Wayne, Honesdale, PA for facilities and equipment	2,000,000	Cartwright
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Dallas County Hospital District d/b/a Parkland Health & Hospital System, Dallas, TX for facilities and equipment.	275,000	Johnson (TX)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Day Kimball Hospital, Putnam, CT for facilities and equipment	550,000	Courtney
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Delaware Division of Libraries, Dover, DE for a telehealth initiative, including the purchase of equipment.	275,000	Blunt Rochester
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Delaware-Morrow Mental Health & Recovery Services Board, Delaware, OH for facilities.	750,000	Balderson
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Denver Health and Hospital Authority, Denver, CO for facilities and equipment	1,200,000	DeGette
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Dientes Community Dental Care, Santa Cruz, CA for facilities and equipment	1,050,000	Panetta
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Dimock Community Health Center, Inc. d/b/a The Dimock Center, Roxbury, MA for facilities and equipment.	1,000,000	Pressley
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Doylestown Health Foundation, Doylestown, PA for equipment and associated information technology.	100,000	Fitzpatrick
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	East Los Angeles College, Monterey Park, CA for a health workforce initiative, including facilities and equipment.	925,000	Nanette Diaz Barragan
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Easterseals Midwest, St. Louis, MO for equipment, information technology, and support services.	200,000	Long
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Easterseals of Southwest Florida, Sarasota, FL for facilities	2,000,000	Buchanan
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Edward M. Kennedy Community Health Center, Inc., Worcester, MA for an interpreter services program.	1,000,000	Clark (MA)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	El Centro de Carazon, Houston, TX for facilities and equipment	225,000	Garcia (TX)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	El Paso County Hospital District/University Medical Center of El Paso, El Paso, TX for purchase of equipment.	1,200,000	Escobar

Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	El Proyecto del Barrio, Inc., Winnetka, CA for facilities and equipment	1,000,000	Sherman
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	El Rio Santa Cruz Neighborhood Health Care, Inc., Tucson, AZ for facilities and equipment	145,000	Kirkpatrick
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Equitas Health, Columbus, OH for purchase of equipment	150,000	Beatty
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Erie County Health Department, Sandusky, OH for facilities and equipment	2,000,000	Kaptur
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Erie Neighborhood House, Chicago, IL for facilities and equipment	2,000,000	Jesus G. "Chuy" Garcia
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Erlanger Health System, Chattanooga, TN for facilities and equipment	2,000,000	Fleischmann
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	EveryMind, Rockville, MD for telehealth	325,000	Trone
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Excelsa Health, Greensburg, PA for equipment	125,000	Joyce (PA)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Excelsa Health, Greensburg, PA for equipment	650,000	Reschenthaler
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Families Flourish Northeast, Lebanon, NH for facilities and equipment	500,000	Kuster
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Family Services, Inc., Poughkeepsie, NY for facilities and equipment	1,200,000	Maloney, Sean
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Ferd & Gladys Alpert Jewish Family & Children's Service, West Palm Beach, FL for an electronic health records initiative	325,000	Frankel, Lois
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Flanner House of Indianapolis, Inc., Indianapolis, IN for facilities and equipment ..	250,000	Andre Carson
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Floating Hospital, Inc., Long Island City, NY for facilities and equipment	925,000	Maloney, Carolyn B.
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Florida International University, Miami, FL for facilities and equipment	2,000,000	Wasserman Schultz
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Flushing Hospital and Medical Center, Flushing, NY for facilities and equipment ..	750,000	Meng
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Free Clinic of Meridian Inc., Meridian, MS for facilities and equipment	315,000	Guest
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Fresno City College, Fresno, CA for a health workforce initiative	475,000	Costa
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Friend Family Health Center, Chicago, IL for facilities and equipment	250,000	Rush
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Gardner Family Health Network, Inc., San Jose, CA for facilities and equipment	900,000	Lofgren

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding Items]

Agency	Account	Project	Amount	House Requestor
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Gateway Community Health Center, Inc., Laredo, TX for facilities and equipment ...	2,000,000	Cuellar
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Gavin Foundation, Inc., South Boston, MA for facilities and equipment	1,000,000	Lynch
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	George Mason University, Fairfax, VA for a health workforce initiative	1,150,000	Connolly
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Glenbrook High School District 225, Glenview, IL for facilities and equipment	250,000	Schakowsky
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	God's Love We Deliver, Inc., New York, NY for a health initiative	775,000	Nadler
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	GoochlandCares Inc., Goochland, VA for facilities and equipment	15,000	Spanberger
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Grandview Foundation, Dayton, OH for facilities	1,250,000	Turner
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Great Lakes Recovery Centers, Ishpeming, MI for facilities and equipment	680,000	Bergman
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Greater Bergen Community Action, Inc., Garfield, NJ for facilities and equipment ...	1,500,000	Pasrell
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Greater Lawrence Family Health Center, Methuen, MA for facilities and equipment	2,000,000	Trahan
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Greater New Bedford Community Health Center, New Bedford, MA for facilities and equipment.	2,000,000	Keating
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Green County Human Services, Aging & Disability Resource Center, Monroe, WI for a rural health initiative, including the purchase of equipment.	200,000	Pocan
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	H. Lee Moffitt Cancer Center and Research Institute, Inc., Tampa, FL for purchase of equipment.	2,000,000	Castor (FL)
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Habilitative Systems, Inc., Chicago, IL for facilities and equipment and for an electronic health records initiative.	500,000	Davis, Danny K.
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Hackensack Meridian Health, Edison, NJ for purchase of equipment	775,000	Gottheimer
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Hackensack Meridian School of Medicine, Nutley, NJ for facilities and equipment ...	775,000	Pasrell
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Hana Health, Hana, HI for facilities and equipment	1,000,000	Kahele

Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Harbor Community Health Centers, San Pedro, CA for facilities and equipment	1,000,000	Nanette Diaz Barragan
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Harbor Hospital, Inc., Baltimore, MD for a telehealth initiative, including the purchase of equipment.	875,000	Ruppersberger
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Harry E. Davis Partnership for Children's Oral Health, Yarmouth, ME for a telehealth initiative.	650,000	Pingree
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Health Care Coalition of Rural Missouri, Lexington, MO for facilities and equipment	2,000,000	Cleaver
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	HealthPoint, Renton, WA for facilities and equipment, including telehealth equipment.	350,000	Smith (WA)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Hennepin Healthcare System, Inc., Minneapolis, MN for facilities and equipment ...	2,000,000	Onar
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Henry Ford Health System Wyandotte Hospital, Detroit, MI for facilities and equipment, including telehealth equipment.	900,000	Dingell
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Henry Ford West Bloomfield Hospital, West Bloomfield, MI for purchase of equipment.	1,150,000	Lawrence
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Henry Mayo Newhall Hospital, Valencia, CA for equipment	610,000	Garcia (CA)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Hepatitis B Foundation, Doylestown, PA for public health programming	475,000	Fitzpatrick
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Hill Country Mental Health and Developmental Disabilities Centers, Kerrville, TX for facilities and equipment.	2,000,000	Gonzales, Tony
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Hill Hospital, York, AL for facilities and equipment	575,000	Sewell
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Hurley Medical Center, Flint, MI for purchase of equipment	1,450,000	Kildee
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Illinois College of Optometry, Chicago, IL for facilities and equipment	300,000	Rush
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Independence Health & Therapy, Woodstock, IL for an electronic medical records initiative.	60,000	Underwood
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Ironbound Community Health Center, Newark, NJ for purchase of equipment	550,000	Sires
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	It Takes Philly, Inc. d/b/a/ Black Doctors COVID19 Consortium, Jenkintown, PA for facilities and equipment.	2,000,000	Boyle, Brendan F.
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Jackson County School District, Marianna, FL for facilities	85,000	Dum
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Jamaica Hospital Medical Center, Richmond Hill, NY for facilities and equipment ..	1,500,000	Meeks
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Jessie Trice Community Health Systems Inc., Miami, FL for facilities and equipment.	400,000	Wilson (FL)

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding Items]

Agency	Account	Project	Amount	House Requestor
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Joseph P. Addabbo Family Health Center, Inc., Arverne, NY for facilities and equipment.	1,500,000	Meeks
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	JWCH Institute, Inc., Bell Gardens, CA for purchase of equipment	300,000	Roybal-Allard
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Kids First Health Care, Commerce City, CO for facilities and equipment	800,000	Perlmutter
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	K?ua Kaili Valley Comprehensive Family Services, Honolulu, HI for facilities and equipment.	1,050,000	Case
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	La Clinica Tepeyac, Inc., Denver, CO for facilities and equipment	2,000,000	DeGette
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Lake County Health Department & Community Health Center, Waukegan, IL for facilities and equipment.	1,000,000	Schneider
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Lakewood Community Services Corporation, Lakewood, NJ for facilities	400,000	Smith (NJ)
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Lebanon Valley College, Annville, PA for facilities	1,000,000	Meuser
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Legacy Community Health, Houston, TX for a health initiative	20,000	Green, Al (TX)
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	LGBT Life Center, Norfolk, VA for facilities and equipment	1,800,000	Scott (VA)
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Linda Crnic Institute for Down Syndrome, Aurora, CO for purchase of equipment ...	950,000	Crow
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Lions Eye Institute for Transplant and Research Foundation Inc., Tampa, FL for facilities and equipment.	2,000,000	Crist
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Loma Linda University Health, Loma Linda, CA for facilities and equipment	1,000,000	Ruiz
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Loma Linda University Medical Center—Murrieta, Murrieta, CA for equipment	600,000	Calvert
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Long Island FQHC, Inc., Westbury, NY for facilities and equipment	2,000,000	Meeks
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Long Island FQHC, Inc., Westbury, NY for facilities and equipment	1,000,000	Rice (NY)
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Loretto Health and Rehabilitation Center, Syracuse, NY for the purchase of equipment and software for a medical records system.	260,000	Katko

Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Los Angeles LGBT Center, Los Angeles, CA for facilities and equipment	775,000	Schiff
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Louisiana State University Health New Orleans, New Orleans, LA for the purchase of equipment.	2,000,000	Troy A. Carter
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Main St. Missions, Doylestown, PA for facilities	200,000	Fitzpatrick
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Manet Community Health Center, Quincy, MA for facilities and equipment	500,000	Auchincloss
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Martin Luther King, Jr. Family Clinic, Dallas, TX for a health workforce training initiative, including equipment and technology.	100,000	Johnson (TX)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Mary Bird Perkins Cancer Center, Baton Rouge, LA for equipment	775,000	Graves (LA)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Maverick County Hospital District, Eagle Pass, TX for information technology and telehealth services.	500,000	Gonzales, Tony
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	McLaren Northern Michigan, Petoskey, MI for facilities and equipment	500,000	Bergman
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	McLaren Oakland Hospital, Pontiac, MI for purchase of equipment	400,000	Lawrence
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	MedStar Southern Maryland Hospital Center, Clinton, MD for facilities and equipment.	925,000	Hoyer
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	MedStar Washington Hospital Center, Washington, DC for facilities and equipment and an electronic medical records initiative.	800,000	Norton
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Meharry Medical College, Nashville, TN for curriculum and degree program development.	1,000,000	Cooper
Department of Education	Higher Education	Memorial Hospital at Gulfport Foundation, Inc., Gulfport, MS for facilities and equipment.	2,000,000	Palazzo
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	MemorialCare Health System, Long Beach, CA for facilities and equipment and an electronic health records initiative.	575,000	Lowenthal
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Mental Health Care, Inc., Tampa, FL for facilities and equipment for the Mariposa Women's Neuropsychiatric Hospital.	2,000,000	Castor (FL)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Methodist Health Services Corporation, Peoria, IL for facilities	2,000,000	LaHood
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Metropolitan Family Health Network, Inc., Jersey City, NJ for facilities and equipment.	800,000	Payne
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Miami SCI Wellness Inc., Miami, FL for equipment	440,000	Gimenez
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Milikin University, Decatur, IL for facilities and equipment	2,000,000	Davis, Rodney
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Minnesota State College Southeast, Red Wing, MN for facilities and equipment	825,000	Craig

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding Items]

Agency	Account	Project	Amount	House Requestor
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Mississippi State University, Mississippi State, MS for facilities and equipment	1,000,000	Guest
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Missouri Valley College, Marshall, MO for facilities and equipment	2,000,000	Cleaver
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Monongahela Valley Hospital Foundation, Monongahela, PA for facilities	455,000	Rescenthaler
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Montefiore Medical Center, Bronx, NY for facilities and equipment, including telehealth equipment.	3,350,000	Espalliat, Torres
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Montefiore St. Luke's Cornwall, Cornwall, NY for facilities and equipment	2,000,000	Maloney, Sean
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Mount St. Mary's Hospital of Niagara Falls, Lewiston, NY for facilities and equipment.	2,000,000	Jacobs (NY)
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Muslim Community Center, Inc., Silver Spring, MD for facilities and equipment	250,000	Sarbanes, Raskin
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	National Alliance on Mental Illness, Ohio Chapter, Toledo, OH, for facilities and equipment.	2,000,000	Kaptur
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Nemours Foundation, Jacksonville, FL for equipment and information technology	105,000	Rutherford
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Nevada State College, Henderson, NV for facilities and equipment	35,000	Lee (NV)
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	New Alternatives for Children, Inc., New York, NY for purchase of equipment, including telehealth equipment.	500,000	Maloney, Carolyn B.
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	New York City Health + Hospitals/Elmhurst, Queens, NY for facilities and equipment.	800,000	Meng
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	New York City Health + Hospitals/Elmhurst, Queens, NY for facilities and equipment.	3,000,000	Meng; Ocasio-Cortez
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	New York City Health + Hospitals/Queens Hospital, Jamaica, NY for facilities and equipment.	1,000,000	Meng
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	New York Community Hospital of Brooklyn, Inc., Brooklyn, NY for facilities and equipment.	975,000	Clarke (NY)
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Newark Community Health Centers, Inc., Newark, NJ for facilities and equipment	760,000	Payne
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Newark-Wayne Community Hospital, Newark, NY for equipment	180,000	Katko

Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Night Ministry, Chicago, IL for facilities and equipment	275,000	Quigley
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Norman Regional Hospital Authority, Norman, OK for facilities and equipment	650,000	Cole
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	North Country Community College, Saranac Lake, NY for facilities and equipment	1,000,000	Stefanik
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	North Oakland County Fire Authority, Holly, MI for purchase of equipment	500,000	Slotkin
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	North Shore Community College, Danvers, MA for facilities and equipment	900,000	Moulton
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	North Shore Community Health, Salem, MA for facilities and equipment	1,000,000	Moulton
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Northern Dutchess Hospital / Nuvance Health, Rhinebeck, NY for facilities and equipment	300,000	Delgado
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Northern Nye County Hospital District, Tonopah, NV for facilities and equipment	2,000,000	Horsford
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Northwell Health, New Hyde Park, NY for facilities and equipment	2,000,000	Suozzi
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Nursing Care Quality Assurance Commission, Tumwater, WA for a health workforce training program	1,000,000	Newhouse
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	NYC Health + Hospitals/Coney Island, Brooklyn, NY for equipment	2,000,000	Malliotakis
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Oakland LGBTQ Community Center, Oakland, CA for facilities and equipment	350,000	Lee (CA)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Oklahoma Medical Research Foundation, Oklahoma City, OK for facilities and equipment	835,000	Cole, Bice
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Oklahoma State University Center for Health Sciences, Tulsa, OK for facilities	2,000,000	Lucas
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Olivet Nazarene University, Bourbonnais, IL for facilities and equipment	90,000	Kelly (IL)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	One Brooklyn Health System, Inc., Brooklyn, NY for an electronic health records initiative	425,000	Clarke (NY)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	One Brooklyn Health System, Inc., Brooklyn, NY for purchase of equipment	1,000,000	Jeffres
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Oregon Health & Science University Northwest Native American Center of Excellence, Portland, OR for a health workforce initiative	800,000	Blumenauer
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	OSF St. Joseph Medical Center, Bloomington, IL for facilities and equipment	700,000	LaHood
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Outer Cape Health Services, Harwich Port, MA for facilities and equipment	250,000	Keating

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[Community Project Funding Items]

Agency	Account	Project	Amount	House Requestor
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Pace Center For Girls Inc., Jacksonville, FL for a telehealth initiative, including the purchase of equipment.	500,000	Wasserman Schultz
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Pace Center for Girls, Inc., Jacksonville, FL for facilities	2,000,000	Buchanan
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Palm Beach State College, Lake Worth, FL for facilities and equipment	700,000	Frankel, Lois
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Palo Verde Hospital District, Blythe, CA, for purchase of equipment	350,000	Ruiz
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Pascua Yaqui Tribe, Tucson, AZ for facilities and equipment	900,000	Raul M. Grijalva
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Patrick County Economic Development Authority, Stuart, VA for equipment	600,000	Griffith
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Penn State Health St. Joseph Medical Center, Reading, PA, for a rural health initiative, including the purchase of equipment.	500,000	Houlahan
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Pennsylvania Organization for Women in Recovery, Pittsburgh, PA for facilities and equipment.	1,500,000	Doyle, Michael F.
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	People Coordinated Services of Southern California, Inc., Los Angeles, CA for facilities and equipment.	600,000	Bass
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Petaluma Health Center, Inc., Petaluma, CA for facilities and equipment	1,000,000	Thompson (CA)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Petaluma Health Center, Petaluma, CA for facilities and equipment	1,600,000	Huffman
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Phoebe Putney Health System, Inc., Albany, GA for facilities and equipment	1,000,000	Bishop (GA)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Piatt County Nursing Home, Monticello, IL for facilities and equipment	215,000	Davis, Rodney
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Pierce Center for Arts & Technology, Tacoma, WA for facilities and equipment	450,000	Strickland
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Pikeville Medical Center, Inc., Pikeville, KY for facilities and equipment	675,000	Rogers (KY)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Planned Parenthood Mar Monte, San Jose, CA for facilities and equipment	1,000,000	Lofgren
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Planned Parenthood Mar Monte, San Jose, CA for facilities and equipment	1,000,000	Lofgren

Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Pomona Community Health Center dba ParkTree Community Health Center, Pomona, CA for facilities and equipment.	775,000	Torres (CA)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Potomac Valley Hospital, Keyser, WV for facilities and equipment	750,000	McKinley
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Preston Memorial Hospital, Kingwood, WV for facilities and equipment	580,000	McKinley
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Primary Health Care, Inc., Des Moines, IA for facilities and equipment	100,000	Avne
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Primary Health Care, Inc., Des Moines, IA for facilities and equipment	200,000	Hinson
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Providence Milwaukie Hospital , Milwaukie, OR for facilities and equipment	800,000	Schrader
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Puerto Rican Organization to Motivate, Enlighten, and Serve Addicts, Inc., Bronx, NY for facilities and equipment.	825,000	Torres (NY)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Queens College, The City of New York, Flushing, NY for facilities and equipment	1,850,000	Meng
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Refuah Health Center, Inc., Spring Valley, NY for facilities and equipment	2,000,000	Jones
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Regents of the University of California, Los Angeles, CA for the purchase of equipment, including telehealth equipment.	600,000	Lieu
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Regents of the University of Washington, Seattle, WA for purchase of equipment	550,000	Jayapal
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Regional One Health, Memphis, TN for purchase of equipment	1,000,000	Cohen
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Research Institute at Nationwide Children's Hospital, Columbus, OH for purchase of equipment.	500,000	Beatty
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Richmond Medical Center of Staten Island , Staten Island, NY for facilities and equipment.	1,815,000	Malliotakis
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	RIDOH Division of State Laboratories and Medical Examiners, Providence, RI for purchase of equipment.	900,000	Langevin
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Rochester General Hospital, Rochester, NY for a health workforce initiative	1,000,000	Morelle
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Rockland County Pride Center, Nyack, NY, for facilities and equipment	1,500,000	Jones
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Roosevelt Special Hospital, Portales, NM for facilities and equipment	600,000	Leger Fernandez
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Rosalynn Carter Institute for Caregivers, Americus, GA for purchase of equipment	1,100,000	Bishop (GA)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Roswell Park Comprehensive Cancer Center, Buffalo, NY for purchase of equipment.	1,500,000	Higgins (NY)

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding Items]

Agency	Account	Project	Amount	House Requestor
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Rowan University/Rutgers-Camden Board of Governors, Camden, NJ for facilities and equipment.	500,000	Norcross
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	SAC Health System, San Bernardino, CA for purchase of equipment	375,000	Aguilar
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Saint Francis University School of Health Sciences and Education, Loretto, PA for facilities.	500,000	Thompson (PA)
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Saint Joseph's Health, Paterson, NJ for facilities and equipment	1,000,000	Pascrell
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Saint Louis University, Saint Louis, MO for facilities and equipment	500,000	Bush
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	San Antonio College, San Antonio, TX for facilities and equipment	1,050,000	Doggett
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	San Francisco Community Clinic Consortium, San Francisco, CA for facilities and equipment, including an electronic medical records initiative.	1,000,000	Pelosi
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	San Juan College, Farmington, NM for facilities and equipment	1,100,000	Leger Fernandez
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	San Juan County, Monticello, UT for cancer screening	520,000	Curtis
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Savio House, Denver, CO for facilities and equipment	300,000	Perlmutter
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Schenectady Family Health Services, Inc., D/B/A Hometown Health Centers, Schenectady, NY for facilities and equipment.	750,000	Tonko
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Sharon Hospital, Sharon, CT for facilities and equipment, including telehealth equipment.	400,000	Hayes
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Shasta Community Health Center, Redding, CA for facilities, equipment, and information technology.	750,000	LaMalfa
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Sixth Street Community Health Center, Milwaukee, WI for facilities and equipment	1,250,000	Moore (WI)
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Snohomish Health District, Everett, WA for a telehealth and electronic health records initiative, including purchase of equipment.	250,000	DeBene
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Spectrum Health Lakeland, St. Joseph, MI for facilities and equipment, including information technology.	505,000	Upton
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Spokane County, Spokane, WA for equipment	1,125,000	Rodgers (WA)

Department of Health & Human Services	Health Resources and Services Administration—Program Management	St. Barnabas Hospital, Bronx, NY for facilities and equipment	1,350,000	Torres (NY)
Department of Health & Human Services	Health Resources and Services Administration—Program Management	St. John's Episcopal Hospital, Far Rockaway, NY for facilities and equipment for the Behavioral Health Equity Renovation Project.	2,000,000	Meeks
Department of Health & Human Services	Health Resources and Services Administration—Program Management	St. John's Episcopal Hospital, Far Rockaway, NY for facilities and equipment for the Women and Newborns Health Equity Renovation Project.	2,000,000	Meeks
Department of Health & Human Services	Health Resources and Services Administration—Program Management	St. John's University, Jamaica, NY for facilities and equipment	1,250,000	Meeks
Department of Health & Human Services	Health Resources and Services Administration—Program Management	St. Louis Center for Exceptional Children and Adults, Chelsea, MI for facilities and equipment.	500,000	Walberg
Department of Health & Human Services	Health Resources and Services Administration—Program Management	St. Luke's Hospital, New Bedford, MA for facilities and equipment	975,000	Keating
Department of Health & Human Services	Health Resources and Services Administration—Program Management	St. Luke's Quakertown Hospital, Quakertown, PA for facilities	400,000	Fitzpatrick
Department of Health & Human Services	Health Resources and Services Administration—Program Management	St. Mary's University of San Antonio, San Antonio, TX for facilities and equipment	875,000	Castro (TX)
Department of Health & Human Services	Health Resources and Services Administration—Program Management	St. Tammany Parish Hospital Service District No. 1, d/b/a St. Tammany Health System, Covington, LA for equipment.	1,000,000	Scalise
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Stamlaus County Behavioral Health and Recovery Services, Modesto, CA for facilities and equipment.	2,000,000	Harder (CA)
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Staten Island University Hospital, Staten Island, NY for facilities and equipment	2,000,000	Malliotakis
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Stepping Stones Inc., Joliet, IL for facilities and equipment	2,000,000	Foster
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Stillman College, Tuscaloosa, AL to support biomedical research activities, including equipment.	800,000	Sewell
Department of Health & Human Services	Health Resources and Services Administration—Program Management	STOP Inc., Virginia Beach, VA for a telehealth initiative, including purchase of equipment.	250,000	Scott (VA)
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Summa Health, Akron, OH for facilities and equipment	1,000,000	Ryan
Department of Health & Human Services	Health Resources and Services Administration—Program Management	SUNY Downstate Health Sciences University, Brooklyn, NY for facilities and equipment.	1,925,000	Clarke (NY)
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Terros, Inc.—DBA Terros Health, Phoenix, AZ for facilities and equipment for Terros Health - Stapley Health Center.	600,000	Stanton
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Terros, Inc. DBA Terros Health, Phoenix, AZ for facilities and equipment	900,000	Gallego
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Texas Southern University, Houston, TX for facilities and equipment	2,000,000	Jackson Lee
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Thresholds, Chicago, IL for facilities and equipment	1,000,000	Newman

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding Items]

Agency	Account	Project	Amount	House Requestor
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Tidalhealth Nanticoke, Seaford, DE for facilities and equipment	350,000	Blunt Rochester
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Tillamook Bay Community College Foundation, Tillamook, OR for a health workforce training initiative, including purchase of equipment	425,000	Schrader
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Touro University California, Vallejo, CA for facilities and equipment	1,000,000	Thompson (CA)
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Town of East Millinocket, ME for purchase of equipment for the East Millinocket Rural Ambulance Service	300,000	Golden
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Town of Randolph, WA for facilities and equipment at Randolph High School	1,000,000	Pressley
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Truman Medical Center Inc., Kansas City, MO for facilities and equipment	2,000,000	Cleaver
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Tulane University, New Orleans, LA for facilities and equipment	1,000,000	Troy A. Carter
Department of Health & Human Services	Health Resources and Services Administration—Program Management	United Way of Tarrant County, TX for a health initiative	25,000	Yeasey
Department of Health & Human Services	Health Resources and Services Administration—Program Management	United Way of the Crossroads, Victoria, TX for a rural health initiative	40,000	Vela
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Unity Care Northwest, Bellingham, WA for facilities and equipment	2,000,000	Larsen (WA)
Department of Health & Human Services	Health Resources and Services Administration—Program Management	Universal Community Health Center, Los Angeles, CA for facilities and equipment	300,000	Roybal-Allard
Department of Health & Human Services	Health Resources and Services Administration—Program Management	University at Albany, Albany, NY for purchase of equipment	1,000,000	Tonko
Department of Health & Human Services	Health Resources and Services Administration—Program Management	University Health System, Inc., Knoxville, TN for facilities	2,000,000	Burchett
Department of Health & Human Services	Health Resources and Services Administration—Program Management	University Health System, Inc., Knoxville, TN for facilities and equipment	2,000,000	Rose
Department of Health & Human Services	Health Resources and Services Administration—Program Management	University Hospitals Health System, Inc., Shaker Heights, OH for facilities and equipment for the University Hospitals Portage Medical Center	1,000,000	Ryan
Department of Health & Human Services	Health Resources and Services Administration—Program Management	University of Alaska, Fairbanks, AK for facilities	2,000,000	Young
Department of Health & Human Services	Health Resources and Services Administration—Program Management	University of California San Diego, La Jolla, CA for a telehealth initiative, including purchase of equipment	950,000	Peters

Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	University of California San Francisco-Fresno, Fresno, CA for facilities and equipment.	475,000	Costa
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	University of California, Davis Health, Sacramento, CA for an electronic health record and telehealth initiative.	1,700,000	Matsui
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	University of California-Davis, Davis, CA for a health workforce initiative	1,000,000	Garamendi
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	University of Cincinnati Medical Center, Cincinnati, OH for facilities	4,000,000	Chabot; Wenstrup
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	University of Colorado Anschutz Medical Campus, Aurora, CO for a health workforce initiative.	1,000,000	Crow
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	University of Florida Health Jacksonville, Jacksonville, FL for facilities and equipment.	705,000	Rutherford
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	University of Hawaii System, Honolulu, HI for a rural health initiative	1,000,000	Case
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	University of Illinois - Chicago, College of Dentistry and Oral Health, Chicago, IL for facilities and equipment.	500,000	Jesus G. "Chuy" Garcia
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	University of Kansas Medical Center, Kansas City, KS for purchase of equipment for the Kansas University Cancer Center.	1,000,000	Dauids (KS)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	University of Massachusetts Boston, Boston, MA for facilities and equipment	1,350,000	Lynch
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	University of New Mexico Health Sciences Center, Albuquerque, NM for facilities and equipment.	1,500,000	Melanie Stansbury
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	University of Pittsburgh Medical Center Northwest, Seneca, PA for facilities and equipment.	100,000	Thompson (PA)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	University of Saint Francis - Crown Point Campus, Fort Wayne, IN for facilities and equipment.	225,000	Mhvan
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	University of Texas at Dallas, TX for facilities and equipment and a telehealth initiative.	850,000	Johnson (TX)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	University of Texas Southwestern Medical Center, Dallas, TX for facilities and equipment.	1,000,000	Allred
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	University of Texas Southwestern Medical Center, Dallas, TX for facilities and equipment.	800,000	Johnson (TX)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	University of Toledo Medical Center, Toledo, OH for facilities and equipment	500,000	Kaptur
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Urban Health Plan, Bronx, NY for facilities and equipment	500,000	Torres (NY)
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Urban Health Plan, Inc., Corona, NY for facilities and equipment, including telehealth equipment.	100,000	Ocasio-Cortez
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Veterans Transition House, New Bedford, MA for a telehealth and electronic medical records initiative, including the purchase of equipment.	375,000	Keating

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding Items]

Agency	Account	Project	Amount	House Requestor
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Via Care Community Health Center, Los Angeles, CA for facilities and equipment ..	150,000	Chu
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Village of Dwight, Dwight, IL for equipment	250,000	Kinzinger
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Vinland National Center, Loretto, MN for facilities	500,000	Emmer
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Virginia Garcia Memorial Health Center, Hillsboro, OR for facilities and equipment	2,000,000	Bonamici
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Visiting Nurse Association of Central Jersey Freehold Family Health Center, Freehold, NJ for facilities and equipment.	700,000	Smith (NJ)
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Visiting Nurse Association of Central Jersey Red Bank Primary Care Center, Red Bank, NJ for facilities and equipment.	400,000	Smith (NJ)
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Washington Hospital Foundation, Washington, PA for facilities and equipment	1,210,000	Reschenthaler
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	WEAVE INC., Sacramento, CA for facilities	275,000	Bera
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Wenatchee Valley College, Omak, WA for facilities	2,000,000	Newhouse
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	West Central Alabama Area Health Education Center, Demopolis, AL for a community health worker initiative and purchase of equipment.	300,000	Sewell
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Westchester Public/Private Membership Fund for Aging Services, Mount Vernon, NY for telehealth, including telehealth equipment.	375,000	Bowman
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Wheeling Health Right, Wheeling, WV for facilities and equipment	350,000	McKinley
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	White Memorial Medical Center, Los Angeles, CA for facilities and equipment	1,200,000	Gomez
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Will-Grundy Medical Clinic Inc., Joliet, IL for facilities and equipment	300,000	Foster
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	William F. Ryan Community Health Center, Inc., New York, NY for facilities and equipment.	2,000,000	Nadler
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	WINGS Program Inc., Rolling Meadows, IL for facilities and equipment	250,000	Krishnamoorthi
Department of Health & Human Services	Health Resources and Services Administration—Program Management.	Winters Health Foundation, Winters, CA for facilities and equipment	500,000	Garamendi

Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Wood River Health Services, Hope Valley, RI for facilities and equipment	1,000,000	Langevin
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Young Men's Christian Association of Greater Charlotte, Charlotte, NC for facilities and equipment.	2,000,000	Adams
Department of Health & Human Services.	Health Resources and Services Administration—Program Management.	Youthbuild Louisville , Louisville, KY for facilities and equipment	600,000	Yarmuth
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Access Community Health Network, Chicago, IL for behavioral health and supportive services.	140,000	Krishnamoorthi
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Adult & Teen Challenge USA, Ozark, MO for recovery support services, equipment, and technology.	475,000	Long
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	AdventHealth, Sanford, FL for substance use treatment and support services	400,000	Murphy (FL)
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	All Star Children's Foundation, Sarasota, FL for child welfare and trauma services program and associated support services.	1,500,000	Buchanan
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Arlington County Government, Arlington, VA for a mobile mental health crisis response team.	390,000	Bejer
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Ashley, Inc., Havre de Grace, MD for a substance use treatment program partnership to identify, implement, and broadly disseminate new forms of SUD treatment targeted to underserved populations.	525,000	Ruppersberger
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Assisted Recovery Centers of America, St. Louis, MO for mental health and substance use treatment and other wraparound services.	1,300,000	Bush
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Baltimore City Health Department, Baltimore, MD for a mobile unit providing clinical SUD treatment and other services.	475,000	Mfume
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Behavioral Health Network of Vermont Inc., Montpelier, VT for Wheels and Waves opiate use disorder treatment program.	1,150,000	Weich
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	BJC Healthcare, St. Louis, MO for behavioral health services for people experiencing homelessness.	800,000	Bush
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Capital Clubhouse Inc., Washington, DC for mental health and other support services.	210,000	Norton

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES—Continued
 [Community Project Funding Items]

Agency	Account	Project	Amount	House Requestor
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Cascade AIDS Project, Portland, OR for behavioral health services, including medication assisted treatment.	850,000	Blumenauer
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Champions In Service, Pacoima, CA for mental health and substance use disorder treatment and services.	200,000	Tony Cardenas
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Change the Outcome, Chanhassen, MN for substance use prevention and treatment services for youth and young adults.	375,000	Phillips
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Children's Fund, Inc., San Bernardino, CA for trauma-informed mental health care for children.	100,000	Aguilar
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Children's Health System of Texas, Dallas, TX for children's mental health services	900,000	Johnson (TX); Allred; Yeasey
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Children's Hospital of Orange County, Orange, CA for mental health treatment services and programs for children and families.	325,000	Correa
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Chinese-American Planning Council, New York, NY for mental health services, including outreach, education and other support services.	500,000	Nydia M. Velazquez
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	City of Augusta, ME for Project Recovery, to increase access to substance use treatment and recovery services.	265,000	Pingree
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	City of Azusa, CA for mental health and support services through the Azusa Teen and Family Center.	560,000	Napolitano
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	City of Dublin, CA for a Mental Health Urgent Care Center to provide access to mental health crisis care.	450,000	Swalwell
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	City of Indianapolis, IN for mental health and substance use treatment services for people in need of permanent supportive housing.	500,000	Andre Carson

Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	City of Laredo, TX for a substance use treatment center	2,000,000	Cuellar
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	City of Murrieta, CA for homeless services	500,000	Calvert
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	City of Oakland, CA for the Oakland Mental Health Resilience project	1,230,000	Lee (CA)
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	City of Palo Alto, CA for a mental health crisis response team	2,000,000	Eshoo
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	City of Round Rock, TX for behavioral health services mobile outreach and associated information technology.	1,000,000	Carter (TX)
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	City of Seattle, WA for behavioral health crisis response through the Health One program.	775,000	Smith (WA)
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	City of St. Louis Mental Health Board of Trustees, St. Louis, MO for behavioral health and trauma prevention services for people impacted by gun violence.	600,000	Bush
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Clearfield Educational Foundation Inc., Clearfield, PA for mental health and substance abuse services.	1,020,000	Thompson (PA)
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Columbia University Irving Medical Center, New York, NY for community-based mental health services, including training and service delivery.	750,000	Espalliat
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	CommuniCare Health Centers, Davis, CA for mental health and substance use disorder services, including wraparound services.	985,000	Garamendi
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Community Action of Greater Indianapolis Inc, Indianapolis, IN for behavioral health treatment and services, including supportive services.	75,000	Andre Carson
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Contra Costa County Health Services Department—Behavioral Health Division, Martinez, CA for mobile behavioral health crisis response teams.	1,100,000	DeSaulnier
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	County of Burlington, Mount Holly, NJ for substance use disorder treatment and recovery services through the Hope One initiative.	300,000	Kim (NJ)

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES—Continued

[Community Project Funding Items]

Agency	Account	Project	Amount	House Requestor
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Covenant House Georgia, Atlanta, GA for mental health and supportive services for families experiencing homelessness.	190,000	Williams (GA)
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Delaware County Department of Human Services, Upper Darby, PA for mobile crisis teams to respond to behavioral health emergencies.	650,000	Scanlon
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Erie County Department of Health, Buffalo, NY for peer support workers to improve access to substance use treatment and recovery services.	1,000,000	Higgins (NY)
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Essex County Community Foundation, Danvers, MA for mental health services targeted to populations disproportionately affected by COVID-19.	700,000	Moulton
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Fifth Ward Community Redevelopment Corporation, Houston, TX for community mental health treatment and support services.	1,000,000	Jackson Lee
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	First Behavioral Health Care Center, Turlock, CA to expand access to mental health services, including a public awareness campaign.	310,000	Harder (CA)
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Franciscan Health Olympia Fields, Olympia Fields, IL for behavioral health telemedicine.	625,000	Kelly (IL)
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Franklin County Opioid Task Force, Greenfield, MA to support individuals in recovery from alcohol and other substance use disorder to re-enter the workforce.	200,000	Neal
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Frederick County Government, Frederick, MD for a behavioral health Crisis Stabilization Center.	850,000	Raskin; Trone
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Friends of the Children, Portland, OR for mentoring services for children	750,000	Blumenauer
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Gads Hill Center, Chicago, IL for trauma-informed mental and behavioral health services.	350,000	Jesus G. "Chuy" Garcia

Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Garden State Equality, Asbury Park, NJ to address the impacts of trauma on mental health for LGBTQ and BIPOC youth.	175,000	Norcross
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Georgia Council on Substance Abuse, Atlanta, GA for recovery services, including education, training and peer recovery support services.	30,000	McBath
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Georgia State University, Atlanta, GA for mental health services and other supports for children who have experienced trauma.	200,000	Williams (GA)
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Great Lakes Dryhooch, Inc., Milwaukee, WI for the Dryhooch Quick Reaction Force program to provide mental health services for veterans.	155,000	Moore (WI)
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Greater Flint Health Coalition, Flint, MI for a Community Information Exchange, for mental health prevention and treatment activities, including equipment and technology.	750,000	Kildee
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Hartford Communities that Care, Hartford, CT for the Hartford Care Response Team, a hospital linked violence intervention program.	630,000	Larson (CT)
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Healthier Kids Foundation, San Jose, CA for a preventive mental health program for students.	400,000	Eshoo
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Hedwig House, Inc, Lansdale, PA for mental health services, including treatment and other supportive services.	270,000	Dean
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Holy Redeemer Hospital, Huntingdon Valley, PA for a Neonatal Abstinence Syndrome program, including equipment and wraparound services.	250,000	Dean
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Hope of the Valley Rescue Mission, Pacoima, CA for mental health and substance use treatment and services for people experiencing homelessness, and training for the mental health workforce.	2,000,000	Sherman
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Hope Services, San Jose, CA for mental health services for people with developmental disabilities.	160,000	Speier
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	John Morrone Legacy Foundation, Clearwater, FL for mental health treatment and services for first responders.	500,000	Crist
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Kane County State's Attorney's Office, St. Charles, IL for a pre-arrest diversion initiative based on the Law Enforcement Assisted Diversion model.	350,000	Underwood

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES—Continued
 [Community Project Funding Items]

Agency	Account	Project	Amount	House Requestor
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Latino Organization of the Southwest, Chicago, IL for a teen support program, including equipment and technology.	500,000	Newman
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Lesbian and Gay Community Services Center, Inc., New York, NY for mental health counseling and substance use treatment services.	350,000	Nadler
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Lexington-Fayette Urban County Government, Lexington, KY for the purchase of equipment and recovery support services.	620,000	Barr
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Lifeline Connections, Vancouver, WA for a mentor program	50,000	Herrera Beutler
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Long Island Crisis Center, Inc., Bellmore, NY for behavioral health services	150,000	Rice (NY)
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	LOVE Program, Rialto, CA to provide mental health and substance use disorder treatment services and diversion programs for juveniles in the criminal justice system.	380,000	Torres (CA)
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Maimonides Medical Center, Brooklyn, NY for mental health and supportive services for parents and infants.	700,000	Nadler
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Massachusetts Executive Office for Health and Human Services, Boston, MA to establish the Middlesex County Restoration Center to provide behavioral health crisis and urgent care services, and other supportive services.	1,650,000	Trahan
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Maui Economic Opportunity, Inc., Wailuku, HI for alcohol and tobacco prevention activities for youth.	100,000	Kahele
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	MedCura Health, Stone Mountain, GA for mental health services for people experiencing homelessness.	300,000	Johnson (GA)
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Mental Health Association of Essex and Morris, Inc., Parsippany, NJ for suicide prevention services.	300,000	Sherrill

Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Mental Health Partners, Lafayette, CO to provide community mental health and well-being services to mitigate the long term impacts of trauma.	275,000	Neguse
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Mile High United Way, Denver, CO for behavioral health services for young adults experiencing homelessness.	100,000	DeGette
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Milestone Recovery, Portland, ME for a substance use disorder outpatient treatment and support program.	690,000	Pingree
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Monroe County Office of Mental Health, Rochester, NY for peer advocate training ..	265,000	Morelle
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Mount Vernon Neighborhood Health Center, Mount Vernon, NY for behavioral health services for homebound elderly and disabled adults.	100,000	Bowman
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	New Hampshire Chapter of the National Alliance on Mental Illness, Concord, NH for the Connect Suicide Prevention Program.	380,000	Kuster
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	NYC Health + Hospitals/Jacobi, Bronx, NY for the Stand Up to Violence program to provide youth mental health and substance use treatment services and other support services.	400,000	Ocasio-Cortez; Bowman
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Oakland County Health Network, Troy, MI for mental health and law enforcement co-response for behavioral health crises, including Crisis Intervention Team and Mental Health First Aid training.	260,000	Stevens
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Office of the Mayor-President, City of Baton Rouge, LA for a resource and service center for recovery from trauma.	1,000,000	Troy A. Carter
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Oklahoma Children's Hospital, Oklahoma City, OK for facilities, equipment, and children's behavioral health services.	1,000,000	Cole
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Orange County Government, Orlando, FL for behavioral health services for students	300,000	Demings
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Oswego County Department of Social Services, Oswego, NY for transportation	250,000	Katko
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Para Los Ninos, Los Angeles, CA for early childhood mental health services and family supports, including technology to provide telehealth services.	350,000	Schiff

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES—Continued
 [Community Project Funding Items]

Agency	Account	Project	Amount	House Requestor
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Parents Anonymous, Claremont, CA for mental health services for Asian, Latinx and Black/African American families.	1,000,000	Chu
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Parkview Legacy Foundation, Riverside, CA for behavioral health focused programs for students returning to school after COVID-19.	625,000	Takano
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Path with Art, Seattle, WA for mental health and trauma recovery programming	210,000	Jayapal
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Penny Lane Centers, North Hills, CA to provide mental health care and supportive services to people experiencing homelessness.	400,000	Tony Cardenas
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Polk County Board of Commissioners, Bartow, FL for a behavioral health outreach mobile crisis team.	850,000	Soto
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	PRC, San Francisco, CA for behavioral health services for people experiencing homelessness.	525,000	Pelosi
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Rales Jewish Family Services, Boca Raton, FL for telemental health services to address mental illness and substance use, including equipment and technology.	400,000	Deutch
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Reliance Health, Inc., Norwich, CT for a recovery support program	125,000	Courtney
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Rick's Place, Wilbraham, MA for grief support services	100,000	Neal
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Rosecrance, Inc, Freeport, IL for a behavioral health outpatient clinic	300,000	Bustos
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	San Francisco AIDS Foundation, San Francisco, CA for mental health and substance use treatment and services, including case management services, for long term survivors of HIV/AIDS.	600,000	Pelosi

Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Sankofa Safe Child Initiative, Chicago, IL for mental health services for teens who have experienced trauma.	275,000	Davis, Danny K.
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Santa Clara County Office of Education, San Jose, CA for prevention and early intervention services to address student mental health and trauma.	300,000	Khanna
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Selfhelp Community Services, New York, NY for mental health and emotional wellness activities for seniors.	15,000	Meng
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Sociedad de Educacion y Rehabilitación (SER) de Puerto Rico, Inc., San Juan, PR for behavioral intervention services.	180,000	Jennifer Gonzalez-Colon
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Sonoma County, Santa Rosa, CA for the Accessing Coordinated Care and Empowering Self Sufficiency program to provide mental health and substance use screening, treatment and other services, including equipment and technology.	1,600,000	Thompson (CA)
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Stamislavus County Behavioral Health and Recovery Services, Modesto, CA for mental health services through the Promotores/Community Health Outreach Worker program and Community-Based Health Clinicians.	1,810,000	Harder (CA)
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Starr Commonwealth, Albion, MI for facilities, equipment, and mental and behavioral health services.	850,000	Meijer
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Swords to Plowshares, San Francisco, CA for mental health and substance use treatment services, case management and other support services for veterans.	975,000	Pelosi
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Texas State University, San Marcos, TX for a Community Mental Health Surveillance Collaborative to strengthen mental health infrastructure, including training, equipment, and technology.	2,000,000	Doggett
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	The Community Rehabilitation Center, Inc., Jacksonville, FL to increase access to and improve quality of mental health, health care, and substance use disorder treatment services.	500,000	Lawson (FL)
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	The Greater Scranton YMCA, Dunmore, PA for mental health and substance use disorder treatment services, including wraparound services.	1,850,000	Cartwright
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	The Greater Washington Jewish Coalition Against Domestic Abuse, Rockville, MD to provide mental health and other support services for domestic violence survivors and their families.	300,000	Raskin
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	The University Corporation dba Strength United, Northridge, CA to address the long-term mental health needs of children following the COVID-19 pandemic, including suicide prevention activities, equipment and technology.	1,000,000	Sherman

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES—Continued
 [Community Project Funding Items]

Agency	Account	Project	Amount	House Requestor
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	TriCounty Community Network, Pottstown, PA for mental health screening and treatment services, and other support services.	450,000	Dean
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	UCHealth Trauma Services, Aurora, CO for an at-risk intervention and mentoring violence prevention program, including mental health treatment and other services.	450,000	Crow
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	United Way of Broward County, Ft. Lauderdale, FL for a suicide prevention program	650,000	Deutch
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Unlawful Narcotics Investigations, Treatment, and Education, Inc., London, KY for substance abuse prevention and the purchase of equipment and information technology.	500,000	Rogers (KY)
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	UPMC Western Behavioral Health at Twin Lakes, Somerset, PA for recovery support services.	100,000	Joyce (PA)
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Valley Youth House, Bethlehem, PA for mental health services for at-risk children and families.	400,000	Wild
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Veterans Inc., Worcester, MA for behavioral health services for veterans and their families.	430,000	McGovern
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Village of Schaumburg, Schaumburg, IL for a mobile response unit for mental health and substance misuse.	340,000	Krishnamoorthi
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Vinland National Center, Loretto, MN for mental health and substance use treatment services, and other support services, for people with brain injuries.	140,000	Phillips
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Washington County Health Department, Hagerstown, MD for behavioral health crisis treatment services.	475,000	Trone
Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	Wood's Services, Inc., Langhorne, PA for mental health services	500,000	Fitzpatrick

Department of Health & Human Services.	Substance Abuse and Mental Health Services Administration—Health Surveillance and Program Support.	YWCA NH, Manchester, NH for mental health care and support services for children and families exposed to trauma.	750,000	Pappas
Department of Labor	Employment and Training Administration—Training and Employment Services.	AIDS Service Center of Lower Manhattan, Inc. dba Alliance for Positive Change, New York, NY for a workforce development initiative.	1,000,000	Maloney, Carolyn B.
Department of Labor	Employment and Training Administration—Training and Employment Services.	Anne Arundel County Government, Annapolis, MD for Youthworks!	500,000	Brown
Department of Labor	Employment and Training Administration—Training and Employment Services.	Arizona Opportunities Industrialization Center, Phoenix, AZ for the provision of comprehensive training courses and job placement in the hospitality industry.	1,200,000	Gallego
Department of Labor	Employment and Training Administration—Training and Employment Services.	Avivo, Minneapolis, MN for workforce training related to clean energy and green building, including equipment.	1,000,000	Omar
Department of Labor	Employment and Training Administration—Training and Employment Services.	Benedict College, Columbia, SC for workforce development activities, including technology, equipment, and supportive services.	2,000,000	Cyburn
Department of Labor	Employment and Training Administration—Training and Employment Services.	Beyond the Sanctuary, Inc., Rochester, NY for job readiness program, including equipment and supportive services.	525,000	Morele
Department of Labor	Employment and Training Administration—Training and Employment Services.	Bristol County Chamber Foundation, Fall River, MA for workforce development activities.	500,000	Keating
Department of Labor	Employment and Training Administration—Training and Employment Services.	Broward College, Ft. Lauderdale, FL for workforce development initiative, including mobile training units.	2,000,000	Wasserman Schultz
Department of Labor	Employment and Training Administration—Training and Employment Services.	Buffalo Sewer Authority, Buffalo, NY for a workforce development initiative related to green infrastructure, including equipment, stipends, and supportive services.	575,000	Higgins (NY)
Department of Labor	Employment and Training Administration—Training and Employment Services.	California Mobility Center, Sacramento, CA for a workforce development initiative, including equipment.	2,000,000	Matsui
Department of Labor	Employment and Training Administration—Training and Employment Services.	City of Boston, MA for short-term training programs, including stipends	1,000,000	Pressley
Department of Labor	Employment and Training Administration—Training and Employment Services.	City of East Providence, RI for a training program	350,000	Cicilline

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES—Continued
 [Community Project Funding Items]

Agency	Account	Project	Amount	House Requestor
Department of Labor	Employment and Training Administration—Training and Employment Services.	City of Greensboro, NC for a workforce development initiative, including technology and supportive services.	1,600,000	Manning
Department of Labor	Employment and Training Administration—Training and Employment Services.	City of Houston, TX for a workforce development initiative related to a solar initiative, including job-placement, stipends, and supportive services.	750,000	Green, Al (TX)
Department of Labor	Employment and Training Administration—Training and Employment Services.	City of Perris, CA for a workforce development initiative	1,000,000	Takano
Department of Labor	Employment and Training Administration—Training and Employment Services.	City of South San Francisco, CA, for workforce development services, including career services and job placement.	500,000	Speier
Department of Labor	Employment and Training Administration—Training and Employment Services.	Coalition for Responsible Community Development, Los Angeles, CA for transitional employment and training for formerly incarcerated adults, including supportive services.	250,000	Roybal-Allard
Department of Labor	Employment and Training Administration—Training and Employment Services.	College of Eastern Idaho, Idaho Falls, ID for workforce training program and equipment.	100,000	Simpson
Department of Labor	Employment and Training Administration—Training and Employment Services.	College of Lake County, Greyslake, IL for a workforce development initiative related to manufacturing, including equipment.	900,000	Schneider
Department of Labor	Employment and Training Administration—Training and Employment Services.	Colonial Farmhouse Restoration Society of Bellerose, Inc., Floral Park, NY for a workforce training initiative, including equipment.	200,000	Suozzi
Department of Labor	Employment and Training Administration—Training and Employment Services.	Community Assistance Programs, Chicago, IL for job training, job placement and supportive services.	100,000	Rush
Department of Labor	Employment and Training Administration—Training and Employment Services.	Comunidades Organizando el Poder y la Accion Latina Education Fund, Minneapolis, MN for workforce development activities, including equipment.	1,000,000	Omar
Department of Labor	Employment and Training Administration—Training and Employment Services.	Comerstone Revitalization Foundation, Inc., Birmingham, AL for workforce development activities, including opportunities to obtain a GED, postsecondary credentials, and stipends.	1,500,000	Sewell

Department of Labor	Employment and Training Administration—Training and Employment Services.	Council for Native Hawaiian Advancement, Kapolei, HI for workforce training programs.	1,200,000	Kahele
Department of Labor	Employment and Training Administration—Training and Employment Services.	Covenant House Florida, Ft. Lauderdale, FL for work-based learning and supportive services for homeless youth.	300,000	Deutch
Department of Labor	Employment and Training Administration—Training and Employment Services.	DC Central Kitchen, Washington, DC for culinary job training, including stipends and equipment.	500,000	Norton
Department of Labor	Employment and Training Administration—Training and Employment Services.	Dream It Do It Western New York Inc., Jamestown, NY for job training and placement.	250,000	Reed
Department of Labor	Employment and Training Administration—Training and Employment Services.	Eclectic Soul VOICES Corporation, Indianapolis, IN for a job training program, including supportive services and stipends.	100,000	Andre Carson
Department of Labor	Employment and Training Administration—Training and Employment Services.	Emerald Isle Immigration Center, Woodside, NY for workforce development activities, including career and supportive services.	60,000	Ocasio-Cortez
Department of Labor	Employment and Training Administration—Training and Employment Services.	Fairfax County Government, Fairfax, VA for a job training program for pregnant and parenting teens and non-parenting young adults, including equipment.	1,000,000	Connolly
Department of Labor	Employment and Training Administration—Training and Employment Services.	Fairfax County Government, Fairfax, VA for an apprenticeship training program, including stipends.	400,000	Connolly
Department of Labor	Employment and Training Administration—Training and Employment Services.	Florida Endowment Foundation for Florida's Graduates, Flagler Beach, FL for an at-risk youth jobs program.	1,500,000	Steube
Department of Labor	Employment and Training Administration—Training and Employment Services.	Frederick County Government, Frederick, MD for a mobile career center	250,000	Raskin
Department of Labor	Employment and Training Administration—Training and Employment Services.	Hire Heroes USA, Alpharetta, GA for job placement and career services for veterans	625,000	Bourdeaux
Department of Labor	Employment and Training Administration—Training and Employment Services.	iFoster, Inc., Las Vegas, NV for a workforce development and readiness program ...	150,000	Horsford
Department of Labor	Employment and Training Administration—Training and Employment Services.	Jewish Family Service of Colorado, Denver, CO for workforce development activities, including technology and equipment.	500,000	DeGette

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES—Continued
 [Community Project Funding Items]

Agency	Account	Project	Amount	House Requestor
Department of Labor	Employment and Training Administration—Training and Employment Services.	Kent State University at Tuscarawas, New Philadelphia, OH for advanced manufacturing equipment and training.	250,000	Gibbs
Department of Labor	Employment and Training Administration—Training and Employment Services.	Kentucky Capital Development Corporation, Frankfort, KY for cybersecurity/IT workforce development.	440,000	Barr
Department of Labor	Employment and Training Administration—Training and Employment Services.	La Colaborativa/Chelsea Collaborative, Chelsea, MA for workforce development initiative.	300,000	Pressley
Department of Labor	Employment and Training Administration—Training and Employment Services.	Lansing Community College, Lansing, MI for mobile skills laboratories, including equipment.	400,000	Slotkin
Department of Labor	Employment and Training Administration—Training and Employment Services.	Living Classrooms Foundation, Baltimore, MD for workforce development activities, including technology.	750,000	Ruppersberger; Sarbanes
Department of Labor	Employment and Training Administration—Training and Employment Services.	Macomb County, Clinton Township, MI for workforce development and certification courses, including technology and supportive services.	525,000	Levin (MI)
Department of Labor	Employment and Training Administration—Training and Employment Services.	Make the Road New York, Jackson Heights, NY for workforce development, including adult education and equipment.	400,000	Meng
Department of Labor	Employment and Training Administration—Training and Employment Services.	Mary's Mercy Center, Inc., San Bernardino, CA for a training program and supportive services.	300,000	Aguilar
Department of Labor	Employment and Training Administration—Training and Employment Services.	Mecklenburg County, Charlotte, NC for a training program and supportive services	1,000,000	Adams
Department of Labor	Employment and Training Administration—Training and Employment Services.	Meristem, Inc., Fair Oaks, CA for a training program for individuals with autism, including stipends.	450,000	Bera
Department of Labor	Employment and Training Administration—Training and Employment Services.	Mi Casa Resource Center, Denver, CO for a workforce development program	20,000	DeGette

Department of Labor	Employment and Training Administration—Training and Employment Services.	Milwaukee Metropolitan Sewerage District, Milwaukee, WI for a workforce development initiative, including equipment and stipends.	1,000,000	Moore (WI)
Department of Labor	Employment and Training Administration—Training and Employment Services.	Montgomery County, Office of Broadband Programs, Rockville, MD for a technology job training pilot program, including equipment and supportive services.	1,000,000	Trone
Department of Labor	Employment and Training Administration—Training and Employment Services.	Multi-Craft Apprenticeship Preparation Program, Inc., Rochester, NY for workforce development initiative, including stipends and equipment.	200,000	Morelle
Department of Labor	Employment and Training Administration—Training and Employment Services.	National Institute for Medical Assistant Advancement, Denver, CO for a training program, including technology and equipment.	450,000	Perfmutter
Department of Labor	Employment and Training Administration—Training and Employment Services.	Neighborhood House Incorporated, Seattle, WA for job placement and career services.	275,000	Jayapal
Department of Labor	Employment and Training Administration—Training and Employment Services.	Neighbors and Neighbors Association, Inc., Miami, FL for work readiness and vocational training.	500,000	Gimenez
Department of Labor	Employment and Training Administration—Training and Employment Services.	New Century Careers, Pittsburgh, PA for pre-apprenticeship and apprenticeship programs in advanced manufacturing, including job placement services..	500,000	Doyle, Michael F.
Department of Labor	Employment and Training Administration—Training and Employment Services.	New Jersey Chamber of Commerce Foundation, Trenton, NJ for student training and equipment, including information technology.	270,000	Van Drew
Department of Labor	Employment and Training Administration—Training and Employment Services.	Newark Emergency Services for Families (NESF), Newark, NJ for a workforce readiness program for hard-to-serve target populations.	325,000	Payne
Department of Labor	Employment and Training Administration—Training and Employment Services.	Northern Maine Community College, Presque Isle, ME for a mechanized logging operations training program, including equipment.	1,000,000	Golden
Department of Labor	Employment and Training Administration—Training and Employment Services.	Opportunities Industrialization Center (d/b/a Philadelphia OIC), Philadelphia, PA for a healthcare-related job training program, including equipment.	575,000	Boyle, Brendan F.
Department of Labor	Employment and Training Administration—Training and Employment Services.	Opportunity Village, Las Vegas, NV for workforce development initiative for individuals with intellectual and related disabilities.	525,000	Titus
Department of Labor	Employment and Training Administration—Training and Employment Services.	Para Los Niños, Los Angeles, CA for a youth workforce development initiative, including career and supportive services.	350,000	Gomez

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES—Continued
 [Community Project Funding Items]

Agency	Account	Project	Amount	House Requestor
Department of Labor	Employment and Training Administration—Training and Employment Services.	Passaic County Community College, Patterson, NJ for workforce training and career coaching, including equipment.	1,950,000	Pascrell
Department of Labor	Employment and Training Administration—Training and Employment Services.	Path of Life Ministries, Riverside, CA for workforce development activities, including supportive services and stipends.	250,000	Takano
Department of Labor	Employment and Training Administration—Training and Employment Services.	Philadelphia Works, Inc., Philadelphia, PA for workforce development activities, including transitional employment.	1,000,000	Scanlon
Department of Labor	Employment and Training Administration—Training and Employment Services.	PIDC Community Capital, Philadelphia, PA for workforce development activities, including technology and stipends.	525,000	Scanlon
Department of Labor	Employment and Training Administration—Training and Employment Services.	Presbyterian Villages of Michigan, Flint, MI for a workforce development initiative, including a certification program.	600,000	Kildee
Department of Labor	Employment and Training Administration—Training and Employment Services.	Prince George's County Office of Human Resources Management, Largo, MD for a job training program.	2,000,000	Brown
Department of Labor	Employment and Training Administration—Training and Employment Services.	Project QUEST, Inc., San Antonio, TX for an education and training program, including supportive services.	1,000,000	Castro (TX)
Department of Labor	Employment and Training Administration—Training and Employment Services.	Proyecto Del Barrio Inc., Arleta, CA for a job training program	300,000	Tony Cardenas
Department of Labor	Employment and Training Administration—Training and Employment Services.	Quad County Urban League, Inc., Aurora, IL for education and skills training to enter apprenticeships or positions in construction or TDL industries, including equipment.	425,000	Foster
Department of Labor	Employment and Training Administration—Training and Employment Services.	San Jose Conservation Corps & Charter School for workforce development initiative for youth, including stipends and technology.	275,000	Lofgren
Department of Labor	Employment and Training Administration—Training and Employment Services.	Second Harvest Food Bank of Central Florida, Orlando, FL for a culinary workforce training program, including internships, equipment, and supportive services.	775,000	Demings

Department of Labor	Employment and Training Administration—Training and Employment Services.	South Bay Workforce Investment Board, Hawthorne, CA for workforce development activities, including supportive services.	500,000	Waters
Department of Labor	Employment and Training Administration—Training and Employment Services.	Southeast Michigan Community Alliance Inc., Taylor, MI for a work-based learning program for at-risk in-school youth age 14 or older, including stipends and supportive services.	850,000	Tlaib
Department of Labor	Employment and Training Administration—Training and Employment Services.	Southern California Regional Occupational Center, Torrance, CA for a workforce development initiative.	1,000,000	Lieu
Department of Labor	Employment and Training Administration—Training and Employment Services.	Southern Maine Community College, South Portland, ME for welding workforce training, including equipment.	1,000,000	Golden
Department of Labor	Employment and Training Administration—Training and Employment Services.	State of Hawaii Workforce Development Council, State of Hawaii Department of Labor and Industrial Relations, Honolulu, HI for digital skills literacy training.	975,000	Case
Department of Labor	Employment and Training Administration—Training and Employment Services.	Sunnyside Community Services, Sunnyside, NY for a workforce development initiative.	175,000	Ocasio-Cortez
Department of Labor	Employment and Training Administration—Training and Employment Services.	SUNY Maritime College, Bronx, NY for offshore wind energy training program, including equipment.	800,000	Ocasio-Cortez; Suozzi
Department of Labor	Employment and Training Administration—Training and Employment Services.	The Corporate Source, Garden City, NY for IT training and certification training program for people with disabilities, including equipment and supportive services.	125,000	Rice (NY)
Department of Labor	Employment and Training Administration—Training and Employment Services.	The HOPE Program, Bronx, NY for a job training program for green jobs to support justice-impacted individuals, including technology and equipment.	800,000	Bowman
Department of Labor	Employment and Training Administration—Training and Employment Services.	Tri-Council Development Fund, Aurora, IL for a pre-apprenticeship program, including equipment and supportive services.	975,000	Foster
Department of Labor	Employment and Training Administration—Training and Employment Services.	TXRX LABS, Houston, TX for employment and training activities, an apprenticeship program, and a youth STEM initiative.	550,000	Garcia (TX)
Department of Labor	Employment and Training Administration—Training and Employment Services.	Utah Basin Technical College, Roosevelt, UT for electrical apprentice training program and the purchase of equipment.	515,000	Moore (UT)
Department of Labor	Employment and Training Administration—Training and Employment Services.	United Community Services for Working Families, Reading, PA for job training for youth, including stipends, technology, and supportive services.	450,000	Houlahan

LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES—Continued
 [Community Project Funding Items]

Agency	Account	Project	Amount	House Requestor
Department of Labor	Employment and Training Administration—Training and Employment Services.	United Northeast Community Development Corporation, Indianapolis, IN for a job training initiative, including supportive services.	600,000	Andre Carson
Department of Labor	Employment and Training Administration—Training and Employment Services.	United Way of Central Jersey, Milltown, NJ for workforce development activities, including career and supportive services.	425,000	Pallone
Department of Labor	Employment and Training Administration—Training and Employment Services.	United Way of Chester County, Exton, PA for job training services	100,000	Houlahan
Department of Labor	Employment and Training Administration—Training and Employment Services.	United Way of Long Island, Deer Park, NY for a YouthBuild program, including stipends.	700,000	Rice (NY)
Department of Labor	Employment and Training Administration—Training and Employment Services.	United Way of Miami-Dade Inc., Miami, FL for job training activities and supportive services for veterans and their families, including stipends, technology, and supportive services.	250,000	Wilson (FL)
Department of Labor	Employment and Training Administration—Training and Employment Services.	University of Rochester, Rochester, NY for youth workforce development initiative for youth, including technology and equipment.	300,000	Morelle
Department of Labor	Employment and Training Administration—Training and Employment Services.	UPROSE, Brooklyn, NY for workforce development initiative	175,000	Nydia M. Velazquez
Department of Labor	Employment and Training Administration—Training and Employment Services.	Urban League of Hillsborough County, Inc., Tampa, FL for preapprenticeships and paid internship programs, including supportive services.	300,000	Castor (FL)
Department of Labor	Employment and Training Administration—Training and Employment Services.	Vehicles for Change, Halethorpe, MD for a workforce training initiative, including stipends and equipment.	750,000	Sarbanes
Department of Labor	Employment and Training Administration—Training and Employment Services.	Warren County Employment & Training Administration, Glens Falls, NY for job recruitment and training program, including the purchase of information technology.	205,000	Stefanik
Department of Labor	Employment and Training Administration—Training and Employment Services.	Workforce Connections, Las Vegas, NV for a workforce development initiative	800,000	Titus

Department of Labor	Employment and Training Administration—Training and Employment Services.	WorkSystems, Inc., Portland, OR for registered apprenticeship opportunities in construction, including supportive services.	1,000,000	Bonamici
Department of Labor	Employment and Training Administration—Training and Employment Services.	WV Council for Community and Technical College Education, Charleston, WV for aerospace training, equipment, and curriculum.	300,000	Miller (WV)

TRANSFER OF FUNDS

Pursuant to clause 3(f)(2) of rule XIII of the Rules of the House of Representatives, the following lists the transfers [of unexpended balances] included in the accompanying bill:

TITLE I

Language is included under "Job Corps" permitting the transfer of funds for Job Corps Center construction, rehabilitation, and acquisition to meet the operational needs of Job Corps Centers or to achieve administrative efficiencies.

Language is included under "State Unemployment Insurance and Employment Services Operations" which provides for the transfer of funds to "Office of Disability Employment Policy."

Language is included under "Special Benefits" which provides for the transfer of such sums as necessary from the "Postal Service" account.

Language is included under "Black Lung Disability Trust Fund" which provides for the transfer of funds to the "Department of Labor, Office of Workers' Compensation Program, Salaries and Expenses."

Language is included under "Black Lung Disability Trust Fund" which provides for the transfer of funds to the "Department of Labor, Departmental Management, Salaries and Expenses."

Language is included under "Black Lung Disability Trust Fund" which provides for the transfer of funds to the "Department of Labor, Departmental Management, Office of Inspector General."

Language is included under "Black Lung Disability Trust Fund" which provides for the transfer of funds to the "Department of the Treasury."

Language is included under "Departmental Management, Salaries and Expenses" authorizing the transfer of funds available for program evaluation to any other account within the Department to carry out evaluation activities.

A general provision is included permitting up to one percent of any discretionary appropriation to be transferred between a program, project, or activity of the Department of Labor, provided that no such program, project, or activity is increased by more than three percent by any such transfer.

A general provision is included that provides for the transfer of funds from the "Employment and Training Administration" for technical assistance services to grantees to "Program Administration." The provision does not apply to section 171 of the WIOA. The general provision also authorizes the transfer of up to 0.5 percent of each discretionary appropriation for "Employment and Training Administration" to carry out program integrity activities subject to certain limitations related to "Job Corps."

A general provision is included that provides for the transfer of up to 0.75 percent of appropriated funds to carry out program evaluations of "Training and Employment Services", "Job Corps", "Community Service Employment for Older Americans", "State Unemployment Insurance and Employment Service Operations", "Employee Benefits Security Administration", "Office of Workers' Compensation Programs", "Wage and Hour Division", "Office of Federal Contract Compliance Programs", "Office of Labor-Management

Standards”, “Occupational Safety and Health Administration”, “Mine Safety and Health Administration”, “Office of Disability Employment Policy”, funding made available to the “Bureau of International Labor Affairs” and “Women’s Bureau” within the Departmental Management, Salaries and Expenses” account, and “Veterans Employment and Training” for use by the Office of the Chief Evaluation Officer.

TITLE II

Language is included under “Centers for Disease Control and Prevention, Buildings and Facilities” to allow the transfer of prior year unobligated Individual Learning Account funds to be transferred to this account to carry out the purpose of this account.

Language is included under “Centers for Disease Control and Prevention, CDC-Wide Activities and Program Support” for funds to be transferred to and merged with the Infectious Disease Rapid Response Reserve Fund.

Language is included under “National Institutes of Health, Office of the Director” to transfer \$5,000,000 to the “Office of Inspector General” for oversight of grant programs and operations of NIH.

Language is included under “National Institutes of Health, Innovation Account” to allow the transfer of funds to other Institutes and Centers to support activities authorized in the 21st Century Cures Act (PL 114–255).

Language is included under “Administration for Community Living, Aging and Disability Services Programs” for transfer to the Secretary of Agriculture to carryout section 311 of the Older Americans Act of 1965.

A general provision is included that allows not to exceed one percent of any discretionary funds to be transferred between appropriation accounts of the “Department of Health and Human Services”, provided that no appropriation account is increased by more than three percent by such transfer.

A general provision is included that allows the transfer of up to three percent among the institutes and centers of the “National Institutes of Health” from amounts identified as pertaining to the human immunodeficiency virus.

A general provision is included that allows the transfer of funding determined to be related to the human immunodeficiency virus to the “Office of AIDS Research.”

A general provision is included that transfers one percent of the amount made available for “National Research Service Awards” at the “National Institutes of Health” to the “Health Resources and Services Administration.”

A general provision is included to direct the transfer of the “Prevention and Public Health Fund” as specified in the committee report accompanying this Act.

A general provision is included that allows the transfer of funding related to research on opioid misuse, opioid alternatives, pain management, and substance use disorder treatment between the institutes and centers of the “National Institute of Health.”

TITLE III

A general provision is included that allows not to exceed one percent of any discretionary funds to be transferred between appropriation accounts of the Department of Education, provided that no appropriation account is increased by more than three percent by such transfer.

TITLE IV

Language is included under Payment to the National Service Trust authorizing the transfer of funds from the “Corporation for National and Community Service, Operating Expenses” to support the activities of national service participants.

Language is included under “Social Security Administration” authorizing the transfer funds from the Social Security Administration’s “Limitation on Administration Expenses” account to be available for purposes of the Office of Inspector General.

TITLE V

A general provision is included that allows the Secretaries of Labor, Health and Human Services, and Education to transfer balances of prior appropriation to accounts corresponding to current appropriations.

[RAMSEYER TO BE INSERTED]

CHANGES IN THE APPLICATION OF EXISTING LAW

Pursuant to clause 3(f)(1)(A) of rule XIII of the Rules of the House of Representatives, the following statements are submitted describing the effect of provisions in the accompanying bill that directly or indirectly change the application of existing law.

TITLE I—DEPARTMENT OF LABOR

Language is included under “Employment and Training Administration” providing that allotments to outlying areas are not required to be made through the Pacific Region Educational Laboratory as provided by section 127 of the Workforce Innovation and Opportunity Act (WIOA).

Language is included under “Employment and Training Administration” providing amounts made available for dislocated workers may be used for State activities or across multiple local areas where workers remain dislocated.

Language is included under “Employment and Training Administration” providing that technical assistance and demonstration projects may provide assistance to new entrants in the workforce and incumbent workers.

Language is included under “Employment and Training Administration” providing that the Secretary may reserve a higher percentage of funds for technical assistance than what is provided in section 168(b) of the WIOA.

Language is included under “Employment and Training Administration” providing that the Department of Labor may take no action to limit the number or proportion of eligible applicants receiv-

ing related assistance services in the migrant and seasonal farmworkers programs.

Language is included under “Employment and Training Administration” providing that an individual may qualify as an “eligible seasonal farmworker” under section 167(i)(3) of the WIOA if such individual is a member of a family with a total family income equal to or less than 150 percent of the poverty line.

Language is included under “Job Corps” providing that amounts made available for construction and rehabilitation may include acquisition and maintenance of major items of equipment.

Language is included under “Job Corps” providing authority to transfer up to 15percent of construction and rehabilitation funds for operational needs with prior written notice to the Committee and that any such transfers are available for obligation through June 30, 2023.

Language is included under “Job Corps” providing that no funds from any other appropriation may be used for meal services at Job Corps.

Language is included under “Community Service Employment for Older Americans” allowing funds to be recaptured and reobligated.

Language is included under “Federal Unemployment Benefits and Allowances” providing that funding may be available beyond the current year in accordance with section 245(c) of the Trade Act of 1974.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing for reemployment services and eligibility assessments.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing funds to States to improve operations and modernize State Unemployment Insurance systems.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing for additional administrative funds from the Unemployment Trust Fund if unemployment claims exceed certain levels.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing authority for States to use funds to assist other States to carry out authorized activities in cases of a major disaster declared by the President under the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing that the Department of Labor may make payments on behalf of States for the use of the National Directory of New Hires.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing that the Department of Labor may make payments from funds appropriated for States’ grants on behalf of States to the entity operating the State Information Data Exchange System.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing that the Department of Labor may make payments from funds appropriated for States’ grants on behalf of States to the entity operating the Unemployment Insurance Integrity Center of Excellence.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing that appropriations for establishing a national one-stop career system may be obligated in contracts, grants or agreements with States or non-State entities.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing that States awarded grants to support national activities of the Federal-State unemployment insurance system may award subgrants to other States.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing that funds available for integrated Unemployment Insurance and Employment Service automation may be used by States notwithstanding cost allocation principles prescribed under the Office of Management and Budget “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.”

Language is included under “State Unemployment Insurance and Employment Service Operations” providing that the Department of Labor may reallocate funds among States participating in a consortium.

Language is included under “State Unemployment Insurance and Employment Service Operations” allowing the Secretary to collect fees for the costs associated with additional data collection, analyses, and reporting services related to the National Agricultural Workers Survey.

Language is included under “Pension Benefit Guarantee Corporation” providing for additional administrative funds if participants with plans terminated during the period exceed a certain level.

Language is included under “Pension Benefit Guarantee Corporation” providing that obligations may exceed amounts provided for unforeseen and extraordinary pre-termination or termination expenses or unforeseen and extraordinary multiemployer program expenses if approved by the Office of Management and Budget.

Language is included under “Special Benefits” providing that the Department of Labor may use authority to reimburse an employer who is not the employer at the time of injury for portions of the salary of a re-employed, disabled beneficiary.

Language is included under “Special Benefits” providing that unobligated balances of reimbursements shall remain available until expended for the payment of compensation, benefits, and expenses.

Language is included under “Special Benefits” providing that funds shall be transferred to the appropriation from entities required under 5 U.S.C. 8147(c) as determined by the Department of Labor.

Language is included under “Special Benefits” providing that funds transferred from entities under 5 U.S.C 8147(c), specified amounts may be used by the Department of Labor for maintenance and data and communications systems, workload processing, roll disability management and medical review, and program integrity with remaining amounts paid into the Treasury.

Language is included under “Special Benefits” providing that the Secretary may prescribe regulations requiring identification for the filing of benefit claims.

Language is included under “Administrative Expenses, Energy Employees Occupational Illness Compensation Fund” providing

that the Secretary may prescribe regulations for requiring identification for the filing of benefit claims.

Language is included under “Occupational Safety and Health Administration” providing that up to a certain amount of fees collected from the training institute may be retained and used for related training and education.

Language is included under “Occupational Safety and Health Administration” providing that fees collected from Nationally Recognized Testing Laboratories may be used to administer laboratory recognition programs that ensure safety of equipment used in the workplace.

Language is included under “Mine Safety and Health Administration” providing that a specific amount may be collected by the National Mine Health and Safety Academy and made available for mine safety and health education and training.

Language is included under “Mine Safety and Health Administration” providing that a specific amount may be collected from the approval and certification of equipment and materials and made available for other such activities.

Language is included under “Mine Safety and Health Administration” providing that the Department of Labor may accept lands, buildings, equipment, and other contributions from public and private sources for cooperative projects.

Language is included under “Mine Safety and Health Administration” providing that the Department of Labor may promote health and safety education and training through cooperative agreements with States, industry and safety associations.

Language is included under “Mine Safety and Health Administration” providing that the Department of Labor may recognize the Joseph A. Holmes Safety Association as the principal safety association and may provide funds or personnel as officers in local chapters or the national organization.

Language is included under “Mine Safety and Health Administration” providing that the Department of Labor may use appropriated funds to provide for costs associated with mine rescue and survival operations in the event of a major disaster.

Language is included under “Departmental Management—Salaries and Expenses” providing that the Bureau of International Labor Affairs may administer international labor activities through grants, subgrants or other arrangements.

Language is included under “Departmental Management—Salaries and Expenses” providing that funds available for program evaluation may be used to administer grants for evaluation purposes subject to certain conditions.

Language is included under “Departmental Management—Salaries and Expenses” providing that funds available to the Women’s Bureau may be used for grants to service and promote the interests of women in the workplace.

Language is included under “Departmental Management—Salaries and Expenses” providing that certain amounts made available to the Women’s Bureau shall be used for grants authorized by the Women in Apprenticeship and Nontraditional Occupations Act.

Language is included under “Veterans’ Employment and Training” providing that up to three percent of States’ grants may be

used for federal expenditures for data systems and contract support.

Language is included under “Veterans’ Employment and Training” providing that funds may be used for support specialists providing intensive services to wounded service members.

Language is included under “Veterans’ Employment and Training” providing that Department of Labor may reallocate up to three percent of funds provided among appropriated accounts.

Language is included under “Veterans’ Employment and Training” providing that the Department may award grants under section 2023 of Title 38, United States Code.

Language is included under “Veterans’ Employment and Training” providing that services may be provided to certain homeless or recently incarcerated veterans under section 2021, 2021A, and 2023 of Title 38, United States Code.

Language is included under “Veterans’ Employment and Training” providing that funds made available to assist homeless veterans may be used for data systems and contract support track participant and performance information.

Language is included under “Veterans’ Employment and Training” providing that the fees assessed pursuant to the HIRE Vets Medallion Award Fund shall be available to the Secretary for expenses of the HIRE Vets Medallion Award Program and that the start date prescribed in the Act shall not apply.

Language is included under “General Provisions” prohibiting the use of Job Corps funds to pay the salaries and bonuses at a rate in excess of Executive Level II.

Language is included under “General Provisions” prohibiting the use funds for procurement of goods or services rendered by forced or indentured child labor.

Language is included under “General Provisions” prohibiting the use of any funds appropriated for grants under section 414(c) of the American Competitiveness and Workforce Improvement Act of 1998, for purposes other than competitive grants for training individuals over the age of 16 who are not currently enrolled in school in the occupations and industries for which employers are using H-1B visa to hire foreign workers.

Language is included under “General Provisions” prohibiting the use of any funds appropriated for Employment and Training Administration programs to be used to pay the salaries and bonuses at a rate in excess of Executive Level II, except under specific exclusions.

Language is included under “General Provisions” allowing the Secretary to furnish a certain amount of excess personal property to apprenticeship programs through grants, contracts, and other arrangements.

Language is included under “General Provisions” providing certain authorities related to the Secretary’s security detail.

Language is included under “General Provisions” providing that the Secretary may dispose or divest of certain Job Corps center property and use the proceeds to carry out the program in the same geographic location.

Language is included under “General Provisions” modifying the transfer authority from unobligated balances to the Working Capital Fund.

Language is included under “General Provisions” clarifying the availability of funds provided under Section 118(a) of division BB of the Consolidated Appropriations Act, 2021.

Language is included under “General Provisions” preventing appropriated funds from being used to close any Civilian Conservation Center, except when necessary for the health and safety of students.

Language is included under “General Provisions” prohibiting the Secretary from using any of the funds in the Act to implement the “Wagner-Peyser Act Staffing Flexibility” final rule.

Language is included under “General Provisions” prohibiting the Secretary from using any of the funds in the Act to implement the “Industry Recognized Apprenticeship Programs” final rule.

Language is included under “General Provisions” prohibiting the Secretary from using any of the funds in the Act to award Temporary Employment Certifications if certain conditions are met.

Language is included under “General Provisions” related to determining the prevailing wage for purposes of the H-2B visa program.

Language is included under “General Provisions” prohibiting the Secretary from using any of the funds in the Act to award Temporary Employment Certifications to employers who have violated certain Federal laws.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

Language is included under “Health Resources and Services Administration—Health Workforce” overriding the proportional funding requirements in the Public Health Service Act for sections 751 and 762.

Language is included under “Health Resources and Services Administration—Health Workforce” providing permissive authority to the Secretary to waive requirements for entities awarded funds from sections 751(d)(2)(A) and 751 (d)(2)(B).

Language is included under “Health Resources and Services Administration—Health Workforce” providing that fees collected for the disclosure of information under the information reporting requirement program authorized by section 1921 of the Social Security Act shall be sufficient to recover the full costs of the operation program and shall remain available until expended to carry out that Act.

Language is included under “Health Resources and Services Administration—Health Workforce” allowing funds for the Nurse Corps and National Health Service Corps Scholarship and Loan programs to be used to make prior year adjustments.

Language is included under “Health Resources and Services Administration—Health Workforce” providing funding under the National Health Service Corps Loan Repayment Program for substance use disorder counselors and placement in Indian Health Service facilities.

Language is included under “Health Resources and Services Administration—Health Workforce” to provide funds for the purpose of establishing or expanding optional community-based nurse practitioner fellowship programs.

Language is included under “Health Resources and Services Administration—Health Workforce” to provide funds for the purpose of supporting graduate education for physicians provided by public institutions of higher education and shall remain available until expended.

Language is included under “Health Resources and Services Administration—Ryan White HIV/AIDS Program” to make funds available to the Secretary to carry out grants and contracts under title XXVI or 311(c) for the purposes of ending the HIV/AIDS epidemic.

Language is included under “Health Resources and Services Administration—Rural Health” to provide funding for State Offices of Rural Health notwithstanding section 338J(k), which terminates the program after an aggregate funding amount.

Language is included under “Health Resources and Services Administration—Family Planning” placing additional restrictions on the use of funds.

Language is included under “Centers for Disease Control and Prevention—Public Health Preparedness and Response” permitting CDC to operate and maintain an aircraft.

Language is included under “Centers for Disease Control and Prevention—Buildings and Facilities” providing the use of funds to support acquisition, renovation, or replacement, of the National Institute Occupational Safety and Health’s underground and surface coal mining research capacity.

Language is included under “Centers for Disease Control and Prevention—Buildings and Facilities” providing funds from former employees with existing Individual Learning Accounts unobligated to be available to support acquisition, renovation, or replacement, of the National Institute for Occupational Safety and Health’s underground and surface coal mining research capacity.

Language is included under “National Institutes of Health—Office of the Director” allowing funds to be used for the Research Policy Board authorized by section 2034(f) of the 21st Century Cures Act (P.L. 114–255).

Language is included under “Substance Abuse and Mental Health Services Administration—Mental Health” requiring states to spend 10 percent of the Mental Health Block Grant for programs for individuals with early serious mental illness.

Language is included under “Substance Abuse and Mental Health Services Administration—Mental Health” requiring states to spend 10 percent of the Mental Health Block Grant for programs for crisis care programs for individuals with early serious mental illness and children with serious mental and emotional disturbances.

Language is included under “Substance Abuse and Mental Health Services Administration—Mental Health” requiring states to spend at least 10 percent of the Mental Health Block Grant for programs that address early intervention and prevention of mental disorders among at-risk children and adults.

Language is included under “Substance Abuse and Mental Health Services Administration—Mental Health” exempting the Mental Health Block Grant from the evaluation set-aside in section 241 of the Public Health Service Act.

Language is included under “Substance Abuse and Mental Health Services Administration—Substance Abuse Treatment” requiring states to spend not less than 10 percent of the Substance Abuse Prevention and Treatment Block Grant for recovery support services.

Language is included under “Substance Abuse and Mental Health Services Administration—Substance Abuse Treatment” exempting the Substance Abuse Prevention and Treatment Block Grant from the evaluation set-aside in section 241 of the Public Health Service Act.

Language is included under “Centers for Medicare and Medicaid Services—Program Management” limiting the amount of funding available under that heading for quality improvement organizations.

Language is included under “Centers for Medicare and Medicaid Services—Health Care Fraud and Abuse Control Account” providing funds to support the cost of the Senior Medicare Patrol program.

Language is included under “Administration for Children and Families—Low Income Home Energy Assistance” modifying the formula distribution of funds.

Language is included under “Administration for Children and Families—Refugee and Entrant Assistance” to specify the purposes of specified funds.

Language is included under “Administration for Children and Families—Refugee and Entrant Assistance” to exempt the matching requirements of certain funds as required in section 235(c)(6)(C)(iii) of the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008.

Language is included under “Administration for Children and Families—Payments to States for the Child Care and Development Block Grant” increasing the tribal set-aside.

Language is included under “Administration for Children and Families—Children and Families Services Programs” providing for payments under the Head Start Act for a cost of living adjustment, the calculation of a base grant, expansion funding for Head Start and Early Head Start programs, including necessary administrative costs, quality improvement funding, including quality improvement funding for Migrant and Seasonal Head Start, extended duration funding, and the Tribal Colleges and Universities Head Start Partnership program.

Language is included under “Administration for Children and Families—Children and Families Services Programs” modifying the definition of the poverty line as defined in section 673(2) of the CSBG Act.

Language is included under “Administration for Children and Families—Children and Families Services Programs” allowing for the direct payments of cash assistance to victims of family, domestic, or dating violence as limited in section 308(d)(1) of the Family Violence Prevention and Services Act.

Language is included allowing funds to be used for the administrative costs of Family Violence Prevention and Services Act funding appropriated in section 2204 of the American Rescue Plan Act of 2021.

Language is included under Administration for Community Living continuing an assistive technology alternative financing program.

Language is included under Administration for Community Living prohibiting the use of the funds provided in the bill to pursue legal action on behalf of a protection and advocacy system described in section 103 of the Protection and Advocacy for Individuals with Mental Illness Act unless public notice has been provided within 90 days of instituting action to the named person or their legal guardian.

Language is included under Administration for Community Living waiving the public notice requirement for individuals without a guardian, who are not competent to consent, who are wards of the State or subject to public guardianship.

Section 201 limits the amount available for official reception and representation expenses.

Section 202 limits the salary of an individual through an HHS grant or other extramural mechanism to not more than the rate of Executive Level II.

Section 203 prohibits the Secretary from using evaluation set-aside funds until the Committees on Appropriations of the House of Representatives and the Senate receive a report detailing the planned use of such funds.

Section 204 sets the PHS evaluation set-aside to 3.0 percent.

Section 205 permits the Secretary of HHS to transfer up to one percent of any discretionary funds between appropriations, provided that no appropriation is increased by more than three percent by any such transfer to meet emergency needs. Notification must be provided to the Committees on Appropriations at least 15 days in advance of any transfer.

Section 206 modifies the 60 day flexibility for National Health Service Corps contract terminations to provide more flexibility.

Section 207 prohibits the use of Title X funds unless the applicant for the award certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.

Section 208 states that no provider of services under Title X shall be exempt from any state law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

Section 209 prohibits the Secretary from denying participation in the Medicare Advantage program to entities who do not provider coverage or referrals for abortion services.

Section 210 prohibits funds from being used to advocate or promote gun control.

Section 211 limits assignments of Public Health Service staff to assist in child survival activities to not more than 60 employees.

Section 212 permits funding for HHS international HIV/AIDS and other infectious disease, chronic and environmental disease, and other health activities abroad to be spent under the State Department Basic Authorities Act of 1956.

Section 213 provides the Director of NIH, jointly with the Director of the Office of AIDS Research, the authority to transfer up to three percent of human immunodeficiency virus funds.

Section 214 makes NIH funds available for human immunodeficiency virus research available to the Office of AIDS Research.

Section 215 grants authority to the Office of the Director of the NIH to enter directly into transactions in order to implement the NIH Common Fund for medical research and permitting the Director to utilize peer review procedures, as appropriate, to obtain assessments of scientific and technical merit.

Section 216 clarifies that funds appropriated to NIH institutes and centers may be used for minor repairs or improvements to their buildings, up to \$3,500,000 per project with a total limit for NIH of \$45,000,000.

Section 217 transfers one percent of the funding made available for National Institutes of Health National Research Service Awards to the Health Resources and Services Administration and Agency for Healthcare Research and Quality.

Section 218 continues the Biomedical Advanced Research and Development Authority ten year contract authority.

Section 219 includes specific report requirements for CMS's marketplaces activities in the fiscal year 2020 budget request.

Section 220 prohibits CMS Program Account from being used to support risk corridor payments.

Section 221 directs the spending and transfer of amount in the Prevention and Public Health fund.

Section 223 modifies a provision relating to breast cancer screening.

Section 224 requires the NIH to continue to use existing guidance for calculating indirect cost negotiated rates.

Section 225 permits transfer authority within NIH, to the Director of NIH for activities related to opioid misuse, opioid alternatives, pain management, and substance use disorder treatment.

Section 226 includes certain Congressional notification requirements.

Section 226 includes a provision related to a report on staffing.

Section 227 allows HHS to cover travel expenses when necessary for employees to obtain medical care when they are assigned to duty in a location with a public health emergency.

Section 228 allows certain donations for unaccompanied alien children.

Section 229 limits the use of funds to house unaccompanied children in facilities that are not State-licensed for the care of unaccompanied children and do not come into compliance with certain standards and requirements.

Section 230 relates to the notification requirements regarding the use of facilities that are not State-licensed for the care of unaccompanied children.

Section 231 modifies a provision relating to Members of Congress and oversight of facilities responsible for the care of unaccompanied alien children.

Section 232 continues a provision requiring monthly reports on unaccompanied alien children who were separated from their parents or legal guardians and transferred to the care of the Office of Refugee Resettlement.

Section 233 prohibits the use of funds for sharing any information pertaining to unaccompanied alien children for use or reference in removal proceedings or immigration enforcement.

Section 234 requires the Department to make efforts to place unaccompanied alien children who are siblings together.

Section 235 requires the Department to submit a spend plan for the “Department of Health and Human Services—Administration for Children and Families—Refugee and Entrant Assistance” account every 60 days.

Section 236 allows for primary and secondary school costs for eligible dependents of HHS personnel stationed in a U.S. territory.

Section 237 rescinds balances from the Nonrecurring Expenses Fund.

Section 238 authorizes the use of funds for a Separated Families Services Fund, for children, parents, and legal guardians who were separated at the United States-Mexico border in connection with the Zero-Tolerance Policy.

Section 239 allows funds to remain available until expended for certain types of expenses related to the completion of CDC’s high containment continuity laboratory project.

Section 240 provides certain administrative flexibility to be available during a public health emergency.

Section 241 prohibits funds from being awarded to an organization that does not comply with Federal nondiscrimination regulations.

Section 242 allows an Operating or Staff Division in HHS to enter into a reimbursable agreement with another major organizational unit within HHS or of another agency.

Section 243 prohibits funds from being used for a CMS Contact Center Operations contract with a total period of performance that exceeds 24 months.

Section 244 includes notification requirements in the Social Security Act.

Section 245 continues NIH transfer authority.

Section 246 increases flexibility for grantees of the Ryan White HIV/AIDS program.

Section 247 requires institutions that receive NIH grants to notify NIH if personnel funded by the grant are disciplined due to concerns about harassment.

Section 248 extends the availability of multi-year research grants awarded in fiscal year 2016.

TITLE III—DEPARTMENT OF EDUCATION

Language is included under “Impact Aid” allowing continued eligibility for students affected by the deployment or death of their military parent so long as the children attend school in the same local education agency they attended prior to the parent’s death or deployment.

Language is included under “School Improvement Programs” allowing the Secretary of Education to reserve up to 5 percent of Supplemental Education Grants funds to provide technical assistance for these grants.

Language is included under “Special Education” clarifying the amounts required to be transferred to the Department of the Interior under the Grants to States program.

Language is included under “Special Education” outlining procedures for reducing a State’s award because of a failure to meet the

maintenance of State financial support requirements of the Individuals with Disabilities Education Act.

Language is included under “Special Education” authorizing the Department to use certain funds to provide technical assistance and support to States to improve data collection capacity.

Language is included under “Special Education” authorizing the Department to use funds appropriated for the State Personnel Development Grants program to evaluate program performance.

Language is included under “Special Education” permitting States to subgrant funds that they reserve for “Other State-level activities” under the Grants to States, Preschool Grants to States, and Grants for Infants and Families programs.

Language is included under “Special Education” allowing the Department to provide all States that apply for the State Incentive Grants program, in years in which five or fewer States apply for funding, 20 percent of the funds reserved for the program.

Language is included under “Special Education” to increase access for infants and families who have been traditionally underrepresented in the Grants for Infants and Families program, eliminate out-of-pocket costs for participating families, and promote continuity of services for eligible infants and their families.

Language is included under “Rehabilitation Services” allowing the Secretary to use amounts that remain available after the reallocation of funds to States under the Vocational Rehabilitation State Grants program for innovative activities designed to increase competitive integrated employment for youth and other individuals with disabilities.

Language is included under “Special Institutions for Persons with Disabilities” allowing the National Technical Institute for the Deaf to use, at its discretion, funds for the endowment program as authorized under section 207 of the Education of the Deaf Act of 1986.

Language is included under “Special Institutions for Persons with Disabilities” allowing Gallaudet University to use, at its discretion, funds for the endowment program as authorized under section 207 of the Education of the Deaf Act of 1986.

Language is included under “Career, Technical, and Adult Education” providing funding for evidence-based middle and high school career and technical education innovation programs.

Language is included under “Career, Technical, and Adult Education” permitting accredited registered apprenticeship programs to be eligible for funding under the Perkins Act.

Language is included under “Student Aid Administration” requiring the Secretary to allocate new student loan borrower accounts to eligible student loan servicers on the basis of their past performance and their compliance with Federal and State law.

Language is included under “Student Aid Administration” requiring the Secretary to allow student loan borrowers to have their consolidated Federal student loans serviced by any student loan servicer.

Language is included under “Student Aid Administration” requiring any new servicing environment, including FSA Next Generation Processing and Servicing Environment, to include the participation of multiple student loan servicers.

Language is included under “Student Aid Administration” requiring any new servicing environment, including FSA Next Generation Processing and Servicing Environment, to include accountability measures that account for the performance of the portfolio and contractor compliance with Federal Student Aid (FSA) guidelines and Federal and State law.

Language is included under “Student Aid Administration” requiring that servicers be evaluated on their ability to meet contract requirements, future performance on the contracts, and history of compliance with applicable consumer protections laws, including Federal and State law.

Language is included under “Student Aid Administration” requiring any new servicing environment, including FSA Next Generation Processing and Servicing Environment, to incentivize more support to borrowers at risk of delinquency or default.

Language is included under “Student Aid Administration” requiring that FSA hold prime contractors accountable for meeting the requirements of the contract where subcontracting is permitted, and that contractors have the capacity to meet and are held accountable for performance on service levels and have a history of compliance with applicable consumer protection laws, including Federal and State law.

Language is included under “Student Aid Administration” requiring the Department to provide a detailed spend plan.

Language is included under “Higher Education” allowing funds to carry out Title VI of the Higher Education Act and section 102(b)(6) of the Mutual Educational and Cultural Exchange Act of 1961 to be used to support visits and study in foreign countries for participants in advanced foreign countries by individuals who are participating in advanced foreign language training and international studies in areas that are vital to United States national security and who plan to apply their language skills and knowledge of these countries in the fields of government, the professions, or international development.

Language is included under “Higher Education” allowing one percent of funds to carry out Title VI of the Higher Education Act and section 102(b)(6) of the Mutual Educational and Cultural Exchange Act of 1961 to be used for program evaluation, national outreach, and information dissemination activities.

Language is included under “Higher Education” allowing up to one-and-one-half percent of the funds made available under chapter 2 of subpart 2 of part A of Title IV of the Higher Education Act to be used for evaluation.

Language is included under “Higher Education” stating the section 313(d) of the Higher Education Act (HEA) does not apply to an institution of higher education that is eligible to receive funding under section 318 of the HEA.

Language is included under “Departmental Management” restricting the Department from dissolving the Budget Service of the Department of Education, relative to the organization and operation of the Budget Service as in effect on January 1, 2018.

Language is included under “General Provisions” authorizing the transfer of up to one percent of discretionary funds between programs, projects, or activities as long as the transfer does not increase any program, project, or activity by more than three percent

and no new program, project, or activity is created by such transfer.

Language is included under “General Provisions” allowing ESEA funds consolidated for evaluation purposes to be available from July 1, 2022 through September 30, 2023.

Language is included under “General Provisions” allowing certain institutions to continue to use endowment income for student scholarships.

Language is included under “General Provisions” extending the authorization of the National Advisory Committee on Institutional Quality and Integrity.

Language is included under “General Provisions” extending the authority to provide account maintenance fees to guaranty agencies for Federal student loans.

Language is included under “General Provisions” allowing funds to be made available for payments for student loan servicing to an institution of higher education for loans under part E of Title IV of the HEA.

Language is included under “General Provisions” amending section 401(b)(7)(A)(iv)(XI) of the HEA.

Language is included under “General Provisions” prohibiting funds being used in contravention of section 203 of the Department of Education Organization Act.

Language is included under “General Provisions” prohibiting the use of funds for schools that use electric shock devices and equipment on students.

Language is included under “General Provisions” prohibiting the use of funds for charter schools that contract with a for-profit entity to operate, oversee or manage the activities of the school.

Language is included under “General Provisions” providing funds for outreach to certain borrowers of loans made under part D of title IV of the Higher Education Act.

Language is included providing funds for providing loan cancellation for certain borrowers of loans under part B or D of title IV of the Higher Education Act.

Language is included under “General Provisions” amending the HEA to provide for greater accountability of for-profit institutions of higher education.

Language is included under “General Provisions” allowing individuals who are DREAMERS or have temporary protected status to receive federal financial assistance.

Language is included under “General Provisions” prohibiting the Department from withholding appropriated funds from an institution of higher education because of an institution’s scientific research on marijuana.

Language is included under “General Provisions” amending section 344(a) of the Higher Education Act.

TITLE IV—RELATED AGENCIES

Language is included under “The Committee for Purchase from People Who are Blind or Severely Disabled” requiring that written agreements, with certain oversight provisions, be in place in order for authorized fees to be charged by certified nonprofit agencies.

Language is included under “Corporation for National and Community Service” requiring the Corporation to make awards on a

competitive basis pursuant to section 501(a)(4)(F) of the 1990 Act, section 198P notwithstanding.

Language is included under “Corporation for National and Community Service” regarding changes to program requirements or policy through rulemaking.

Language is included under “Corporation for National and Community Service” regarding National Service Trust minimum share requirements.

Language is included under “Corporation for National and Community Service” limiting the use of an educational award under section 148(a)(4) to individuals who are veterans.

Language is included under “Corporation for National and Community Service” related to criminal background checks.

Language is included under “Corporation for National and Community Service” related to 1,200 hour service positions.

Language is included under “Corporation for National and Community Service” related to allowing VISTA members age 55 and older to transfer education awards to eligible individuals.

Language is included under “Corporation for National and Community Service” related to allowing individuals with Deferred Action for Childhood Arrivals (DACA) status who successfully serve a term in AmeriCorps State and National, NCCC, or VISTA, to be eligible for a Segal AmeriCorps Education Award.

Language is included under “Federal Mediation and Conciliation Service—Salaries and Expenses” providing that fees charged for special training and other services and be retained and used for authorized purposes, that fees for arbitration services may only be used for training agency personnel, and that the Director may accept gifts and services in aid of any projects under the Director’s jurisdiction.

TITLE V—GENERAL PROVISIONS

Section 501 permits the Secretaries of Labor, Health and Human Services, and Education to transfer unexpended balances of prior appropriations to accounts corresponding to current appropriations to be used for the same purpose and for the same periods of time for which they were originally appropriated.

Section 502 prohibits the obligation of funds beyond the current fiscal year unless expressly so provided.

Section 503 prohibits funds from being used to support or defeat legislation.

Section 504 limits the amount available for official reception and representation expenses for the Secretaries of Labor and Education, the Director of the Federal Mediation and Conciliation Service, and the Chairman of the National Mediation Board.

Section 505 requires grantees receiving Federal funds to clearly state the percentage of the total cost of the program or project that will be financed with Federal money.

Section 506 prohibits use of funds for certain research involving human embryos.

Section 507 prohibits use of funds for any activity that promotes the legalization of any drug or substance included in schedule I of the schedules of controlled substances.

Section 508 prohibits funds to be obligated or expended on a contract with an entity that has not submitted a report on qualified veteran employees as required under 38 U.S.C. 4212(d).

Section 509 prohibits any transfer of funds made available in this Act except by the authority provided in this Act or another appropriation Act.

Section 510 limits funds in the bill for public libraries to those that comply with the requirements of the Children's Internet Protection Act.

Section 511 dictates the procedures for the reprogramming of any funds provided in the bill.

Section 512 continues a provision pertaining to appointments to federal scientific advisory committees to prevent the disclosure of information like political affiliation of candidates for appointment.

Section 513 requires each department and related agency funded through this Act to submit an operating plan within 45 days of enactment, detailing any funding allocations that are different than those specified in this Act, the accompanying detailed table, or budget request.

Section 514 requires the Secretaries of Labor, Health and Human Services, and Education to submit a quarterly report to the Committees on Appropriations of the House of Representatives and the Senate containing certain information on noncompetitive contracts, grants, and cooperative agreements exceeding \$500,000 individually or in total.

Section 515 prohibits use of funds to process claims for credit for quarters of coverage based on work performed under a Social Security number that was not the claimant's number, where the performance of such work under such number has formed the basis for a conviction of the claimant of a violation of section 208(a)(6) or (7) of the Social Security Act.

Section 516 prohibits use of funds to implement a Social Security totalization agreement with Mexico.

Section 517 prohibits the use of funds for the downloading or exchanging of pornography.

Section 518 directs certain reporting requirements for conference expenditures.

Section 519 requires disclosure of U.S. taxpayer funding for programs used in advertising.

Section 520 authorizes performance partnership pilots.

Section 521 requires quarterly reports on the status of balances of appropriations from the Departments of Labor, Health and Human Services and Education.

Section 522 requires the Departments of Labor, Health and Human Services, and Education to provide a list of any new or competitive grant award notifications, including supplements, not less than three business days prior to the announcement of recipients of such awards.

Section 523 requires each Department and related agency funded through this Act to provide answers to questions submitted for the record by Members of the Committee within 45 business days after receipt.

Section 524 makes funds from the Children's Health Insurance Program Performance Bonus Fund unavailable for obligation in fiscal year 2022.

Section 525 prohibits the use of funds for the Social Security Administration to finalize or implement a rule related to benefits appeals hearings.

APPROPRIATIONS NOT AUTHORIZED BY LAW

Pursuant to clause 3(f)(1)(B) of rule XIII of the Rules of the House of Representatives, the following table lists the appropriations in the accompanying bill which are not authorized by law for the period concerned (dollars in thousands):

Agency program	Last year of authorization	Authorization level	Appropriations in last year of authorization	Appropriations in this bill
DEPARTMENT OF LABOR				
ETA:				
Adult Employment and Training Activities.	FY2020	\$899,987,000	\$854,649,000	\$923,174,000
Youth Employment and Training Activities.	FY2020	963,837,000	913,130,000	988,604,000
Dislocated Worker Employment and Training Activities.	FY2020	1,436,137,000	1,052,053,000	1,183,554,000
Native Americans	FY2020	54,137,000	55,000,000	58,000,000
Migrant and Seasonal Farm-worker programs.	FY2020	96,211,000	91,896,000	96,711,000
YouthBuild	FY2020	91,087,000	94,534,000	145,000,000
Reintegration of Ex-Offenders	FY2020	106,906,000	98,079,000	150,000,000
Job Corps	FY2020	1,983,236,000	1,743,655,000	1,830,073,000
One-Stop Career Centers/Labor Market Information.	FY2020	70,667,000	62,653,000	67,653,000
VETERANS' EMPLOYMENT AND TRAINING SERVICE				
Homeless Veterans Reintegration Program.	FY2020	50,000,000	55,000,000	67,500,000
DEPARTMENT OF HEALTH AND HUMAN SERVICES				
HRSA:				
Health Careers Opportunity Program.	FY2014	Such Sums	14,153,000	20,500,000
Faculty Loan Repayment	FY2014	5,000,000	1,187,000	2,310,000
Scholarships for Disadvantaged Students.	FY2014	Such Sums	44,857,000	61,970,000
Primary Care Training and Enhancement.	FY2014	Such Sums	36,831,000	49,924,000
Oral Health Training Programs ...	FY2012	25,000,000	40,673,000	42,673,000
Area Health Education Centers ..	FY2014	125,000,000	30,250,000	50,000,000
Education & Training—Geriatrics.				
(Workforce Development)	FY2014	10,800,000	33,237,000	52,737,000
(Career Incentive Awards)	FY2013	10,000,000
National Center for Workforce Analysis.	FY2014	7,500,000	4,651,000	5,663,000
Nurse Education, Practice, Quality and Retention Program.	FY2016	Such Sums	41,913,000	51,913,000
Nurse Practitioner Optional Fellowship Program.	N/A	N/A	N/A	15,000,000
NURSE Corps Scholarship and Loan Repayment Program.	FY2007	Such Sums	87,135,000	108,635,000
Nurse Faculty Loan Program	FY2014	Such Sums	24,500,000	30,500,000
Medical Student Education	N/A	N/A	N/A	75,000,000
Healthy Start	FY2013	Formula	100,746,000	145,000,000
Emergency Relief—Part A	FY2013	789,471,000	649,373,000	700,876,000
Comprehensive Care—Part B	FY2013	1,562,169,000	1,314,446,000	1,387,005,000
Early Intervention—Part C	FY2013	285,766,000	205,544,000	207,079,000

Agency program	Last year of authorization	Authorization level	Appropriations in last year of authorization	Appropriations in this bill
Coordinated Services and Access to Research for Women, Infants, Children and Youth—Part D.	FY2013	87,273,000	75,088,000	80,088,000
Dental Reimbursement—Part F	FY2013	15,802,000	12,991,000	15,122,000
AIDS Education and Training Centers—Part F.	FY2013	42,178,000	33,275,000	44,611,000
Special Projects of National Significance—Part F.	FY2013	25,000,000	25,000,000	30,000,000
Ending the HIV/AIDS Epidemic ...	N/A	N/A	N/A	190,000,000
Organ Transplantation	FY1993	Such Sums	2,767,000	34,049,000
Rural Health Outreach Grants	FY2012	45,000,000	55,553,000	90,000,000
Rural Hospital Flexibility Grants	FY2012	Such Sums	41,040,000	79,009,000
State Offices of Rural Health	FY2002	Such Sums	4,000,000	13,000,000
Telehealth	FY2006	Such Sums	6,814,000	39,000,000
Family Planning Grants	FY 1985	158,400,000	142,500,000	400,000,000
CDC:				
Sexually Transmitted Diseases Grants.	FY1998	Such Sums	112,117,000	166,810,000
National Cancer Registries	FY2003	Such Sums	N/A	51,440,000
National Center for Health Statistics.	FY2003	Such Sums	125,899,000	190,397,000
WISEWOMAN	FY2003	Such Sums	12,419,000	33,120,000
Asthma (Environmental)	FY2005	Such Sums	32,422,000	34,000,000
Folic Acid	FY2005	Such Sums	2,188,000	3,150,000
Injury Prevention and Control	FY2005	Such Sums	138,237,000	1,064,169,000
Oral Health Promotion	FY2005	Such Sums	11,204,000	21,500,000
Screening, Referrals, and Education Regarding Lead Poisoning.	FY2005	40,000,000	36,474,000	50,000,000
Birth Defects, Developmental Disability, Disability and Health.	FY2007	Such Sums	122,242,000	186,810,000
Breast and Cervical Cancer	FY2012	275,000,000	204,779,000	230,000,000
Johanna's Law	FY2014	18,000,000	4,972,000	12,000,000
Public Health Workforce and Career Development.	FY2013	39,500,000	64,000,000	106,000,000
National Diabetes Prevention Program.	FY2014	Such Sums	10,000,000	34,300,000
Section 317 Immunization	FY2014	Such Sums	610,847,000	718,572,000
Young Women's Breast Health Awareness and Support of Young Women Diagnosed with Breast Cancer (PHSA 399NN).	FY2019	4,900,000	4,960,000	5,960,000
Newborn Screening Laboratory Quality and Surveillance.	FY2019	8,000,000	17,250,000	24,250,000
SAMHSA:				
Protection and Advocacy for Individuals with Mental Illness.	FY2003	19,500,000	36,146,000	40,000,000
State Opioid Response Grants	N/A	N/A	N/A	2,000,000,000
AHRQ:				
Research on Health Costs, Quality, and Outcomes.	FY2005	Such Sums	324,000,000	380,000,000
ACF:				
Low Income Home Energy Assistance Program.	FY2007	5,100,000,000	2,161,170,000	3,900,304,000
Child Care and Development Block Grant.	FY2020	2,748,591,018	5,826,000,000	7,377,000,000
Children and Families Services Programs..				
Adoption and Legal Guardianship Incentive Payments.	FY2016	43,000,000	37,943,000	75,000,000
Native American Programs	FY2002	Such Sums	45,826,000	65,000,000
Community Services Block Grant	FY2003	Such Sums	645,762,000	800,000,000
Head Start	FY2012	Such Sums	7,968,544,000	12,182,095,000

Agency program	Last year of authorization	Authorization level	Appropriations in last year of authorization	Appropriations in this bill
Runaway and Homeless Youth Programs.	FY2013	Such Sums	107,852,000	149,787,000
CAPTA programs	FY2015	Such Sums	143,981,000	257,000,000
Family Violence Programs	FY2015	178,500,000	139,500,000	185,000,000
Child Welfare Services	FY2016	325,000,000	268,735,000	489,230,000
Refugee Support Services	FY2002	Such Sums	212,912,000	450,000,000
Transitional and Medical Services.	FY2002	Such Sums	227,243,000	605,000,000
Survivors of Torture	FY2007	25,000,000	9,817,000	27,000,000
ACL: Alzheimer's Diseases Demonstration.	FY2002	Such Sums	11,483,000	34,700,000
Lifespan Respite Care	FY2011	94,810,000	2,495,000	14,220,000
State Health Insurance Assistance Program.	FY1996	10,000,000	N/A	57,115,000
Developmental Disabilities	FY2007	Such Sums	155,115,000	208,514,000
Voting Access for People with Disabilities.	FY2005	17,410,000	13,879,000	12,963,000
Elder Justice/ Adult Protective Services.	FY2014	129,000,000	0	19,400,000
Assistive Technology	FY2010	Such Sums	25,000,000	44,000,000
Traumatic Brain Injury	FY2019	8,600,000	11,321,000	15,321,000
Paralysis Resource Center	FY2011	25,000,000	6,352,000	10,185,000
Limb Loss	N/A	N/A	N/A	4,200
PHSSEF: Preparedness and Emergency Operations.	N/A	N/A	N/A	25,640,000
Policy and Planning	N/A	N/A	N/A	19,917,000
ASPR Operations	N/A	N/A	N/A	32,176,000
Cybersecurity	N/A	N/A	N/A	159,116,000
Office of National Security	N/A	N/A	N/A	8,983,000
DEPARTMENT OF EDUCATION				
Vocational Rehabilitation State Grants.	FY2021	3,675,021,000	3,675,021,000	3,719,121,000
Client Assistance State Grants ..	FY2021	14,098,000	13,000,000	13,000,000
Supported Employment State Grants.	FY2021	32,363,000	22,548,000	22,548,000
Training	FY2021	39,540,000	29,388,000	29,388,000
Demonstration and Training Programs.	FY2021	6,809,000	5,796,000	40,796,000
Services for Older Blind Individuals.	FY2021	39,141,000	33,317,000	33,317,000
Protection and Advocacy of Individual Rights.	FY2021	20,735,000	18,150,000	20,150,000
Helen Keller National Center for Deaf-Blind Youths and Adults.	FY2004	Such Sums	8,666,000	18,500,000
National Technical Institute for the Deaf.	FY2015	Such Sums	67,016,000	84,500,000
Gallaudet University	FY2015	Such Sums	120,275,000	143,361,000
Adult Basic and Literacy Education State Grants.	FY2021	665,067,000	674,955,000	700,000,000
Adult Education National Leadership Activities.	FY2021	13,573,000	13,712,000	38,712,000
Aid for Institutional Development	FY2015	Such Sums	429,762,000	1,134,054,000
Aid for Hispanic-Serving Institutions.	FY2015	Such Sums	109,223,000	236,732,000
International Education And Foreign Language.	FY2015	Such Sums	72,164,000	93,164,000
Teacher Quality Partnerships	FY2011	Such Sums	43,000,000	132,092,000
Federal TRIO Programs	FY2015	Such Sums	839,752,000	1,297,761,000
IDEA National Activities	FY2010	Such Sums	260,203,000	428,357,000
IDEA Grants for Infants and Families.	FY2010	Such Sums	439,427,000	731,850,000

Agency program	Last year of authorization	Authorization level	Appropriations in last year of authorization	Appropriations in this bill
Special Programs for Migrant Students.	FY2015	Such Sums	37,474,000	66,123,000
Comprehensive Centers	FY2008	Such Sums	57,113,000	52,000,000
RELATED AGENCIES				
Corporation for Public Broadcasting.	FY1996	425,000,000	275,000,000	585,000,000
Corporation for National and Community Service.	FY2014	Such Sums	1,049,954,000	1,315,266,000

PROGRAM DUPLICATION

Pursuant to clause 3(c)(5) of rule XIII of the Rules of the House of Representatives, no provision of this bill establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111–139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

COMMITTEE HEARINGS

Pursuant to clause 3(c)(6) of rule XIII of the Rules of the House of Representatives, the following hearings were used to develop or consider the bill:

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held an oversight hearing on February 19, 2021, entitled “COVID–19 and the Child Care Crisis.” The Subcommittee received testimony from:

Melissa Boteach, Vice President, Income Security and Child Care/Early Learning, National Women’s Law Center

Georgia Goldburn, Director, Hope Child Development

Theresa Hawley, First Assistant Deputy Governor, Education, Office of Illinois Governor JB Pritzker

Katharine Stevens, Visiting Scholar, American Enterprise Institute

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held an oversight hearing on February 24, 2021, entitled “Ready or Not: U.S. Public Health Infrastructure.” The Subcommittee received testimony from:

Marilyn Bibbs-Freeman, Ph.D., Deputy Director, Division of Consolidated Laboratory Services, Office of the Secretary of Administration, Commonwealth of Virginia

Jennifer Kertanis, MPH, Director of Health, Farmington Valley Health District, Connecticut

Umair Shah, MD, MPH, Secretary of Health, State of Washington

Kathryn Turner, Ph.D., MPH, Deputy State Epidemiologist and Chief, Bureau of Communicable Disease Prevention, Idaho Division of Public Health

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held an oversight hearing on March 2, 2021, entitled “Health and Safety Protections for Meatpacking,

Poultry, and Agricultural Workers.” The Subcommittee received testimony from:

Deborah Berkowitz, Worker Safety and Health Program Director, National Employment Law Project

Dulce Castañeda, Founding Member, Children of Smithfield

Iris Figueroa, Director of Economic and Environmental Justice, Farmworker Justice

Carmen Rottenberg, Managing Director, Groundswell Group

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held an oversight hearing on March 11, 2021, entitled “COVID-19 and the Mental Health and Substance Use Crises.” The Subcommittee received testimony from:

Mark Stringer, Director, Missouri Department of Mental Health, and member of the National Association of State Alcohol and Drug Abuse Directors

Arthur Evans, Jr., PhD, Chief Executive Officer and Executive Vice President, American Psychological Association

Lisa Amaya-Jackson, MD, MPH, Co-Director, UCLA-Duke University National Center for Child Traumatic Stress

Verna Foust, MS, LPC, NBCC, Chief Executive Officer, Red Rock Behavioral Health Services

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held an oversight hearing on March 23, 2021, entitled “Addressing the Maternal Health Crisis.” The Subcommittee received testimony from:

Stacey D. Stewart, President and CEO, March of Dimes

Wendy Gordon, DM, MPH, CPM, LM, Associate Professor and Chair of the Department of Midwifery, Bastyr University

Carol Sakala, PhD, Director for Maternal Health, National Partnership for Women & Families

Lisa A. Asare, MPH, Assistant Commissioner, Division of Family Health Services, New Jersey Department of Health

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held a budget hearing on April 15, 2021, entitled “FY 2022 Budget Request for the Department of Health and Human Services.” The Subcommittee received testimony from:

The Honorable Xavier Becerra, Secretary, Department of Health and Human Services

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held an oversight hearing on April 20, 2021, entitled “Building Capacity, Building Community: Increasing Investments in Community Colleges.” The Subcommittee received testimony from:

William T. Brown, Ph.D., Chief Executive Officer, Gateway Community College.

Walter Bumphus, Ph.D., President and CEO, American Association of Community Colleges

Kelli Jordan, Director, IBM Career Skills and Performance.

Mary Alice McCarthy, Ph.D., Director, Center on Education and Labor, New America.

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held a budget hearing on April 28, 2021, entitled “FY 2022 Budget Request for the Department of Labor.” The Subcommittee received testimony from:

The Honorable Martin Walsh, Secretary, Department of Labor
 The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held a budget hearing on May 5, 2021, entitled “FY 2022 Budget Request for the Department of Health and Human Services.” The Subcommittee received testimony from:

The Honorable Miguel Cardona, Secretary, Department of Education

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held an oversight hearing on May 13, 2021, entitled “Mental Health Emergencies: Building a Robust Crisis Response System.” The Subcommittee received testimony from:

Charles Dike, FRCPsych, MBChB, MPH, Associate Professor of Psychiatry; Associate Program Director, Law and Psychiatry Fellowship Program, Yale University; Medical Director, Office of the Commissioner, Connecticut Department of Mental Health and Addiction Services

Robert Gebbia, Chief Executive Officer, American Foundation for Suicide Prevention

Chris Richardson, Associate Director of Criminal Justice Services, Mental Health Center of Denver

Tonja Myles, Certified Peer Support Specialist, Community Liaison, The Bridge Center for Hope, RI International

Steven Casstevens, Immediate Past President, International Association of Chiefs of Police

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held a hearing on May 18, 2021, entitled “FY 2022 Member Day.” The Subcommittee received testimony from:

The Honorable Andy Barr, Member of Congress

The Honorable Gus M. Bilirakis, Member of Congress

The Honorable Jamaal Bowman, Member of Congress

The Honorable Earl L. “Buddy” Carter, Member of Congress

The Honorable Ed Case, Member of Congress

The Honorable Veronica Escobar, Member of Congress

The Honorable Brian K. Fitzpatrick, Member of Congress

The Honorable Jim Hagedorn, Member of Congress

The Honorable Josh Harder, Member of Congress

The Honorable Brian Higgins, Member of Congress

The Honorable Sheila Jackson Lee, Member of Congress

The Honorable Gwen Moore, Member of Congress

The Honorable Frank J. Mrvan, Member of Congress

The Honorable John W. Rose, Member of Congress

The Honorable Glenn “GT” Thompson, Member of Congress

The Honorable Jefferson Van Drew, Member of Congress

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held an oversight hearing on May 19, 2021, entitled “Public Witness Day.” The Subcommittee received testimony from:

E. Dale Abel, Chair in Internal Medicine & Chair in Diabetes Research, University of Iowa, Carver, on behalf of Friends of the National Institute of Diabetes and Digestive and Kidney Diseases

John Auerbach, President & CEO, Trust for America’s Health

Robert Blancato, Executive Director, National Association of Nutrition and Aging Services Programs

Kevin Brown, Director of Policy, Advocacy & Legislative Affairs, Safer Foundation

Amalia Chamorro, Director of Education Policy, UnidosUS

Michael C. Crair, William Ziegler III Professor, Vice Provost for Research, Yale University, on behalf of National Alliance for Eye and Vision Research

Rachael DeSpain, Head Start and Early Head Start Director, Tri-County Opportunities Council

Lori Fogarty, Director & CEO, Oakland Museum of California, on behalf of American Alliance of Museums

Mark Herzberg, Professor, Department of Diagnostic and Biological Sciences, University of Minnesota School of Dentistry, on behalf of American Association for Dental Research

Kathleen B. Kennedy, Chair, Association of Minority Health Professions Schools, Inc.

Angela Kimball, National Director of Advocacy & Public Policy, National Alliance on Mental Illness

Nickolaus D. Lewis, Councilman, Lummi Indian Business Council; Chairman, Northwest Portland Area Indian Health Board; Vice Chairperson & Portland Area Representative, Nat, Northwest Portland Area Indian Health Board

Lorraine M. Martin, President & CEO, National Safety Council

José Muñoz, Interim Director, Institute for Educational Leadership; Director, Coalition for Community Schools, The Institute for Educational Leadership

Joanne Pike, Chief Strategy Officer, Alzheimer's Association

Erin Prangley, Co-Chair, Developmental Disabilities, Autism and Family Supports Task Force, Consortium for Citizens with Disabilities

Virgil Rambeau, Community Health Associate Clinical Social Worker, Sacramento Native American Health Center, on behalf of Council for Opportunity in Education

Dr. Carl Reddy, Director, Training Programs in Epidemiology and Public Health Interventions Network, The Task Force for Global Health

Kathryn G. Schubert, President & CEO, Society for Women's Health Research

Laura Thomas, Director of Harm Reduction Policy, San Francisco AIDS Foundation

David A. Tuveson, President, American Association for Cancer Research

Brian Wallach, Co-Founder, I AM ALS

Mark Wolfe, Executive Director, National Energy Assistance Directors Association

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held a budget hearing on May 25, 2021, entitled "FY 2022 Budget Request for the National Institutes of Health." The Subcommittee received testimony from:

Dr. Francis Collins, Director, National Institutes of Health

Dr. Diana Bianchi, Director, Eunice Kennedy Shriver National Institute of Child Health and Human Development

Dr. Anthony Fauci, Director, National Institute of Allergy and Infectious Diseases

Dr. Gary Gibbons, Director, National Heart, Lung, and Blood Institute

Dr. Norman Sharpless, Director, National Cancer Institute
 Dr. Nora Volkow, Director, National Institute on Drug Abuse
 The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies held a budget hearing on May 26, 2021, entitled “FY 2022 Budget Request for the Centers for Disease Control and Prevention.” The Subcommittee received testimony from:

Dr. Rochelle Walensky, Director, Centers for Disease Control and Prevention

Dr. Anne Schuchat, Principal Deputy Director, Centers for Disease Control and Prevention

COMPARISON WITH THE BUDGET RESOLUTION

Section 308(a)(1)(A) of the Congressional Budget Act requires the report accompanying a bill providing new budget authority to contain a statement comparing the levels in the bill to the suballocations submitted under section 302(b) of the Act for the most recently agreed to concurrent resolution on the budget for the applicable fiscal year:

[TO BE INSERTED]

FIVE-YEAR OUTLAY PROJECTIONS

In compliance with section 308(a)(1)(B) of the Congressional Budget and Impoundment Control Act of 1974 (Public Law 93–344), as amended, the following table contains five-year projections associated with the budget authority provided in the accompanying bill:

[TO BE INSERTED]

ASSISTANCE TO STATE AND LOCAL GOVERNMENTS

In accordance with section 308(a)(1)(C) of the Congressional Budget Act of 1974, as amended, the Congressional Budget Office has provided the following estimates of new budget authority and outlays provided by the accompanying bill for financial assistance to State and local governments:

[TO BE INSERTED]

FULL COMMITTEE VOTES

[TO BE PROVIDED]

MINORITY VIEWS

[TO BE PROVIDED]

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE I--DEPARTMENT OF LABOR					
EMPLOYMENT AND TRAINING ADMINISTRATION					
Training and Employment Services					
Grants to States:					
Adult Training, current year appropriations.....	150,649	187,987	211,174	+60,525	+23,187
Available from prior year appropriations.....	712,000	712,000	712,000	---	---
Subtotal, available this fiscal year.....	862,649	899,987	923,174	+60,525	+23,187
Advance appropriation FY2023.....	712,000	712,000	712,000	---	---
less prior year appropriations.....	-712,000	-712,000	-712,000	---	---
Subtotal, appropriated in this bill.....	862,649	899,987	923,174	+60,525	+23,187
Youth Training.....	921,130	963,837	988,604	+67,474	+24,767
Dislocated Worker Assistance, current year appropriations.....	201,553	295,278	323,554	+122,001	+28,276
Available from prior year appropriations.....	860,000	860,000	860,000	---	---
Subtotal, available this fiscal year.....	1,061,553	1,155,278	1,183,554	+122,001	+28,276
Advance appropriation FY 2023.....	860,000	860,000	860,000	---	---
less prior year appropriations.....	-860,000	-860,000	-860,000	---	---
Subtotal, appropriated in this bill.....	1,061,553	1,155,278	1,183,554	+122,001	+28,276

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Total, Grants to States.....	2,845,332	3,019,102	3,095,332	+250,000	+76,230
Current year appropriations.....	(1,273,332)	(1,447,102)	(1,523,332)	(+250,000)	(+76,230)
Advance appropriations.....	(1,572,000)	(1,572,000)	(1,572,000)	---	---
National Programs:					
Dislocated Worker Assistance National Reserve:					
Current year appropriations.....	80,859	180,859	235,859	+155,000	+55,000
Available from prior year appropriations.....	200,000	200,000	200,000	---	---
Subtotal, available this fiscal year.....	280,859	380,859	435,859	+155,000	+55,000
Advance appropriations FY 2023.....	200,000	200,000	200,000	---	---
Less prior year appropriations.....	-200,000	-200,000	-200,000	---	---
Subtotal, appropriated in this bill.....	280,859	380,859	435,859	+155,000	+55,000
Total, Dislocated Worker Assistance.....	1,342,412	1,536,137	1,619,413	+277,001	+83,276
Native American programs:					
Native American programs.....	55,500	58,000	58,000	+2,500	---
Migrant and Seasonal Farmworker programs.....	93,896	96,711	96,711	+2,815	---
YouthBuild activities.....	96,534	145,000	145,000	+48,466	---
Reintegration of Ex-Offenders.....	100,079	150,000	150,000	+49,921	---
Workforce Data Quality Initiative.....	6,000	6,000	7,250	+1,250	+1,250
Apprenticeship programs.....	185,000	285,000	285,000	+100,000	---
Community Projects.....	---	---	63,956	+63,956	+63,956
National Youth Employment Program.....	---	50,000	50,000	+50,000	---
Veterans Clean Energy Training.....	---	20,000	20,000	+20,000	---
Total, National Programs.....	817,868	1,191,570	1,311,776	+493,908	+120,206
Current year appropriations.....	(617,868)	(891,570)	(1,111,776)	(+493,908)	(+120,206)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Advance appropriations.....	(200,000)	(200,000)	(200,000)	---	---
Total, Training and Employment Services.....	3,663,200	4,210,672	4,407,108	+743,908	+196,436
Current year appropriations.....	(1,891,200)	(2,438,672)	(2,635,108)	(+743,908)	(+196,436)
Advance appropriations.....	(1,772,000)	(1,772,000)	(1,772,000)	---	---
Job Corps					
Operations.....	1,603,325	1,603,011	1,653,325	+50,000	+50,314
Construction, Rehabilitation and Acquisition.....	113,000	113,000	138,000	+25,000	+25,000
Administration.....	32,330	38,748	38,748	+6,418	---
Total, Job Corps.....	1,748,655	1,754,759	1,830,073	+81,418	+75,314
Community Service Employment For Older Americans.....	405,000	405,000	450,000	+45,000	+45,000
Federal Unemployment Benefits and Allowances (indefinite).....	633,600	551,000	551,000	-82,600	---
State Unemployment Insurance and Employment Service Operations					
Unemployment Compensation (trust fund)					
State Operations.....	2,356,816	2,875,214	2,866,214	+509,398	-9,000
Reemployment eligibility assessments--UI integrity	117,000	117,000	117,000	---	---
Program integrity (cap adjustment).....	83,000	133,000	133,000	+50,000	---
UI Integrity Center of Excellence.....	9,000	---	9,000	---	+9,000
Subtotal, Unemployment Compensation.....	2,565,816	3,125,214	3,125,214	+559,398	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Federal-State UI National Activities (trust fund).....	18,000	118,108	118,108	+100,108	---
Employment Service (ES):					
Grants to States:					
Federal Funds.....	21,413	21,413	21,413	---	---
Trust Funds.....	648,639	677,449	727,449	+78,810	+50,000
Subtotal, Grants to States.....	670,052	698,862	748,862	+78,810	+50,000
ES National Activities (trust fund).....	22,318	22,318	22,318	---	---
Subtotal, Employment Service.....	692,370	721,180	771,180	+78,810	+50,000
Federal Funds.....	(21,413)	(21,413)	(21,413)	---	---
Trust Funds.....	(670,957)	(699,767)	(749,767)	(+78,810)	(+50,000)
Foreign Labor Certifications:					
Federal Administration.....	57,528	63,324	67,793	+10,265	+4,469
Federal Funds.....	---	---	---	---	---
Grants to States.....	20,282	26,282	26,282	+6,000	---
Federal Funds.....	---	---	---	---	---
Subtotal, Foreign Labor Certification.....	77,810	89,606	94,075	+16,265	+4,469
One-Stop Career Centers/Labor Market Information.....	62,653	67,653	67,653	+5,000	---
Total, State Unemployment Insurance and Employment Service Operations.....	3,416,649	4,121,761	4,176,230	+759,581	+54,469
Federal Funds.....	(84,066)	(89,066)	(89,066)	(+5,000)	---
Trust Funds.....	(3,332,583)	(4,032,695)	(4,087,164)	(+754,581)	(+54,469)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Program Administration					
Training and Employment.....	62,040	84,907	84,907	+22,867	---
Trust Funds.....	8,639	11,112	11,112	+2,473	---
Employment Security.....	3,440	3,987	3,987	+547	---
Trust Funds.....	39,264	53,485	53,485	+14,221	---
Apprenticeship Services.....	36,100	47,272	47,272	+11,112	---
Executive Direction.....	7,034	8,331	8,331	+1,297	---
Trust Funds.....	2,079	2,409	2,409	+330	---
Total, Program Administration.....	158,656	211,503	211,503	+52,847	---
Federal Funds.....	(108,674)	(144,497)	(144,497)	(+35,823)	---
Trust Funds.....	(49,982)	(67,006)	(67,006)	(+17,024)	---
Total, Employment and Training Administration...	10,025,760	11,254,695	11,625,914	+1,600,154	+371,219
Federal Funds.....	6,726,195	7,287,994	7,604,744	+878,549	+316,750
Current year appropriations.....	(4,954,195)	(5,515,994)	(5,832,744)	(+878,549)	(+316,750)
Advance appropriations.....	(1,772,000)	(1,772,000)	(1,772,000)	---	---
Trust Funds.....	3,382,565	4,099,701	4,154,170	+771,605	+54,469

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Employee Benefits Security Administration (EBSA)					
Salaries and Expenses	181,000	218,475	218,475	+37,475	---
Employee benefits security programs					
Total, Employee Benefits Security Administration	181,000	218,475	218,475	+37,475	---
Pension Benefit Guaranty Corporation (PBGC)					
Pension Benefit Guaranty Corporation Fund					
Consolidated Administrative budget	(465,289)	(472,955)	(472,955)	(+7,666)	---
Wage and Hour Division					
Salaries and Expenses	246,000	276,500	300,000	+54,000	+23,500
Office of Labor-Management Standard					
Salaries and Expenses	44,437	51,554	44,437	---	-7,117
Office of Federal Contract Compliance Programs					
Salaries and Expenses	105,976	140,732	140,732	+34,756	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Office of Workers' Compensation Programs					
Salaries and Expenses.....	115,424	138,604	138,604	+23,180	---
Trust Funds.....	2,177	2,205	2,205	+28	---
Total, Salaries and Expenses.....	117,601	140,809	140,809	+23,208	---
Federal Funds.....	(115,424)	(138,604)	(138,604)	(+23,180)	---
Trust Funds.....	(2,177)	(2,205)	(2,205)	(+28)	---
Total, Special Benefits.....	237,000	242,000	242,000	+5,000	---
Federal Employees' Compensation Benefits.....	237,000	242,000	242,000	+5,000	---
Longshore and Harbor Workers' Benefits.....	2,000	2,000	2,000	---	---
Total, Special Benefits.....	239,000	244,000	244,000	+5,000	---
Special Benefits for Disabled Coal Miners					
Benefit Payments.....	50,000	42,000	42,000	-8,000	---
Administration.....	4,970	4,970	4,970	---	---
Subtotal, available this fiscal year.....	54,970	46,970	46,970	-8,000	---
Advance appropriations, FY 2023, 1st quarter.....	14,000	11,000	11,000	-3,000	---
Less prior year advance appropriations.....	(14,000)	(14,000)	(14,000)	---	---
Total, appropriated in this bill.....	54,970	43,970	43,970	-11,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Energy Employees Occupational Illness Compensation Fund					
Administrative Expenses.....	62,507	63,428	63,428	+921	---
Black Lung Disability Trust Fund					
Benefit Payments and Interest on Advances.....	308,626	251,745	251,745	-56,881	---
Workers' Compensation Programs, Salaries and Expenses.....	40,643	41,464	41,464	+821	---
Departmental Management, Salaries and Expenses.....	33,033	37,598	37,598	+4,565	---
Departmental Management, Inspector General.....	333	342	342	+9	---
Subtotal, Black Lung Disability Trust Fund.....	382,635	331,149	331,149	-51,486	---
Treasury Department Administrative Costs.....	356	356	356	---	---
Total, Black Lung Disability Trust Fund.....	382,991	331,505	331,505	-51,486	---
Total, Workers' Compensation Programs.....	857,069	823,712	823,712	-33,357	---
Federal Funds.....	854,892	821,507	821,507	-33,385	---
Current year appropriations.....	(840,892)	(810,507)	(810,507)	(-30,385)	---
Advance appropriations.....	(14,000)	(11,000)	(11,000)	(-3,000)	---
Trust Funds.....	2,177	2,205	2,205	+28	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Occupational Safety and Health Administration (OSHA)					
Salaries and Expenses					
Safety and Health Standards.....	18,000	28,450	28,450	+10,450	---
Federal Enforcement.....	228,711	254,634	274,634	+45,923	+20,000
Whistleblower enforcement.....	19,064	24,999	30,000	+10,936	+5,001
State Programs.....	110,075	117,575	118,737	+8,662	+1,162
Technical Support.....	24,469	26,394	26,394	+1,925	---
Compliance Assistance:					
Federal Assistance.....	75,231	86,175	86,175	+10,944	---
State Consultation Grants.....	61,500	63,500	63,500	+2,000	---
Training Grants.....	11,787	13,787	14,787	+3,000	+1,000
Subtotal, Compliance Assistance.....	148,518	163,462	164,462	+15,944	+1,000
Safety and Health Statistics.....	32,900	39,479	39,479	+6,579	---
Executive Direction and Administration.....	10,050	9,631	9,631	-419	---
Floor Amendment unspecified.....					
Total, Occupational Safety and Health Administration.....	591,787	664,624	691,787	+100,000	+27,163

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Mine Safety and Health Administration					
Salaries and Expenses					
Mine Safety and Health Enforcement.....	260,500	302,257	282,256	+21,756	-20,001
Standards Development.....	4,500	7,744	7,744	+3,244	-
Assessments.....	6,627	8,377	6,627	-	-1,750
Educational Policy and Development.....	39,320	43,038	39,320	-	-3,718
Technical Support.....	35,041	43,227	35,041	-	-8,186
Program Evaluation and Information Resources (PEIR).....	17,990	20,815	17,990	-	-2,825
Program Administration.....	15,838	21,743	15,838	-	-5,905
Total, Mine Safety and Health Administration.....	379,816	447,201	404,816	+25,000	-42,385
Total, Worker Protection Agencies.....	1,666,617	1,939,895	1,941,056	+274,439	+1,161
Federal Funds.....	(1,664,440)	(1,937,690)	(1,938,851)	(+274,411)	(+1,161)
Trust Funds.....	(2,177)	(2,205)	(2,205)	(+28)	-

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Bureau of Labor Statistics					
Salaries and Expenses					
Employment and Unemployment Statistics.....	228,261	231,041	231,041	+2,780	---
Labor Market Information (trust fund).....	68,000	68,000	68,000	---	---
Prices and Cost of Living.....	216,208	233,033	233,033	+16,825	---
Compensation and Working Conditions.....	84,031	89,875	89,875	+5,844	---
Productivity and Technology.....	10,500	12,375	12,375	+1,875	---
Executive Direction and Staff Services.....	48,000	66,329	66,329	+18,329	---
Total, Bureau of Labor Statistics.....	655,000	700,653	700,653	+45,653	---
Federal Funds.....	587,000	632,653	632,653	+45,653	---
Trust Funds.....	68,000	68,000	68,000	---	---
Office of Disability Employment Policy					
Salaries and Expenses.....	38,500	42,711	42,711	+4,211	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Department Management					
Salaries and Expenses					
Executive Direction.....	30,250	35,023	35,023	+4,773	---
Departmental Program Evaluation.....	8,040	10,040	10,040	+2,000	---
Legal Services.....	123,745	154,321	154,321	+30,576	---
Trust Funds.....	308	308	308	---	---
International Labor Affairs.....	96,125	123,751	136,000	+39,875	+12,249
Administration and Management.....	28,450	39,308	39,308	+10,858	---
Adjudication.....	35,000	41,013	41,013	+6,013	---
Women's Bureau.....	15,050	20,000	25,000	+9,950	+5,000
Civil Rights Activities.....	6,880	10,344	10,344	+3,464	---
Chief Financial Officer.....	5,516	5,862	5,862	+346	---
Total, Salaries and Expenses.....	349,364	439,970	457,219	+107,855	+17,249
Federal Funds.....	(349,056)	(439,662)	(456,911)	(+107,855)	(+17,249)
Trust Funds.....	(308)	(308)	(308)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Veterans' Employment and Training					
State Administration, Grants.....	180,000	180,000	180,000	---	---
Transition Assistance Program.....	31,379	31,379	31,379	---	---
Federal Administration.....	44,048	52,538	52,538	+8,490	---
National Veterans' Employment and Training Services Institute.....	3,414	3,414	3,414	---	---
Homeless Veterans' Programs (trust fund).....	57,500	57,500	67,500	+10,000	+10,000
Total, Veterans' Employment and Training.....	316,341	324,831	334,831	+18,490	+10,000
Federal Funds.....	57,500	57,500	67,500	+10,000	+10,000
Trust Funds.....	258,841	267,331	267,331	+8,490	---
IT Modernization					
Departmental support systems.....	4,889	4,889	4,889	---	---
Infrastructure technology modernization.....	22,380	32,380	32,380	+10,000	---
Total, IT Modernization.....	27,269	37,269	37,269	+10,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
WORKING CAPITAL FUND					
Office of Inspector General					
Program Activities.....	85,187	89,738	89,738	+4,551	-
Trust Funds.....	5,660	5,660	5,660	-	-
Total, Office of Inspector General.....	90,847	95,398	95,398	+4,551	-
Trust funds.....	5,660	5,660	5,660	-	-
Total, Departmental Management.....	783,821	933,468	960,717	+176,896	+27,249
Federal Funds.....	519,012	660,169	687,418	+168,406	+27,249
Trust Funds.....	264,809	273,299	273,299	+8,490	-
Total, Workforce Innovation and Opportunity Act Programs.....	5,411,855	5,865,431	6,237,181	+825,326	+271,750
Current year appropriations.....	(3,639,855)	(4,193,431)	(4,465,181)	(+825,326)	(+271,750)
Advance appropriations.....	(1,772,000)	(1,772,000)	(1,772,000)	-	-
Total, Title I, Department of Labor.....	13,909,166	15,554,325	15,953,954	+2,044,788	+399,629
Federal Funds.....	10,191,615	11,111,120	11,456,280	+1,264,665	+345,160
Current year appropriations.....	(8,405,615)	(9,328,120)	(9,673,280)	(+1,267,665)	(+345,160)
Advance appropriations.....	(1,786,000)	(1,783,000)	(1,783,000)	(-3,000)	-
Trust Funds.....	3,717,551	4,443,205	4,497,674	+780,123	+54,469

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE II -- DEPARTMENT OF HEALTH AND HUMAN SERVICES					
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
Primary Health Care					
Community Health Centers.....	1,682,772	1,732,772	1,830,772	+148,000	+98,000
Mandatory budget authority (Public Law 115-123).....	(4,000,000)	(4,000,000)	(4,000,000)	---	---
Total, Community Health Centers.....	(5,682,772)	(5,732,772)	(5,830,772)	(+148,000)	(+98,000)
Free Clinics Medical Malpractice.....	1,000	1,000	1,000	---	---
Total, Primary Health Care.....	1,683,772	1,733,772	1,831,772	+148,000	+98,000
Health Workforce					
National Health Service Corps.....	120,000	185,000	185,000	+65,000	---
Training for Diversity:					
Centers of Excellence.....	23,711	26,711	31,711	+8,000	+5,000
Health Careers Opportunity Program.....	15,000	18,500	20,500	+5,500	+2,000
Faculty Loan Repayment.....	1,190	2,310	2,310	+1,120	---
Scholarships for Disadvantaged Students.....	51,470	51,970	61,970	+10,500	+10,000
Total, Training for Diversity.....	91,371	99,491	116,491	+25,120	+17,000
Primary Care Training and Enhancement.....	48,924	48,924	49,924	+1,000	+1,000
Oral Health Training.....	40,673	40,673	42,673	+2,000	+2,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Interdisciplinary Community-Based Linkages:					
Area Health Education Centers.....	43,250	43,250	50,000	+6,750	+6,750
Geriatric Programs.....	42,737	46,537	52,737	+10,000	+6,200
Mental and Behavioral Health.....	37,916	---	43,916	+6,000	+43,916
Behavioral Health Workforce Education and Training	112,000	224,874	181,000	+69,000	-43,874
Total, Interdisciplinary Community Linkages...	235,903	314,661	327,653	+91,750	+12,992
Workforce Assessment					
Public Health and Preventive Medicine programs.....	5,663	5,663	5,663	---	---
	17,000	18,000	23,000	+6,000	+5,000
Subtotal, Health Professions Education and Training.....	439,534	527,412	565,404	+125,870	+37,992
Nursing Programs:					
Advanced Education Nursing.....	75,581	80,581	82,081	+6,500	+1,500
Nurse Education, Practice, and Retention.....	46,913	46,913	51,913	+5,000	+5,000
Nurse Practitioner Optional Fellowship Program....	5,000	---	15,000	+10,000	+15,000
Nursing Workforce Diversity.....	19,843	23,343	26,343	+6,500	+3,000
Nurse Corps Scholarship and Loan Repayment Program	88,635	88,635	108,635	+20,000	+20,000
Nursing Faculty Loan Program.....	28,500	28,500	30,500	+2,000	+2,000
Total, Nursing programs.....	264,472	267,972	314,472	+50,000	+46,500

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Children's Hospitals Graduate Medical Education.....	350,000	350,000	400,000	+50,000	+50,000
Medical Student Education	50,000	50,000	75,000	+25,000	+25,000
Pediatric Subspecialty Loan Repayment Program.....	---	---	25,000	+25,000	+25,000
National Practitioner Data Bank.....	18,814	18,814	18,814	---	---
User Fees.....	-18,814	-18,814	-18,814	---	---
Total, Health Workforce.....	1,224,006	1,380,384	1,564,876	+340,870	+184,492
Maternal and Child Health					
Maternal and Child Health Block Grant.....	712,700	822,700	868,700	+156,000	+46,000
Sickle Cell Disease Treatment Program.....	7,205	7,205	9,205	+2,000	+2,000
Autism and Other Developmental Disabilities.....	53,344	57,344	57,344	+4,000	---
Heritable Disorders in Newborns and Children.....	18,883	18,883	25,883	+7,000	+7,000
Healthy Start.....	128,000	128,000	145,000	+17,000	+17,000
Universal Newborn Hearing Screening.....	17,818	17,818	19,518	+1,700	+1,700
Emergency Medical Services for Children.....	22,334	28,134	28,134	+5,800	---
Screening and Treatment for Maternal Depression.....	5,000	10,000	10,000	+5,000	---
Pediatric Mental Health Care Access.....	10,000	10,000	25,000	+15,000	+15,000
Total, Maternal and Child Health.....	975,284	1,100,084	1,188,784	+213,500	+88,700

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Ryan White HIV/AIDS Program					
Emergency Assistance (Part A).....	655,876	665,876	700,876	+45,000	+35,000
Comprehensive Care Programs (Part B).....	1,315,005	1,345,005	1,387,005	+72,000	+42,000
AIDS Drug Assistance Program (ADAP) (NA).....	(900,313)	(900,313)	(900,313)	---	---
Early Intervention Program (Part C).....	201,079	207,079	207,079	+6,000	---
Children, Youth, Women, and Families (Part D).....	75,088	75,088	80,088	+5,000	+5,000
AIDS Dental Services (Part F).....	13,122	13,122	15,122	+2,000	+2,000
Education and Training Centers (Part F).....	33,611	33,611	44,611	+11,000	+11,000
Special Projects of Regional and National Significance (SPRNS).....	25,000	25,000	30,000	+5,000	+5,000
Domestic HIV/AIDS Initiative.....	105,000	190,000	190,000	+85,000	---
Transfers from Nonrecurring Expenses Fund.....	(50,000)	---	---	(-50,000)	---
Total, Ryan White HIV/AIDS program.....	2,423,781	2,554,781	2,654,781	+231,000	+100,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Health Care Systems					
Organ Transplantation.....	29,049	29,049	34,049	+5,000	+5,000
National Cord Blood Inventory.....	18,266	49,275	20,266	+2,000	-29,009
C.W. Bill Young Cell Transplantation.....	31,009	---	33,009	+2,000	+33,009
340B Drug Pricing program/Office of Pharmacy Affairs..	10,238	17,238	17,238	+7,000	---
Poison Control Centers.....	24,846	24,846	26,846	+2,000	+2,000
Hansen's Disease Program.....	13,706	13,706	13,706	---	---
Hansen's Disease Program - Buildings and Facilities...	122	122	122	---	---
Payment to Hawaii, Treatment of Hansen's.....	1,857	1,857	1,857	---	---
Subtotal, Health Care Systems Bureau, appropriation	129,093	136,093	147,093	+18,000	+11,000
Rural Health					
Rural Outreach Grants.....	82,500	90,000	90,000	+7,500	---
Rural Health Research/Policy Development.....	11,076	11,076	11,576	+500	+500
Rural Hospital Flexibility Grants.....	55,609	57,509	79,009	+23,400	+21,500
State Offices of Rural Health.....	12,500	12,500	13,000	+500	+500
Black Lung Clinics.....	11,500	12,190	12,190	+690	---
Radiation Exposure Screening and Education Program...	1,834	2,734	2,734	+900	---
Telehealth.....	34,000	36,500	39,000	+5,000	+2,500
Rural Communities Opioid Response.....	110,000	165,000	140,000	+30,000	-25,000
Rural Residency Program.....	10,500	12,700	12,700	+2,200	---
Total, Rural Health.....	329,519	400,209	400,209	+70,690	---
Family Planning.....	286,479	340,000	400,000	+113,521	+60,000
Program Management.....	155,300	167,971	536,407	+381,107	+368,436
Total, health resources and services (HRS).....	7,207,234	7,813,294	8,723,922	+1,516,688	+910,628

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Vaccine Injury Compensation Program Trust Fund					
Post-FY 1988 Claims.....	265,600	316,778	316,778	+51,178	---
HRSA Administrative expenses.....	11,200	16,200	16,200	+5,000	---
Total, Vaccine Injury Compensation Trust Fund....	276,800	332,978	332,978	+56,178	---
Countermeasures Injury Compensation Trust Fund.....	---	5,000	5,000	+5,000	---
Total, Health Resources and Services Administration.....	7,484,034	8,151,272	9,061,900	+1,577,866	+910,628

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
CENTERS FOR DISEASE CONTROL AND PREVENTION					
Immunization and Respiratory Diseases.....	448,805	526,580	531,580	+82,775	+5,000
Prevention and Public Health Fund 1/.....	(372,200)	(419,350)	(419,350)	(+47,150)	----
Subtotal.....	(821,005)	(945,930)	(950,930)	(+129,925)	(+5,000)
HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention.....					
	1,314,056	1,420,556	1,501,556	+187,500	+81,000
Emerging and Zoonotic Infectious Diseases.....	596,272	626,272	674,272	+78,000	+48,000
Prevention and Public Health Fund 1/.....	(52,000)	(52,000)	(52,000)	----	----
Subtotal (including transfers).....	648,272	678,272	726,272	+78,000	+48,000
Chronic Disease Prevention and Health Promotion.....					
	1,021,714	1,197,714	1,302,114	+280,400	+104,400
Prevention and Public Health Fund 1/.....	(254,950)	(254,950)	(254,950)	----	----
Subtotal.....	1,276,664	1,452,664	1,557,064	+280,400	+104,400
Birth Defects, Developmental Disabilities, Disabilities and Health.....					
	167,810	172,810	186,810	+19,000	+14,000
Subtotal.....	167,810	172,810	186,810	+19,000	+14,000
Public Health Scientific Services.....					
	591,997	609,997	756,997	+165,000	+147,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Evaluation Tap Funding.....	---	(132,000)	---	---	(-132,000)
Subtotal (including transfers).....	(591,997)	(741,997)	(756,997)	(+165,000)	(+15,000)
Environmental Health.....	205,850	308,850	326,350	+120,500	+17,500
Prevention and Public Health Fund 1/.....	(17,000)	(17,000)	(17,000)	---	---
Subtotal.....	222,850	332,850	343,350	+120,500	+10,500
Injury Prevention and Control.....	682,879	1,103,169	1,064,169	+381,290	-39,000
National Institute for Occupational Safety and Health. Energy Employees Occupational Illness Compensation Program.....	345,300	345,300	360,300	+15,000	+15,000
	55,358	55,358	55,358	---	---
Global Health.....	592,843	697,843	842,843	+250,000	+145,000
Public Health Preparedness and Response.....	842,200	842,200	862,200	+20,000	+20,000
Buildings and Facilities.....	30,000	55,000	55,000	+25,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	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	113,570	113,570	---	---
Infectious Diseases Rapid Response Reserve Fund.....	10,000	35,000	35,000	+25,000	---
Public Health Infrastructure and Capacity.....	---	400,000	1,000,000	+1,000,000	+600,000
Subtotal.....	(283,570)	(708,570)	(1,308,570)	(+1,025,000)	(+600,000)
Total, Centers for Disease Control and Prevention.....	7,018,654	8,510,219	9,668,119	+2,649,465	+1,157,900
Discretionary.....	6,963,296	8,454,861	9,612,761	+2,649,465	+1,157,900
Evaluation Tap Funding (NA).....	---	(139,000)	---	---	(-139,000)
Prevention and Public Health Fund 1/.....	(856,150)	(903,300)	(903,300)	(+47,150)	---
Total, Centers for Disease Control Program Level	(7,874,804)	(9,552,519)	(10,571,419)	(+2,696,615)	(+1,018,900)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
NATIONAL INSTITUTES OF HEALTH					
National Cancer Institute (NCI).....	6,364,852	6,539,302	6,798,056	+433,204	+258,754
NIH Innovation Account, CURES Act 2/.....	195,000	194,000	194,000	-1,000	---
Subtotal, NCI.....	6,559,852	6,733,302	6,992,056	+432,204	+258,754
National Heart, Lung, and Blood Institute (NHLBI).....	3,664,811	3,845,681	3,866,828	+202,017	+21,147
National Institute of Dental and Craniofacial Research (NIDCR).....	484,867	516,197	519,010	+34,143	+2,813
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK).....	2,131,975	2,219,298	2,237,625	+105,650	+18,327
Juvenile Diabetes (mandatory).....	(150,000)	(150,000)	(150,000)	---	---
Subtotal, NIDDK.....	2,281,975	2,369,298	2,387,625	+105,650	+18,327
National Institute of Neurological Disorders and Stroke (NINDS).....	2,463,393	2,707,300	2,723,515	+260,122	+16,215
NIH Innovation Account, CURES Act2/.....	50,000	76,000	76,000	+26,000	---
Subtotal, NINDS.....	2,513,393	2,783,300	2,799,515	+286,122	+16,215
National Institute of Allergy and Infectious Diseases (NIAID).....	6,069,619	6,245,926	6,557,803	+488,184	+311,877
National Institute of General Medical Sciences (NIGMS) Evaluation Tap Funding.....	1,719,912 (1,271,505)	1,824,598 (1,271,505)	1,868,151 (1,271,505)	+148,239 ---	+43,553 ---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Subtotal, NIGMS	2,991,417	3,096,103	3,139,656	+148,239	+43,553
National Institute of Child Health and Human Development (NICHD)	1,590,337	1,942,117	1,689,786	+99,449	-252,331
National Eye Institute (NEI)	835,714	858,535	877,129	+41,415	+18,594
National Institute of Environmental Health Sciences (NIEHS)	814,675	937,107	941,799	+127,124	+4,692
National Institute on Aging (NIA)	3,899,227	4,035,591	4,258,049	+358,822	+222,458
National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)	634,292	680,186	679,410	+45,118	-776
National Institute on Deafness and Other Communication Disorders (NIDCD)	498,076	511,792	522,758	+24,682	+10,966
National Institute of Nursing Research (NINR)	174,957	199,755	200,782	+25,825	+1,027
National Institute on Alcohol Abuse and Alcoholism (NIAAA)	554,923	570,165	582,422	+27,499	+12,257
National Institute on Drug Abuse (NIDA)	1,479,660	1,852,503	1,860,329	+380,669	+7,826
National Institute of Mental Health (NIMH)	2,053,708	2,137,574	2,147,085	+93,377	+9,511
NIH Innovation Account, CURES Act2/	50,000	76,000	76,000	+26,000	-
Subtotal, NIMH	2,103,708	2,213,574	2,223,085	+119,377	+9,511
National Human Genome Research Institute (NHGRI)	615,780	632,973	646,295	+30,515	+13,322
National Institute of Biomedical Imaging and Bioengineering (NIBIB)	410,728	422,039	431,081	+20,353	+9,042
National Center for Complementary and Integrative Health (NCCIH)	154,162	184,323	185,295	+31,133	+972
National Institute on Minority Health and Health Disparities (NIMHD)	390,865	652,244	661,879	+271,014	+9,635
John E. Fogarty International Center (FIC)	84,044	96,322	96,842	+12,798	+520

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
National Library of Medicine (NLM).....	463,787	474,864	486,769	+22,982	+11,905
National Center for Advancing Translational Sciences (NCATS).....	855,421	878,957	897,812	+42,391	+18,855
Subtotal, NCATS.....	855,421	878,957	897,812	+42,391	+18,855
Office of the Director.....	2,411,110	2,237,259	2,667,385	+256,275	+430,126
Common Fund (non-add).....	(635,939)	(645,939)	(657,112)	(+21,173)	(+11,173)
Office for Research on Women's Health (non-add)...	(43,925)	(52,303)	(61,480)	(+17,555)	(+9,177)
Gabriella Miller Kids First Research Act (Common Fund add).....	12,600	12,600	12,600	---	---
NIH Innovation Account, CURES Act2/.....	109,000	150,000	150,000	+41,000	---
Advance Research Projects Agency for Health (ARPA-H)...	---	6,500,000	3,000,000	+3,000,000	-3,500,000
Buildings and Facilities.....	200,000	250,000	250,000	+50,000	---
Transfer from Nonrecurring Expense Fund.....	(225,000)	---	---	(-225,000)	---
Subtotal, Buildings and Facilities.....	425,000	250,000	250,000	-175,000	---
Total, National Institutes of Health (NIH).....	41,437,495	50,461,208	48,162,495	+6,725,000	-2,298,713
(Evaluation Tap Funding).....	(1,271,505)	(1,271,505)	(1,271,505)	---	---
Total, NIH Program Level.....	42,709,000	51,732,713	49,434,000	+6,725,000	-2,298,713
Transfers from Nonrecurring Expenses Fund.....	(225,000)	---	---	(-225,000)	---
Total, NIH Program Level (with transfer).....	42,934,000	51,732,713	49,434,000	+6,500,000	-2,298,713

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)					
Mental Health					
Programs of Regional and National Significance.....	475,036 (12,000)	659,289 (12,000)	727,089 (12,000)	+252,053	+67,800
Prevention and Public Health Fund 1/.....					
Subtotal.....	487,036	671,289	739,089	+252,053	+67,800
Community Mental Health Services Block Grant (MHBG)...	736,532 (21,039)	1,561,532 (21,039)	1,561,532 (21,039)	+825,000	
Evaluation Tap Funding.....					
Subtotal.....	(757,571)	(1,582,571)	(1,582,571)	(+825,000)	
Certified Community Behavioral Health Clinics.....	250,000	375,000	375,000	+125,000	
National Child Traumatic Stress Initiative.....	71,887	81,887	100,000	+28,113	+18,113
Children's Mental Health Services.....	125,000	125,000	150,000	+25,000	+25,000
Mental Health Crisis Response Grants.....			100,000	+100,000	+100,000
Projects for Assistance in Transition from Homelessness (PATH).....	64,635	64,635	74,635	+10,000	+10,000
Protection and Advocacy for Individuals with Mental Illness (PAIMI).....	36,146	36,146	40,000	+3,854	+3,854
Subtotal, Mental Health.....	1,759,236 (21,039)	2,903,489 (21,039)	3,128,256 (21,039)	+1,369,020	+224,767
(Evaluation Tap Funding).....					
(Prevention and Public Health Fund 1/.....)	(12,000)	(12,000)	(12,000)		
Subtotal, Mental Health program level.....	(1,792,275)	(2,836,528)	(3,161,295)	(+1,369,020)	(+224,767)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Substance Abuse Treatment					
Programs of Regional and National Significance.....	494,677	648,864	651,864	+157,187	+3,000
Evaluation Tap Funding.....	(2,000)	(2,000)	(2,000)	---	---
Subtotal.....	(496,677)	(650,864)	(653,864)	(+157,187)	(+3,000)
Substance Abuse Prevention and Treatment Block Grant..	1,778,879	3,428,879	2,778,879	+1,000,000	-650,000
Evaluation Tap Funding.....	(79,200)	(79,200)	(79,200)	---	---
Subtotal, block grant.....	(1,858,079)	(3,508,079)	(2,858,079)	(+1,000,000)	(-650,000)
State Opioid Response grants.....	1,500,000	2,250,000	2,000,000	+500,000	-250,000
Subtotal, Substance Abuse Treatment.....	3,773,556	6,327,743	5,430,743	+1,657,187	-897,000
(Evaluation Tap Funding).....	(81,200)	(81,200)	(81,200)	---	---
Subtotal, Program level.....	(3,854,756)	(6,408,943)	(5,511,943)	(+1,657,187)	(-897,000)
Substance Abuse Prevention					
Programs of Regional and National Significance.....	208,219	216,667	243,503	+35,284	+26,836
Total, Substance Abuse Prevention.....	208,219	216,667	243,503	+35,284	+26,836

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Health Surveillance and Program Support.....	128,830	138,945	212,108	+83,278	+73,163
Evaluation Tap Funding (NA).....	(31,428)	(31,428)	(31,428)	---	---
Subtotal.....	160,258	170,373	243,536	+83,278	+73,163
Total, SAMHSA.....	5,869,841	9,586,844	9,014,610	+3,144,769	-572,234
(Evaluation Tap Funding).....	(133,667)	(133,667)	(133,667)	---	---
(Prevention and Public Health Fund 1/).....	(12,000)	(12,000)	(12,000)	---	---
Total, SAMHSA Program Level.....	(6,015,508)	(9,732,511)	(9,160,277)	(+3,144,769)	(-572,234)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	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	207,909	105,701	-91,008	-102,208
Evaluation Tap funding.....	---	(27,000)	(129,208)	(+129,208)	(+102,208)
Subtotal, Health Costs, Quality, and Outcomes....	(196,709)	(234,909)	(234,909)	(+38,200)	---
Medical Expenditures Panel Surveys:					
Federal Funds.....	69,991	71,791	71,791	+1,800	---
Program Support:					
Federal Funds.....	71,300	73,300	73,300	+2,000	---
Total, AHRQ Program Level 3/.....	(338,000)	(380,000)	(380,000)	(+42,000)	---
Federal funds 3/.....	(338,000)	(353,000)	(250,792)	(-87,208)	(-102,208)
(Evaluation Tap Funding).....	---	(27,000)	(129,208)	(+129,208)	(+102,208)
Total, Public Health Service (PHS) appropriation	62,148,024	77,062,543	76,157,916	+14,009,892	-904,627
Total, Public Health Service Program Level.....	(64,921,346)	(79,549,015)	(78,607,596)	(+13,686,250)	(-941,419)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
CENTERS FOR MEDICARE AND MEDICAID SERVICES					
Grants to States for Medicaid					
Medicaid Current Law Benefits.....	425,687,168	489,968,364	489,968,364	+64,281,196	---
State and Local Administration.....	23,168,636	22,290,059	22,290,059	-878,577	---
Vaccines for Children.....	4,951,369	5,139,998	5,139,998	+188,629	---
Total, Medicaid Program Level, available this fiscal year.....	453,807,173	517,398,421	517,398,421	+63,591,248	---
New advance, 1st quarter, FY 2023.....	148,732,315	165,722,018	165,722,018	+16,989,703	---
Less appropriations provided in prior years.	-139,903,075	-148,732,315	-148,732,315	-8,829,240	---
Total, Grants to States for Medicaid, appropriated in this bill.....	462,636,413	534,388,124	534,388,124	+71,751,711	---
Payments to Health Care Trust Funds					
Supplemental Medical Insurance.....	325,500,000	384,646,000	384,646,000	+59,146,000	---
Federal Uninsured Payment.....	95,000	82,000	82,000	-13,000	---
Program Management.....	904,000	929,000	929,000	+25,000	---
General Revenue for Part D Benefit.....	111,800,000	100,968,883	100,968,883	-10,831,117	---
General Revenue for Part D Administration.....	882,000	882,000	882,000	---	---
HCFAC Reimbursement.....	328,000	349,117	349,117	+21,117	---
State Low-Income Determination for Part D.....	5,000	5,000	5,000	---	---
Total, Payments to Trust Funds.....	439,514,000	487,862,000	487,862,000	+48,348,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Program Management					
Research, Demonstration, Evaluation.....	20,054	---	---	-20,054	---
Program Operations.....	2,479,823	2,979,680	2,979,680	+499,857	---
State Survey and Certification.....	397,334	472,163	472,163	+74,829	---
Federal Administration.....	772,533	864,000	864,000	+91,467	---
Total, Program management.....	3,669,744	4,315,843	4,315,843	+646,099	---
Health Care Fraud and Abuse Control Account					
Centers for Medicare and Medicaid Services.....	616,000	675,726	656,793	+40,793	-18,933
HHS Office of Inspector General.....	99,000	102,145	104,000	+5,000	+1,855
Department of Justice.....	92,000	94,922	112,000	+20,000	+17,078
Total, Health Care Fraud and Abuse Control (Trust funds).....	807,000	872,793	872,793	+65,793	---
Program integrity (cap adjustment).....	(496,000)	(555,793)	(555,793)	(+59,793)	---
Total, Centers for Medicare and Medicaid Services Federal funds.....	906,627,157	1,027,438,760	1,027,438,760	+120,811,603	---
Current year.....	902,150,413	1,022,250,124	1,022,250,124	+120,099,711	---
FY 2022 Advance.....	(753,418,098)	(856,528,106)	(856,528,106)	(+103,110,008)	---
Trust Funds.....	(148,732,315)	(165,722,018)	(165,722,018)	(+16,989,703)	---
Total, Centers for Medicare and Medicaid Services Trust Funds.....	4,476,744	5,188,636	5,188,636	+711,892	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	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	9,388	9,388	+8,388	---
Subtotal.....	34,000	42,388	42,388	+8,388	---
Child Support Enforcement:					
State and Local Administration.....	3,788,273	3,524,556	3,524,556	-263,717	---
Federal Incentive Payments.....	606,727	617,488	617,488	+10,761	---
Access and Visitation.....	10,000	10,000	10,000	---	---
Subtotal, Child Support Enforcement.....	4,405,000	4,152,044	4,152,044	-252,956	---
Total, Family Support Payments Program Level, available this fiscal year.....					
Less appropriations provided in prior years.	4,439,000	4,194,432	4,194,432	-244,568	---
	-1,400,000	-1,400,000	-1,400,000	---	---
Total, Family Support Payments, available in this bill.....	3,039,000	2,794,432	2,794,432	-244,568	---
New advance, 1st quarter, FY 2023.....	1,400,000	1,300,000	1,300,000	-100,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Low Income Home Energy Assistance Program (LIHEAP)					
Formula Grants.....	3,750,304	3,850,304	3,900,304	+150,000	+50,000
Total, LIHEAP, Program Level.....	3,750,304	3,850,304	3,900,304	+150,000	+50,000
Refugee and Entrant Assistance					
Transitional and Medical Services.....	354,000	605,000	605,000	+251,000	---
Refugee Support Services.....	207,201	450,000	450,000	+242,799	---
Victims of Trafficking.....	28,755	39,480	39,480	+10,725	---
Unaccompanied Alien Children (UAC).....	1,303,245	3,283,467	3,383,467	+2,080,222	+100,000
Survivors of Torture.....	17,000	27,000	27,000	+10,000	---
Total, Refugee and Entrant Assistance.....	1,910,201	4,404,947	4,504,947	+2,594,746	+100,000
Separated Families Service Fund.....	---	(30,000)	(30,000)	(+30,000)	---
Payments to States for the Child Care and Development					
Block Grant.....	5,911,000	7,377,000	7,377,000	+1,466,000	---
Social Services Block Grant (Title XX).....	1,700,000	1,700,000	1,700,000	---	---
Diaper Grants.....	---	---	200,000	+200,000	+200,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Children and Families Services Programs					
Programs for Children, Youth and Families:					
Head Start.....	10,748,095	11,932,095	12,182,095	+1,434,000	+250,000
Preschool Development Grants.....	275,000	450,000	450,000	+175,000	---
Runaway and Homeless Youth Program.....	116,780	123,787	126,787	+10,007	+3,000
Service Connection for Youth on the Streets.....	20,000	21,200	23,000	+3,000	+1,800
Child Abuse State Grants.....	90,091	120,000	125,000	+34,909	+5,000
Child Abuse Discretionary Activities.....	35,000	35,000	42,000	+7,000	+7,000
Community Based Child Abuse Prevention.....	60,660	80,000	90,000	+29,340	+10,000
Child Welfare Services.....	268,735	275,000	275,000	+6,265	---
Child Welfare Training, Research, or Demonstration projects.....	18,984	121,000	121,000	+102,016	---
Adoption Incentives.....	44,100	46,100	46,100	+2,000	---
Adoption Incentive Grants.....	75,000	75,000	75,000	---	---
Social Services and Income Maintenance Research.....	7,512	8,512	9,512	+2,000	+1,000
Native American Programs.....	57,050	60,473	65,000	+7,950	+4,527

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Community Services:					
Community Services Block Grant Act programs:					
Grants to States for Community Services.....	745,000	753,900	800,000	+55,000	+46,100
Economic Development.....	20,383	21,606	23,000	+2,617	+1,394
Rural Community Facilities.....	10,000	10,600	11,000	+1,000	+400
Subtotal, Community Services.....	775,383	786,106	834,000	+58,617	+47,894
Domestic Violence Hotline.....	13,000	25,780	25,780	+12,780	---
Family Violence Prevention and Services.....	182,500	463,450	463,450	+280,950	---
Charfee Education and Training Vouchers.....	43,257	48,257	48,257	+5,000	---
Disaster Human Services Case Management.....	1,864	4,000	4,000	+2,136	---
Program Direction.....	207,500	227,000	227,000	+19,500	---
Total, Children and Families Services Programs..	13,040,511	14,902,760	15,232,981	+2,192,470	+330,221
Promoting Safe and Stable Families.....	345,000	345,000	345,000	---	---
Discretionary Funds.....	82,515	106,000	106,000	+23,485	---
Total, Promoting Safe and Stable Families.....	427,515	451,000	451,000	+23,485	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Payments for Foster Care and Permanency					
Foster Care.....	5,795,634	5,830,000	5,830,000	+34,366	---
Adoption Assistance.....	3,802,045	3,736,000	3,736,000	-66,045	---
Guardianship.....	270,858	254,000	254,000	-16,858	---
Independent Living.....	143,000	143,000	143,000	---	---
Total, Payments to States, available this fiscal year.....	10,011,537	9,963,000	9,963,000	-48,537	---
Advance appropriations, 1st quarter, FY 2023.....	3,000,000	3,200,000	3,200,000	+200,000	---
Less appropriations provided in prior years.....	-3,000,000	-3,000,000	-3,000,000	---	---
Total, Payments to States, available in this bill.....	10,011,537	10,163,000	10,163,000	+151,463	---
Total, Administration for Children and Families.....					
Current year appropriations.....	41,190,068	46,943,443	47,623,664	+6,433,596	+680,221
Advance appropriations.....	(36,790,088)	(42,443,443)	(43,123,664)	(+6,333,596)	(+680,221)
	(4,400,000)	(4,500,000)	(4,500,000)	(+100,000)	---
Total, ACF Program Level.....	41,190,068	46,943,443	47,623,664	+6,433,596	+680,221

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
ADMINISTRATION FOR COMMUNITY LIVING					
Aging and Disability Services Programs					
Grants to States:					
Home and Community-based Supportive Services.....	392,574	550,574	550,574	+158,000	---
Preventive Health.....	24,848	26,339	31,339	+6,491	+5,000
Protection of Vulnerable Older Americans-Title VII	23,658	34,944	34,944	+11,286	---
Subtotal.....	441,080	611,857	616,857	+175,777	+5,000
Family Caregivers.....					
Native American Caregivers Support.....	188,936	249,936	249,936	+61,000	---
	10,806	15,806	15,806	+5,000	---
Subtotal, Caregivers.....	199,742	265,742	265,742	+66,000	---
Nutrition:					
Congregate Meals.....	515,342	468,954	515,342	---	+46,388
Home Delivered Meals.....	276,342	703,431	703,431	+427,089	---
Nutrition Services Incentive Program.....	160,069	169,000	169,000	+8,931	---
Subtotal.....	951,753	1,341,385	1,387,773	+436,020	+46,388
Subtotal, Grants to States.....	1,592,575	2,218,984	2,270,372	+677,797	+51,388
Grants for Native Americans.....					
Aging Network Support Activities.....	35,208	70,208	70,208	+35,000	---
Alzheimer's Disease Program (IA)	16,461	19,446	27,446	+10,985	+8,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Prevention and Public Health Fund 1/.....	(14,700)	(14,700)	(14,700)	---	---
Subtotal, Alzheimer's Disease Program.....	27,500	30,060	34,700	+7,200	+4,640
Lifespan Respite Care.....	7,110	14,220	14,220	+7,110	---
Chronic Disease Self-Management Program (BA) Prevention and Public Health Fund 1/.....	(8,000)	(8,000)	(8,000)	---	---
Elder Falls Prevention (BA).....	---	---	---	---	---
Prevention and Public Health Fund 1/.....	(5,000)	(5,000)	(5,000)	---	---
Elder Rights Support Activities.....	17,874	19,400	19,400	+1,526	---
Aging and Disability Resources.....	8,119	23,457	23,457	+15,338	---
State Health Insurance Program.....	52,115	55,242	57,115	+5,000	+1,873
Paralysis Resource Center.....	---	---	---	---	---
Subtotal, Paralysis Resource Center.....	9,700	10,185	10,185	+485	---
Limb Loss Resource Center Budget Authority.....	4,000	1,465	4,200	+200	+2,735
Subtotal, Limb Loss Resource Center.....	4,000	4,200	4,200	+200	---
Traumatic Brain Injury Budget Authority.....	11,321	4,148	15,321	+4,000	+11,173
Subtotal, Traumatic Brain Injury.....	11,321	11,887	15,321	+4,000	+3,434
Developmental Disabilities Programs: State Councils.....	79,000	88,480	88,480	+9,480	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Protection and Advocacy.....	41,784	46,798	46,798	+5,014	---
Voting Access for Individuals with Disabilities...	7,963	9,963	12,963	+5,000	+3,000
Developmental Disabilities Projects of National Significance.....	12,250	13,100	13,100	+850	---
University Centers for Excellence in Developmental Disabilities.....	42,119	47,173	47,173	+5,054	---
Subtotal, Developmental Disabilities Programs...	183,116	205,514	208,514	+25,398	+3,000
Workforce Innovation and Opportunity Act					
Independent Living.....	116,183	148,228	148,228	+32,045	---
National Institute on Disability, Independent Living, and Rehabilitation Research.....	112,970	118,619	124,800	+11,830	+6,181
Assistive Technology.....	37,500	44,000	44,000	+6,500	---
Subtotal, Workforce Innovation and Opportunity Act.....	266,653	310,847	317,028	+50,375	+6,181
Program Administration.....	41,063	47,063	47,063	+6,000	---
Total, Administration for Community Living.....	2,258,115	3,008,907	3,104,529	+846,414	+95,622
Federal funds.....	(2,206,000)	(2,953,665)	(3,047,414)	(+841,414)	(+93,749)
Trust Funds.....	(52,115)	(55,242)	(57,115)	(+5,000)	(+1,873)
(Prevention and Public Health Fund 1/)	(27,700)	(27,700)	(27,700)	---	---
Total, ACL program level.....	2,285,815	3,053,713	3,132,229	+846,414	+78,516

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
OFFICE OF THE SECRETARY					
General Departmental Management					
General Departmental Management, Federal Funds.....	196,419	239,715	239,715	+43,296	---
Teen Pregnancy Prevention Community Grants.....	101,000	101,000	130,000	+29,000	+29,000
Evaluation Tap Funding.....	(6,800)	(6,800)	(6,800)	---	---
Subtotal, Grants.....	(107,800)	(107,800)	(136,800)	(+29,000)	(+29,000)
Sexual Risk Avoidance.....	35,000	35,000	---	-35,000	-35,000
Health Care Workforce Commission.....	---	---	3,000	+3,000	+3,000
Office of Minority Health.....	61,835	61,835	75,835	+14,000	+14,000
Office of Women's Health.....	35,140	35,140	42,140	+7,000	+7,000
Minority HIV/AIDS prevention and treatment.....	55,400	55,400	56,400	+1,000	+1,000
Embryo Adoption Awareness Campaign.....	1,000	1,000	---	---	---
Electric Vehicle Program.....	---	7,891	7,891	+7,891	---
COVID and non-COVID Executive Order Implementation.....	---	40,000	25,000	+25,000	-15,000
Planning and Evaluation, Evaluation Tap Funding.....	(58,028)	(77,528)	(68,028)	(+10,000)	(-9,500)
Total, General Departmental Management.....	485,794	576,981	582,981	+97,187	+6,000
Federal Funds.....	(485,794)	(576,981)	(582,981)	(+97,187)	(+6,000)
(Evaluation Tap Funding).....	(64,828)	(84,328)	(74,828)	(+10,000)	(-9,500)
Total, General Departmental Management program level.....	550,622	661,309	657,809	+107,187	-3,500

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Medicare Hearings and Appeals.....	191,881	196,000	196,000	+4,119	----
Office of the National Coordinator for Health Information Technology.....	62,367	----	----	-62,367	----
Evaluation Tap Funding.....	----	(86,614)	(86,614)	(+86,614)	----
Total, Program Level.....	(62,367)	(86,614)	(86,614)	(+24,247)	----
Office of Inspector General					
Inspector General Federal Funds.....	80,000	100,000	100,000	+20,000	----
Office for Civil Rights					
Federal Funds.....	38,798	47,931	47,931	+9,133	----
Retirement Pay and Medical Benefits for Commissioned Officers					
Retirement Payments.....	524,818	528,449	528,449	+3,631	----
Survivors Benefits.....	31,925	32,263	32,263	+338	----
Dependents' Medical Care.....	96,280	95,792	95,792	-488	----
Total, Benefits for Commissioned Officers.....	653,023	656,504	656,504	+3,481	----

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Public Health and Social Services Emergency Fund (PHSSEF)					
Assistant Secretary for Preparedness and Response					
Operations.....	30,938	32,176	32,176	+1,238	---
Preparedness and Emergency Operations.....	24,654	25,640	25,640	+986	---
National Disaster Medical System.....	63,404	91,807	91,807	+28,403	---
Hospital Preparedness Cooperative Agreement Grants: Formula Grants.....	280,555	291,777	319,777	+39,222	+28,000
Biomedical Advanced Research and Development Authority (BARDA).....	596,700	823,380	823,380	+226,680	---
Policy and Planning.....	14,877	19,917	19,917	+5,040	---
Project BioShield.....	770,000	770,000	770,000	---	---
Strategic National Stockpile.....	705,000	905,000	905,000	+200,000	---
Medical Reserve Corps.....	6,000	6,240	6,240	+240	---
Preparedness and Response Innovation.....	2,000	2,080	4,000	+2,000	+1,920
Subtotal, Preparedness and Response.....	2,494,128	2,968,017	2,997,937	+503,809	+29,920

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Assistant Secretary for Administration					
Assistant Secretary for Administration, Cybersecurity.....	57,820	184,116	159,116	+101,296	-25,000
Office of Security and Strategic Information.....	8,510	8,983	8,983	+473	---
Office of the Assistant Secretary of Health.....	---	27,000	17,000	+17,000	-10,000
Subtotal.....	66,330	220,099	185,099	+118,769	-35,000
Public Health and Science					
Pandemic Influenza Preparedness.....	287,000	335,000	335,000	+48,000	---
Subtotal, Non-pandemic flu/BioShield/SNS.....	1,085,458	1,513,116	1,508,036	+422,578	-5,080
Total, PHSSEF.....	2,847,458	3,523,116	3,518,036	+670,578	-5,080
Total, Office of the Secretary					
Federal Funds.....	4,359,321	5,100,532	5,101,452	+742,131	+920
Trust Funds.....	4,167,440	4,904,532	4,905,452	+738,012	+920
(Evaluation Tap Funding).....	191,881	196,000	196,000	+4,119	---
	(64,828)	(170,942)	(161,442)	(+96,614)	(-9,500)
Total, Office of the Secretary Program Level.....	4,424,149	5,271,474	5,262,894	+838,745	-8,580

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Total, Title II, Department of Health and Human Services					
Services	1,016,582,685	1,159,554,185	1,159,426,321	+142,843,636	-127,864
Federal Funds	1,011,446,745	1,153,597,107	1,153,467,370	+142,020,625	-129,737
Current year appropriations	(858,314,430)	(983,375,089)	(983,245,352)	(+124,930,922)	(-129,737)
Advance appropriations	(153,132,315)	(170,222,018)	(170,222,018)	(+17,089,703)	-
Trust Funds	(4,731,940)	(5,461,078)	(5,462,951)	(+731,011)	(+1,873)
CURES Act2/	(404,000)	(496,000)	(496,000)	(+92,000)	-
Prevention and Public Health Fund 1/	(895,850)	(943,000)	(943,000)	(+47,150)	-
Transfers from Nonrecurring Expenses Fund	(500,000)	-	-	(-500,000)	-

Title II Footnotes:

- 1/ Sec.4002 of Public Law 111-148
- 2/ 21st Century CURES Act (Public Law 114-255)

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AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE III - DEPARTMENT OF EDUCATION					
EDUCATION FOR THE DISADVANTAGED					
Grants to Local Educational Agencies (LEAs)					
Basic Grants:					
Appropriations from prior year advances.....	990,776	763,776	763,776	-227,000	---
Forward funded.....	5,690,625	5,690,625	5,690,625	---	---
Current appropriation.....	5,000	5,000	5,000	---	---
Subtotal, Basic grants available this fiscal year.....	5,695,625	5,695,625	5,695,625	---	---
Advance appropriations, FY 2023.....	763,776	763,776	763,776	---	---
Less appropriations available from prior year advances.....	-990,776	-763,776	-763,776	+227,000	---
Subtotal, Basic grants, appropriated in this bill.....	6,459,401	6,459,401	6,459,401	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	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.....	4,244,050	4,357,550	4,357,550	+113,500	---
Advance appropriations FY 2023.....	4,357,550	4,357,550	4,357,550	---	---
Less appropriations provided from prior year advances.....	-4,244,050	-4,357,550	-4,357,550	-113,500	---
Subtotal, Targeted Grants, appropriated in this bill.....	4,357,550	4,357,550	14,107,550	+9,750,000	+9,750,000
Education Finance Incentive Grants:					
Appropriations from prior year advances.....	4,244,050	4,357,550	4,357,550	+113,500	---
Advance appropriations, FY 2023.....	4,357,550	4,357,550	4,357,550	---	---
Less appropriations provided from prior year advances.....	-4,244,050	-4,357,550	-4,357,550	-113,500	---
Subtotal, Education Finance Incentive					

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Grants, appropriated in this bill.....	4,357,550	4,357,550	14,107,550	+9,750,000	+9,750,000
Subtotal, Grants to LEAs, program level appropriated in this bill.....	16,536,802	16,536,802	36,036,802	+19,500,000	+19,500,000

Title I Equity Grants	---	20,000,000	---	---	-20,000,000
Innovative Approaches to Literacy.....	28,000	28,000	31,000	+3,000	+3,000
Comprehensive literacy development grants.....	192,000	192,000	192,000	---	---
State Agency Programs:					
Migrant.....	375,626	375,626	382,626	+7,000	+7,000
Neglected and Delinquent/High Risk Youth.....	48,239	48,239	48,239	---	---
Subtotal, State Agency programs.....	423,865	423,865	430,865	+7,000	+7,000
Special Programs for Migrant Students.....	46,123	66,123	66,123	+20,000	---
Total, Education for the disadvantaged.....	17,226,790	37,246,790	36,756,790	+19,530,000	-490,000
Current Year appropriations.....	(6,385,613)	(26,405,613)	(25,915,613)	(+19,530,000)	(-490,000)
(Forward Funded).....	(6,306,490)	(6,306,490)	(25,813,490)	(+19,507,000)	(+19,507,000)
FY 2023 Advances.....	(10,841,177)	(10,841,177)	(10,841,177)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
IMPACT AID					
Basic Support Payments.....	1,354,242	1,394,242	1,404,242	+50,000	+10,000
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).....	76,313	76,313	77,313	+1,000	+1,000
Total, Impact aid.....	1,501,112	1,541,112	1,552,112	+51,000	+11,000
SCHOOL IMPROVEMENT PROGRAMS					
Supporting Effective Instruction State Grants.....	461,639	467,139	611,639	+150,000	+144,500
Appropriations from prior year advances.....	1,681,441	1,681,441	1,681,441	---	---
Advance appropriations, FY 2023.....	1,681,441	1,681,441	1,681,441	---	---
Less appropriations provided from prior year advances.....	-1,681,441	-1,681,441	-1,681,441	---	---
Subtotal, Supporting Effective Instruction State Grants, program level appropriated in this bill.....	2,143,080	2,148,580	2,293,080	+150,000	+144,500
Supplemental Education Grants.....	16,699	19,657	23,021	+6,322	+3,364
Nita M. Lowey 21st Century Community Learning Centers. State Assessments.....	1,259,673	1,309,673	1,359,673	+100,000	+50,000
Education for Homeless Children and Youth.....	378,000	378,000	378,000	---	---
Training and Advisory Services (Civil Rights).....	106,500	106,500	116,500	+10,000	+10,000
Education for Native Hawaiians.....	6,575	6,575	6,575	---	---
Alaska Native Education Equity.....	37,397	37,397	40,397	+3,000	+3,000
Rural Education.....	36,453	36,453	36,453	---	---
Comprehensive Centers.....	187,840	192,840	192,840	+5,000	---
	52,000	52,000	52,000	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Student Support and Academic Enrichment grants.....	1,220,000	1,220,000	1,305,000	+85,000	+85,000
Climate Resilient Schools.....	---	25,000	---	---	-25,000
Total, School Improvement Programs.....	5,444,217	5,932,675	5,803,539	+359,322	+270,864
Current Year appropriations.....	(3,762,776)	(3,851,234)	(4,122,098)	(+359,322)	(+270,864)
(Forward Funded).....	(3,613,652)	(3,674,152)	(3,963,652)	(+350,000)	(+289,500)
Advance appropriations.....	(1,681,441)	(1,681,441)	(1,681,441)	---	---
INDIAN EDUCATION					
Grants to Local Educational Agencies.....	105,381	110,381	110,381	+5,000	---
Federal Programs:					
Special Programs for Indian Children.....	67,993	67,993	67,993	---	---
National Activities.....	7,865	7,865	9,365	+1,500	+1,500
Subtotal, Federal Programs.....	75,858	75,858	77,358	+1,500	+1,500
Total, Indian Education.....	181,239	186,239	187,739	+6,500	+1,500
INNOVATION AND IMPROVEMENT					
Education Innovation and Research.....	194,000	194,000	254,000	+60,000	+60,000
American History and Civics Academies.....	2,000	2,000	4,000	+2,000	+2,000
American History and Civics National Activities.....	3,250	3,250	6,500	+3,250	+3,250
School Leader Recruitment and Support (School Leadership).....	---	30,000	---	---	-30,000
Charter Schools Grants.....	440,000	440,000	400,000	-40,000	-40,000
Magnet Schools Assistance.....	109,000	149,000	149,000	+40,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Fund for the Improvement of Education (FIE) 1/.....					
Teacher and School Leader Incentive Grants.....	200,000	200,000	88,010	+88,010	+88,010
Ready-to-Learn Television.....	29,500	29,500	31,776	+2,276	+2,276
Supporting Effective Educator Development (SEED).....	80,000	80,000	90,000	+10,000	+10,000
Arts in Education.....	30,500	30,500	33,000	+2,500	+2,500
Javits Gifted and Talented Students.....	13,500	13,500	15,500	+2,000	+2,000
Statewide Family Engagement Centers.....	12,500	12,500	13,500	+1,000	+1,000
Fostering Diverse Schools.....		100,000	100,000	+100,000	
Total, Innovation and Improvement.....	1,114,250	1,284,250	1,385,286	+271,036	+101,036

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
SAFE SCHOOLS AND CITIZENSHIP EDUCATION					
Promise Neighborhoods	81,000	91,000	96,000	+15,000	+5,000
School Safety National Activities 2/	106,000	1,116,000	1,127,000	+1,021,000	+11,000
Full-Service Community Schools	30,000	443,000	443,000	+413,000	---
Total, Safe Schools and Citizenship Education	217,000	1,650,000	1,666,000	+1,449,000	+16,000
ENGLISH LANGUAGE ACQUISITION					
Current funded	51,831	59,631	65,000	+13,169	+5,369
Forward funded	745,569	857,769	935,000	+189,431	+77,231
Total, English Language Acquisition	797,400	917,400	1,000,000	+202,600	+82,600
SPECIAL EDUCATION					
State Grants:					
Grants to States Part B current year	3,654,074	6,254,046	6,254,046	+2,599,972	---
Part B advance from prior year	(9,283,383)	(9,283,383)	(9,283,383)	---	---
Grants to States Part B (FY 2022)	9,283,383	9,283,383	9,283,383	---	---
Subtotal, program level	12,937,457	15,537,429	15,537,429	+2,599,972	---
Preschool Grants	397,620	502,620	502,620	+105,000	---
Grants for Infants and Families	481,850	731,850	731,850	+250,000	---
Subtotal, program level	13,816,927	16,771,899	16,771,899	+2,954,972	---
IDEA National Activities (current funded):					

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
State Personnel Development.....	38,630	38,630	38,630	---	---
Technical Assistance and Dissemination.....	44,345	49,345	49,345	+5,000	---
Special Olympics Education Programs.....	23,683	23,683	28,683	+5,000	+5,000
Personnel Preparation.....	90,200	250,000	250,000	+159,800	---
Parent Information Centers.....	27,411	30,152	30,152	+2,741	---
Educational Technology, Media, and Materials.....	29,547	29,547	31,547	+2,000	+2,000
Subtotal, IDEA National Activities.....	253,816	421,357	428,357	+174,541	+7,000
Total, Special education.....	14,070,743	17,193,256	17,200,256	+3,129,513	+7,000
Current Year appropriations.....	(4,787,360)	(7,909,873)	(7,916,873)	(+3,129,513)	(+7,000)
(Forward Funded).....	(4,533,544)	(7,488,516)	(7,488,516)	(+2,954,972)	---
Advance appropriations.....	(9,283,383)	(9,283,383)	(9,283,383)	---	---
REHABILITATION SERVICES					
Vocational Rehabilitation State Grants.....	3,675,021	3,719,121	3,719,121	+44,100	---
Client Assistance State grants.....	13,000	13,000	13,000	---	---
Training.....	29,388	29,388	29,388	---	---
Demonstration and Training programs.....	5,796	40,796	40,796	+35,000	---
Protection and Advocacy of Individual Rights (PAIR).....	18,150	18,150	20,150	+2,000	+2,000
Supported Employment State grants.....	22,548	22,548	22,548	---	---
Independent Living.....					
Services for Older Blind Individuals.....	33,317	33,317	33,317	---	---
Helen Keller National Center for Deaf/Blind Youth and Adults.....	17,000	18,500	18,500	+1,500	---
Total, Rehabilitation Services.....	3,814,220	3,894,820	3,896,820	+82,600	+2,000
(Discretionary).....	139,199	175,699	177,699	+38,500	+2,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
(Mandatory)	3,675,021	3,719,121	3,719,121	+44,100	---
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES					
American Printing House for the Blind	34,431	37,431	37,431	+3,000	---
National Technical Institute for the Deaf (NTID):					
Operations	81,500	84,500	84,500	+3,000	---
Gallaudet University:					
Operations	140,361	143,361	143,361	+3,000	---
Total, Gallaudet University	140,361	143,361	143,361	+3,000	---
Total, Special Institutions for Persons with Disabilities	256,292	265,292	265,292	+9,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
CAREER, TECHNICAL, AND ADULT EDUCATION					
Career Education:					
Basic State Grants/Secondary & Technical Education					
State Grants.....	543,848	563,848	593,848	+50,000	+30,000
Appropriations available from prior year advances.....	791,000	791,000	791,000	---	---
Total, available this fiscal year.....	1,334,848	1,354,848	1,384,848	+50,000	+30,000
Advance appropriations, FY 2023.....	791,000	791,000	791,000	---	---
Less appropriations provided in prior years...	-791,000	-791,000	-791,000	---	---
Subtotal, Basic State Grants, program level, appropriated in this bill.....	1,334,848	1,354,848	1,384,848	+50,000	+30,000
National Programs.....	7,421	115,421	115,421	+108,000	---
Subtotal, Career Education.....	1,342,269	1,470,269	1,500,269	+158,000	+30,000
Adult Education:					
State Grants/Adult Basic and Literacy Education:					
State Grants, forward funded.....	674,955	674,955	700,000	+25,045	+25,045
National Leadership Activities.....	13,712	38,712	38,712	+25,000	---
Subtotal, Adult education.....	688,667	713,667	738,712	+50,045	+25,045
Total, Career, Technical, and Adult Education...	2,030,936	2,183,936	2,238,981	+208,045	+55,045
Current Year appropriations.....	(1,239,936)	(1,392,936)	(1,447,981)	(+208,045)	(+55,045)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
(Forward Funded)					
Advance appropriations	(1,239,936) (791,000)	(1,392,936) (791,000)	(1,447,981) (791,000)	(+208,045)	(+55,045)
STUDENT FINANCIAL ASSISTANCE					
Pell Grants -- maximum grant (NA)	(5,435)	(5,835)	(5,835)	(+400)	---
Pell Grants	22,475,352	25,475,352	24,725,352	+2,250,000	-750,000
Federal Supplemental Educational Opportunity Grants	880,000	880,000	1,028,000	+148,000	+148,000
Federal Work Study	1,190,000	1,190,000	1,434,000	+244,000	+244,000
Total, Student Financial Assistance	24,545,352	27,545,352	27,187,352	+2,642,000	-358,000
FEDERAL DIRECT STUDENT LOAN PROGRAM ACCOUNT	50,000	25,000	25,000	-25,000	---
STUDENT AID ADMINISTRATION					
Salaries and Expenses	878,943	1,078,943	1,078,943	+200,000	---
Servicing Activities	975,000	975,000	975,000	---	---
Total, Student Aid Administration	1,853,943	2,053,943	2,053,943	+200,000	---
HIGHER EDUCATION					
Aid for Institutional Development:					
Strengthening Institutions	109,007	209,007	209,007	+100,000	---
Hispanic Serving Institutions	148,732	236,732	236,732	+88,000	---
Promoting Post-Baccalaureate Opportunities for Hispanic Americans	13,845	28,845	28,845	+15,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Strengthening Historically Black Colleges (HBCUs).	337,619	402,619	402,619	+65,000	---
Strengthening Historically Black Graduate Institutions.....	87,313	102,313	102,313	+15,000	---
Strengthening Predominantly Black Institutions....	14,218	23,218	23,218	+9,000	---
Strengthening Asian American and Native American Pacific Islander-Serving Institutions.....	5,120	20,120	20,120	+15,000	---
Strengthening Alaska Native and Native Hawaiian-Serving Institutions.....	19,044	25,044	25,044	+6,000	---
Strengthening Native American-Serving Nontribal Institutions.....	5,120	12,120	12,120	+7,000	---
Strengthening Tribal Colleges.....	38,080	53,080	53,080	+15,000	---
Strengthening HBCU Masters programs.....	10,956	20,956	20,956	+10,000	---
Subtotal, Aid for Institutional development....	789,054	1,134,054	1,134,054	+345,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
International Education and Foreign Language:					
Domestic Programs.....	69,353	69,353	79,353	+10,000	+10,000
Overseas Programs.....	8,811	8,811	13,811	+5,000	+5,000
Subtotal, International Education and Foreign Language.....	78,164	78,164	93,164	+15,000	+15,000
Postsecondary Program for Students with Intellectual Disabilities.....					
Minority Science and Engineering Improvement.....	13,800	15,180	15,180	+1,380	---
Tribally Controlled Postsec Voc/Tech Institutions.....	13,370	18,370	26,300	+12,930	+7,930
Federal TRIO Programs.....	10,634	10,634	15,644	+5,010	+5,010
GEAR UP.....	1,097,000	1,297,761	1,297,761	+200,761	---
Graduate Assistance in Areas of National Need.....	368,000	408,000	408,000	+40,000	---
Teacher Quality Partnerships.....	23,547	23,547	25,547	+2,000	+2,000
Child Care Access Means Parents in School.....	52,092	132,092	132,092	+80,000	---
Fund for the Improvement of Postsecondary Ed. (FIPSE).....	55,000	95,000	95,000	+40,000	---
Hawkins Centers of Excellence.....	41,000	76,000	168,015	+127,015	+92,015
Total, Higher Education.....	2,541,661	3,308,802	3,430,757	+889,096	+121,955

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
HOWARD UNIVERSITY					
Academic Program.....	213,288	223,288	223,288	+10,000	----
Endowment Program.....	3,405	3,405	3,405	----	----
Howard University Hospital.....	34,325	34,325	184,325	+150,000	+150,000
Total, Howard University.....	251,018	261,018	411,018	+160,000	+150,000
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.....	48,150	20,150	24,150	-24,000	+4,000
Total, HBCU Capital Financing Program.....	48,484	20,484	24,484	-24,000	+4,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
INSTITUTE OF EDUCATION SCIENCES (IES)					
Research, Development and Dissemination.....	197,877	267,880	260,880	+63,003	-7,000
Statistics.....	111,500	111,500	114,500	+3,000	+3,000
Regional Educational Laboratories.....	57,022	57,022	59,022	+2,000	+2,000
Research in Special Education.....	58,500	58,500	59,500	+1,000	+1,000
Special Education Studies and Evaluations.....	11,318	21,318	21,318	+10,000	---
Statewide Data Systems.....	33,500	33,500	34,500	+1,000	+1,000
Assessment:					
National Assessment.....	165,000	180,000	205,000	+40,000	+25,000
National Assessment Governing Board.....	7,745	7,745	7,745	---	---
Subtotal, Assessment.....	172,745	187,745	212,745	+40,000	+25,000
Total, Institute of Education Sciences.....	642,462	737,465	762,465	+120,003	+25,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
DEPARTMENTAL MANAGEMENT					
Program Administration:					
Salaries and Expenses.....	430,000	467,000	467,000	+37,000	---
Building Modernization.....	---	13,000	13,000	+13,000	---
Total, Program administration.....	430,000	480,000	480,000	+50,000	---
Office for Civil Rights.....	131,000	144,000	144,000	+13,000	---
Office of Inspector General.....	63,000	70,115	70,115	+7,115	---
Total, Departmental management.....	624,000	694,115	694,115	+70,115	---
Total: No Child Left Behind Act.....	(24,972,611)	(45,801,000)	(46,727,747)	(+21,755,136)	(+926,747)
=====					
Total, Title III, Department of Education.....	77,211,554	106,542,384	106,542,384	+29,330,830	---
Current Year appropriations.....	(54,614,553)	(83,945,383)	(83,945,383)	(+29,330,830)	---
Advance appropriations.....	(22,597,001)	(22,597,001)	(22,597,001)	---	---
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Title III Footnotes:
1/ Funds displayed in this line are made available in the bill in section 315
2/ The fiscal year 2022 Request for School-Based Health Professionals is included in School Safety National Activities

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE IV--RELATED AGENCIES					
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED.....	10,500	12,000	12,000	+1,500	----
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE					
Operating Expenses					
Domestic Volunteer Service Programs:					
Volunteers in Service to America (VISTA).....	97,384	103,864	103,864	+6,500	----
National Senior Volunteer Corps:					
Foster Grandparents Program.....	118,799	130,914	130,914	+12,115	----
Senior Companion Program.....	52,863	58,518	58,518	+5,655	----
Retired Senior Volunteer Program.....	53,355	55,105	55,105	+1,750	----
Subtotal, Senior Volunteer Corps.....	225,017	244,537	244,537	+19,520	----
Subtotal, Domestic Volunteer Service.....	322,381	348,401	348,401	+26,020	----

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
National and Community Service Programs:					
AmeriCorps State and National Grants.....	455,096	501,096	601,096	+146,000	+100,000
Innovation, Assistance, and Other Activities.....	9,600	10,100	10,100	+500	---
Evaluation.....	4,000	4,250	4,250	+250	---
National Civilian Community Corps (NCCC)(sub-title E).....	33,500	37,735	37,735	+4,235	---
State Commission Support Grants.....	18,538	19,538	19,538	+1,000	---
Subtotal, National and Community Service.....	520,734	572,719	672,719	+151,985	+100,000
Total, Operating expenses.....	843,115	921,120	1,021,120	+178,005	+100,000
National Service Trust.....	185,000	191,000	196,000	+11,000	+5,000
Salaries and Expenses.....	86,487	91,186	91,186	+4,699	---
Office of Inspector General.....	6,500	6,960	6,960	+460	---
Total, Corporation for National and Community Service.....	1,121,102	1,210,266	1,315,266	+194,164	+105,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
CORPORATION FOR PUBLIC BROADCASTING:					
Appropriation available from FY 2020 advance.....	(445,000)	(465,000)	(465,000)	(+20,000)	----
Total, available this fiscal year.....	445,000	465,000	465,000	+20,000	----
Advance appropriation, FY 2024.....	475,000	475,000	565,000	+90,000	+90,000
Public television interconnection system.....	20,000	20,000	20,000	----	----
Total Corporation for Public Broadcasting, appropriated in this bill.....	495,000	495,000	585,000	+90,000	+90,000
FEDERAL MEDIATION AND CONCILIATION SERVICE.....	48,600	50,000	50,000	+1,400	----
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION.....	17,184	17,539	17,539	+355	----
INSTITUTE OF MUSEUM AND LIBRARY SERVICES.....	257,000	265,000	282,000	+25,000	+17,000
MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION.....	8,780	9,350	9,350	+570	----
MEDICARE PAYMENT ADVISORY COMMISSION.....	12,905	13,310	13,310	+405	----
NATIONAL COUNCIL ON DISABILITY.....	3,350	3,750	3,750	+400	----
NATIONAL LABOR RELATIONS BOARD.....	274,224	301,925	316,925	+42,701	+15,000
NATIONAL MEDIATION BOARD.....	14,300	14,542	15,542	+1,242	+1,000
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION.....	13,225	15,028	15,028	+1,803	----

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AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
RAILROAD RETIREMENT BOARD					
Dual Benefits Payments Account.....	13,000	11,000	11,000	-2,000	---
Less Income Tax Receipts on Dual Benefits.....	-1,000	-1,000	-1,000	---	---
Subtotal, Dual Benefits.....	12,000	10,000	10,000	-2,000	---
Federal Payments to the Railroad Retirement Accounts..	150	150	150	---	---
Limitation on administrative expenses.....	123,500	125,049	130,049	+6,549	+5,000
Limitation on the Office of Inspector General.....	11,500	12,650	12,650	+1,150	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
SOCIAL SECURITY ADMINISTRATION					
Payments to Social Security Trust Funds.....	11,000	11,000	11,000	---	---
Supplemental Security Income Program					
Federal Benefit Payments.....	55,451,434	60,691,142	60,691,142	+5,239,708	---
Beneficiary Services.....	45,000	205,000	205,000	+160,000	---
Research and Demonstration.....	86,000	86,000	86,000	---	---
Administration.....	4,476,334	4,828,114	4,785,431	+309,097	-42,683
Subtotal, available this fiscal year.....	60,058,768	65,810,256	65,767,573	+5,708,805	-42,683
less appropriations provided from prior year advances.....	-19,900,000	-19,600,000	-19,600,000	+300,000	---
Subtotal, current year appropriation.....	40,158,768	46,210,256	46,167,573	+6,008,805	-42,683
Subtotal, Mandatory.....	35,682,434	41,382,142	41,382,142	+5,699,708	---
Advance appropriations, 1st quarter, FY 2023.....	19,600,000	15,600,000	15,600,000	-4,000,000	---
Total, SSI program appropriated in this bill....	59,758,768	61,810,256	61,767,573	+2,008,805	-42,683

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Limitation on Administrative Expenses					
OASI/DI Trust Funds.....	5,265,484	5,722,597	5,669,243	+403,759	-53,354
HI/SMI Trust Funds.....	2,744,166	3,015,140	2,989,226	+245,060	-25,914
Social Security Advisory Board.....	2,500	2,700	2,700	+200	-
SSI.....	3,207,795	3,601,459	3,558,776	+350,981	-42,683
Subtotal.....	11,219,945	12,341,896	12,219,945	+1,000,000	-121,951
User Fees:					
SSI User Fee activities.....	135,000	138,000	138,000	+3,000	-
CB0 adjustment.....	-	-	-	-	-
SSPA User Fee Activities.....	1,000	1,000	1,000	-	-
CB0 adjustment.....	-1,000	-1,000	-	+1,000	+1,000
Subtotal, User fees.....	135,000	138,000	139,000	+4,000	+1,000
Subtotal, Limitation on administrative expenses.....	11,354,945	12,479,896	12,358,945	+1,004,000	-120,951
Program Integrity:					
OASDI Trust Funds.....	306,461	481,345	481,345	+174,884	-
SSI.....	1,268,539	1,226,655	1,226,655	-41,884	-
Subtotal, Program integrity funding.....	1,575,000	1,708,000	1,708,000	+133,000	-
Base Program Integrity.....	(273,000)	(273,000)	(273,000)	-	-
Program Integrity (cap adjustment).....	(1,302,000)	(1,435,000)	(1,435,000)	(+133,000)	-

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Total, Limitation on Administrative Expenses.....	12,929,945	14,187,896	14,066,945	+1,137,000	-120,951
Total, Limitation on Administrative Expenses (less user fees).....	12,794,945	14,049,896	13,927,945	+1,133,000	-121,951
Special Benefits for WW II Veterans.....	1,000	1,000	---	-1,000	-1,000
Office of Inspector General					
Federal Funds.....	30,000	32,000	32,000	+2,000	---
Trust Funds.....	75,500	80,000	80,000	+4,500	---
Total, Office of Inspector General.....	105,500	112,000	112,000	+6,500	---
Adjustment: Trust fund transfers from general revenues	-4,476,334	-4,828,114	-4,785,431	-309,097	+42,683
Total, Social Security Administration.....	68,329,879	71,294,038	71,172,087	+2,842,208	-121,951
Federal funds.....	59,935,768	61,992,256	61,949,573	+2,013,805	-42,683
Current year.....	(40,335,768)	(46,392,256)	(46,349,573)	(+6,013,805)	(-42,683)
New advances, 1st quarter, FY 2022.....	(19,600,000)	(15,600,000)	(15,600,000)	(-4,000,000)	---
Trust funds.....	8,394,111	9,301,782	9,222,514	+828,403	-79,268
Total, Title IV, Related Agencies.....	70,753,199	73,849,597	73,960,646	+3,207,447	+111,049
Federal Funds.....	62,211,183	64,396,806	64,582,123	+2,370,940	+185,317
Current Year.....	(42,136,183)	(48,321,806)	(48,417,123)	(+6,280,940)	(+95,317)
FY 2022 Advance.....	(19,600,000)	(15,600,000)	(15,600,000)	(-4,000,000)	---
FY 2023 Advance.....	(475,000)	(475,000)	(565,000)	(+90,000)	(+90,000)
Trust Funds.....	8,542,016	9,452,791	9,378,523	+836,507	-74,268

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
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(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE VI - EMERGENCY FUNDING					
AWIU - Emergency.....	925,000	---	---	-925,000	---
Water and Wastewater (emergency).....	638,000	---	---	-638,000	---
Total, Title VI, Emergency Funding.....	1,563,000	---	---	-1,563,000	---
Grand Total.....	1,180,019,604	1,355,500,491	1,355,883,305	+175,863,701	+382,814

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
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	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
RECAP					
Mandatory, total in bill.....	979,962,604	1,101,528,512	1,101,527,512	+121,564,908	-1,000
Less advances for subsequent years.....	-172,746,315	-185,833,018	-185,833,018	-13,086,703	---
Plus advances provided in prior years.....	164,217,075	172,718,315	172,718,315	+8,501,240	---
Total, mandatory, current year.....	971,433,364	1,088,413,809	1,088,412,809	+116,979,445	-1,000
Discretionary, total in bill.....	200,057,000	253,971,979	254,355,793	+54,298,793	+383,814
Less advances for subsequent years.....	-24,844,001	-24,844,001	-24,934,001	-90,000	-90,000
Plus advances provided in prior years.....	24,814,001	24,834,001	24,834,001	+20,000	---
Subtotal, discretionary, current year.....	200,027,000	253,961,979	254,255,793	+54,228,793	+293,814
Discretionary Scorekeeping adjustments:					
Average Weekly Insured Unemployment (AWIU)	---	---	155,000	+155,000	+155,000
Contingent.....	---	---	35,000	+4,000	---
Medicare Eligible Accruals	31,000	35,000	35,000	---	---
(permanent, indefinite)1/.....	-135,000	-147,000	-138,000	-3,000	+9,000
SSI User Fee Collection.....	---	---	---	---	---
CB0 adjustment.....	1,000	---	-9,000	-10,000	-9,000
Surplus property (Department of Labor).....	2,000	2,000	2,000	---	---
H-1B (rescission) (DOL).....	-435,000	---	---	+435,000	---
Nonrecurring expenses fund (rescission).....	-375,000	-500,000	-500,000	-125,000	---
Childrens Health Insurance Program performance	---	---	---	---	---
bonus (rescission).....	-4,000,000	-114,474	---	+4,000,000	+114,474
Childrens Health Insurance Program Annual	---	---	---	---	---
Allotment to States (rescission).....	-3,000,000	-5,185,000	---	+3,000,000	+5,185,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
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(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Child Enrollment contingency fund (rescission).....	-14,000,000	-19,002,000	-13,715,000	+285,000	+5,287,000
Pell unobligated balances (rescission).....	-500,000	-	-	+500,000	-
Pell: Increase maximum award.....	28,000	85,000	229,000	+201,000	+144,000
Pell mandatory funds (rescission).....	-28,000	-163,000	-229,000	-201,000	-66,000
Traditional Medicare program.....	305,000	-	-	-305,000	-
21st Century Cures Act adjustment (PL 114-255) (nonadd)(nonprint).....	(404,000)	(496,000)	(496,000)	(+92,000)	-
21st Century Cures Act adjustment (PL 114-255).....	-404,000	-496,000	-496,000	-92,000	-
Less emergency appropriations.....	-1,563,000	-	-	+1,563,000	-
Total, scorekeeping adjustments.....	-22,540,000	-25,495,474	-14,766,000	+7,774,000	+10,729,474
Total, discretionary.....	175,954,000	228,476,505	239,589,793	+63,635,793	+11,113,288
Grand Total, current year.....	1,147,387,364	1,316,890,314	1,328,002,602	+180,615,238	+11,112,288